

I, \_\_\_\_\_ have received the Resident Handbook for the SUNY Upstate Medical University/ University Hospital.

I understand that University Hospital's policies and procedures are available at *www.upstate.edu/ipage* under the quick link Policies & Forms.

I further understand that this manual and G.M.E. related materials are available on MedHub, Upstate's residency management system.

Signature \_\_\_\_\_

Date \_\_\_\_\_



# UPSTATE

MEDICAL UNIVERSITY



## RESIDENT HANDBOOK



# RESIDENT HANDBOOK

# UPSTATE

MEDICAL UNIVERSITY

*This Handbook is intended as a source of general information rather than as a legal or technical statement of any contractual relationship.*

*SUNY Upstate Medical University does not discriminate on the basis of race, sex, sexual orientation, color, creed, age, national origin, handicap, marital status, or status as a disabled veteran or veteran of the Vietnam era, in the recruitment and employment of faculty or staff, in the recruitment of students or in the operation of any of its programs or activities, as specified in Federal and State laws and regulations.*

*Questions regarding this Handbook can be directed to the G.M.E. Office,  
(315) 464-8948*



*The Resident Handbook is subject to change with or without notice at the discretion of the GME Office. The most current version of the Resident Handbook can be found on MedHub under the resources/Documents section.*





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## Useful Phone Numbers and Websites

GME OFFICE.....	464-8948
Employee Assistance Program (EAP).....	464-5760
FIRE .....	464-5555
PUBLIC SAFETY .....	464-4000
MEDICAL EMERGENCY/CODES.....	464-4444
INCIDENT COMMAND .....	464-8888
INFECTION CONTROL.....	464-5258
Physical Plant.....	464- 2FIX (2349)
POISON CONTROL .....	476-4766 or 800-222-1222
CENTER OF BIOETHICS AND HUMANITIES.....	464-5404
CHEMICAL SPILLS/ENVIRONMENTAL HEALTH.....	464-5782
COMPLIANCE HOTLINE .....	464-6444
CPOE BEEPER.....	441-0093
TRANSPLANT DONOR REFERRAL .....	800-894-9914

### AFFILIATED HOSPITALS

UPSTATE AT COMMUNITY GENERAL .....	492-5011
CROUSE .....	470-7111
HUTCHINGS.....	473-4980
ST. JOSEPH'S .....	424-5111
VAMC .....	425-4000

### Websites

G.M.E.....	<a href="http://www.upstate.edu/gme">www.upstate.edu/gme</a>
G.M.E. Anonymous	
Resident Feedback .....	<a href="http://www.upstate.edu/gme/res_feedback.html">www.upstate.edu/gme/res_feedback.html</a>
ACGME.....	<a href="http://www.acgme.org">www.acgme.org</a>
ECFMG .....	<a href="http://www.ecfm.org">www.ecfm.org</a>
MedHub.....	<a href="http://www.upstate.medhub.com">www.upstate.medhub.com</a>
Balance Works (EAP for residents) .....	<a href="http://www.mybalanceworks.com">www.mybalanceworks.com</a>



# I. ACGME Institutional Responsibilities

## A. Resident Responsibilities

Residents serve as both students and employees. As caregivers, it is expected that residents will always make the safety and health of their patients their primary concern. Residents also have a responsibility to their own health and safety as well as a commitment to their education. Upstate Medical University is dedicated to helping you receive the best training possible. If you have any questions or concerns about your residency experience, please contact the G.M.E. Office.

### Administrative:

The Medical Staff By-Laws are found at [www.upstate.edu/policies/intra/](http://www.upstate.edu/policies/intra/) – then select Medical Staff By-Laws (only available on campus). This details the administrative expectations for completing Medical Records. Please ensure you are using appropriate abbreviations. You may check an abbreviation's acceptability at [www3.upstate.edu/policy/abbreviation](http://www3.upstate.edu/policy/abbreviation). Be mindful that these responsibilities are hospital policy and are also measured in your evaluations as part of the ACGME competencies (Professionalism and Systems Based Practice). Many programs are incorporating these elements into the promotion process.

### Assignments:

Educational assignments for all residents will be made at the discretion of the department through which they are rotating. Residents may be assigned rotations at Upstate, at Community General Hospital and with other affiliated hospitals in the Syracuse community.

It is the responsibility of the resident to make contact with their assigned supervisor at affiliated institutions prior to the beginning of the rotation. It is the Program Director's responsibility to ensure that a copy of the resident's credential file has been sent to the Office of the Medical Director at the appropriate affiliate. At the VAMC, it is a requirement that the resident report to the Human Resource Office in order to record appropriate personnel information and receive security clearance.

### Attire and Etiquette:

Upstate expects that all employees, including residents, will present a public image of professionalism and appropriate behavior at all times whether at Upstate and its facilities or in other health care locations. The expectations held by the public for physicians are particularly demanding, consistent with the respect given to the profession. There are additional attire requirements for restricted areas. Please see the Surgical/Procedural Policy CM S-31 in Appendix for full details

The behavior of residents is exceptionally important in its potential for presenting a favorable image of the profession and the institution. A fundamental respect for the worthiness and rights of our patients, their families, our fellow physicians and other health care professionals should underlie all our actions and discourse.

The patient's right to privacy should not be violated by discussion of cases in a hallway, elevator or other public place.

A resident's judgments of the qualifications or performance of physician colleagues or other members of the health care team are not suitable topics for casual conversation in public places.

### Credentialing:

The NY State Health Department requires that all residents be credentialed prior to performing certain procedures without the direct supervision of an appropriately credentialed physician. Each clinical department has developed a list of such procedures and accompanying requirements. In order to be credentialed in a particular procedure, the resident must submit documentation that the procedure has been performed adequately under the supervision of appropriately credentialed physicians; the ability to perform procedures under indirect supervision is granted only by your program director.

Documentation of procedures is done through a web-based system called MedHub. Once you complete a procedure, sign into MedHub using your assigned ID and password (given to you by your program coordinator). You can sign-in anywhere there is internet access by going to <http://upstate.medhub.com>. Once in MedHub you will select the procedures tab on your home page. You may now log new procedures, view your recorded procedures, or print reports.

All affiliated hospitals can check your credentialing status by going to the following link <http://upstate.medhub.com/functions/jcahol>.

Residents desiring credentials in Moderate Sedation must provide proof of current ACLS or PALS certification, must view a video, document five confirmed cases in MedHub, and successfully complete the Moderate Sedation post-test. The Moderate Sedation Packet, video and post test can be found at [www.upstate.edu/medstaff/forms/resident.php](http://www.upstate.edu/medstaff/forms/resident.php). Resident questions regarding requirements for Moderate Sedation should be directed to the GME office, 315-464-7617.

Each resident will be held accountable for maintaining his/her credentials file and for ensuring that no procedure is performed without direct supervision unless s/he is credentialed for that procedure. A resident should always be practicing under general supervision of an attending physician.

# MAINTENANCE OF CREDENTIALING IN MEDHUB POLICY

August, 2014

## BACKGROUND:

Residents and fellows (hereafter called “trainees”) in all training programs at Upstate Medical University are required to log their credentialing procedures in MedHub. The Accreditation Council for Graduate Medical Education (ACGME) requires that many specialties also record these same procedures in the ACGME Resident Case Log System. All programs must use MedHub in addition to the ACGME system to track credentialing procedures as data from MedHub is used within the institution to verify individual trainee competence in patient care, as well as to monitor and ensure the adequacy of overall clinical volumes for the programs to meet RRC requirements. Trainees also participate in clinical training experiences at affiliates and other institutions making centralized tracking essential.

## PURPOSE:

This policy sets forth the manner in which procedures are to be maintained in order to assure submission deadlines and that appropriate measures are taken to minimize risk to patient privacy.

## POLICY:

The MedHub credentialing procedure logs maintained by trainees to document their clinical experience requirements are protected so that only authorized individuals have access to patient information that is stored in the system. It is the responsibility of the trainee to assure that safeguards are not subverted. The GME Office has established a standardized process and documentation requirement for trainees to maintain credentialing procedure logs in MedHub. This is in addition to any requirement by the ACGME to have trainees maintain case logs electronically in the ACGME Resident Case Log System.

Procedures must be logged into MedHub within 30 days of completing the procedure. Faculty supervisors must verify that a procedure is completed within 30 days of entry by the trainee. All procedures must be logged into the MedHub system prior to trainees’ graduation from any residency/fellowship program. The MedHub system will not allow for procedures to be entered after a trainee graduates or if the trainee transfers to another program. This includes the situation in which a trainee completes a preliminary year before entering specialty training. The 30-day rule will allow for the most up-to-date procedure verification list to be viewed by staff at University Hospital and our affiliates. There will be no exceptions to this policy.

Documentation entered into the MedHub or ACGME Resident Case Log System cannot include the patient’s social security number or other info that would compromise the identity of the patient (name, date of birth, etc.). Please see University Hospital’s administrative Policy P-23 for more information on “Minimum Necessary Uses and Disclosures of Protected Health Information”. Additionally, any computer or electronic device used by trainees to maintain procedures

containing protected health information must be appropriately safeguarded.

Trainees are allowed to export all procedure data to an Excel file from the MedHub resident management system in order to submit to an individual specialty Board. Note that the “Patient ID” field should be deleted by the trainee prior to saving the spreadsheet.

## Evaluation of Residents:

Each program has established a system of periodic resident evaluations, which will provide constructive feedback and notify residents of deficiencies. Residents are formally evaluated twice per year. Residents are expected to comply with standards of professional medical conduct and the University-Wide Non Discrimination and Equal Opportunity Policy (UW E-01). Residents should receive, at least biannually, detailed feedback from their program director about their performance. Expectations for modification of behavior, remediation of skills or enhancement of the resident’s knowledge base should be specified in the evaluation process. If deficiencies are not corrected in a timely fashion, it may be appropriate to a) terminate the resident’s appointment b) not renew the resident’s contract for the next program year c) not grant credit. Please note that written evaluations are not the only means of assessment.

## Outside/International Rotations:

Rotations at institutions or private physician offices other than major affiliates, must be cleared by the Graduate Medical Education Office. A three-month lead time is necessary to complete this request. Approval requires your program’s support, evidence for the educational rationale and availability of appropriate resources and supervision (Resident Rotation Request Form). This is also the procedure for international rotations. In order to secure appropriate safety, liability, financial and educational conditions for trainees, not all requested rotations can be approved.

## Mandatory Education:

At least biannually, the GME Office will send out an email announcement regarding mandatory educational requirements. This education must be completed within the two week timeframe. This education will include but not be limited to fatigue training, supervision, impaired physicians, patient safety, professionalism, quality improvement, duty hours, and hand-offs. Every spring the education will include the anonymous GME Annual Survey to gather input on your residency training. Again participation is mandatory.

## Resident Job Description:

All residents must be graduates of a College of Medicine, which is either accredited by the Liaison Committee on Medical Education or the American Osteopathic Association or is recognized by the World Health Organization and accepted by the Educational Commission for Foreign Medical Graduates. The program must also be acceptable to the New York State Department of Education as providing an education permitting the individual to participate in a NYS residency program. If not a citizen of the United States, the resident must be the holder of an appropriate visa status which specifically allows them to be work authorized.



Currently, the Department of State will issue J1, H1-B and J2 status for graduate medical education trainees.

The program in graduate medical education will prepare the resident for practice in a medical specialty. The graduate medical education program will focus on the development of clinical skills and professional competencies. The program, based at University Hospital and its affiliates, will utilize both inpatient and ambulatory settings.

The resident will assume progressively greater responsibility for patient care throughout the course of the residency program, consistent with his/her individual growth in clinical experience, knowledge and skill. The resident will engage in an organized educational program under the guidance and supervision of faculty and senior residents. This will facilitate the resident's professional and personal development while ensuring safe and appropriate care for patients.

The resident's professional development will rely primarily on learning acquired during the process of providing patient care under supervision. As the resident demonstrates increasing competence, s/he will be granted increasing independence of practice and judgment. However, all decisions made by junior and senior residents are subject to the supervision and review of the faculty and residency program director.

Upon completion of the residency program, the resident should be prepared to undertake independent medical practice. Residents in a specialty typically also complete training requirements for certification by a specialty board. Residents who have completed the minimum number of years required for specialty board eligibility who then are engaged in subspecialty training are termed "fellows". Residency and fellowship training at Upstate Medical University is provided according to the requirements of ACGME. Each program has required elements of didactic and clinical experience deemed necessary as for preparation for independent practice. ACGME also defines standards for educational processes, such as evaluation, which are strictly adhered to.

During the graduate medical education program, residents and fellows are subject to the policies of the Board of Trustees of the State University of New York. Furthermore, they are subject to the policies and procedures of the Upstate Medical University, University Hospital and its affiliates. Also, as an employee of Upstate, the resident or fellow is governed by the terms of the State University Professional Services Negotiating Unit Agreement that pertains to their position and are in force during the period of their appointment.

The State of New York will provide professional liability (malpractice) protection for any civil claims made against the resident or fellow appointee which arise out of any act or omission concerning their duties set forth in this appointment pursuant to the requirements of Section 17 of the Public Officers Law. Refer to Appendix 2 for text.

Upstate Medical University philosophically opposes involvement in extra-curricular professional activities (moonlighting) during the graduate medical education program. Please refer to your department's policy on moonlighting for exact procedures. The resident or fellow's annual agreement may not be renewed if, in the opinion of their graduate medical education program, such activities are interfering with their professional

duties and educational progress. Residents with permission to moonlight must have an independent license to practice medicine AND arrange for their own liability insurance. The Institution does not cover moonlighting activities. Residents may not moonlight in Upstate facilities in the specialty in which they are training.

### **Fellow Clarification**

SUNY Upstate Medical University for the purposes of the Medical Staff By-Laws designates "Fellows" as physicians participating in fellowship programs which are accredited by the ACGME or are in non-ACGME accredited post-residency clinical training programs approved by Upstate.

Physician post-residency clinical training programs not accredited by the ACGME must be approved and will be monitored by the Graduate Medical Education Office and the Graduate Medical Education Committee (GMEC). The processes for approval and monitoring are delineated by the Graduate Medical Education Office.

All physicians who participate in post-residency specialized clinical training programs that are not accredited by ACGME must have medical staff (attending physician) privileges and are required to have either a New York State license or a limited permit.

All physicians who participate in non-ACGME fellowships must work with the clinical chief of service, or designee, to specify those privileges they will be requesting as an attending physician. Per Medical Staff Bylaws (MSB A-05) these individuals may not serve as an attending in the subspecialty in which they are training. Therefore, the program must separately delineate those activities and procedures for which they are receiving training as a fellow. The expectations for required supervision and the process for obtaining independent privileges for these "trainee activities and procedures" must be provided in writing at the time of application for medical staff privileges. This parallels the existing "Increase in Privileges – OMS-I-01" policy in place for attending physicians.

All participants in any Fellowship must adhere to New York State Department of Health and ACGME work hour requirements. All individuals will participate in institutional monitoring programs to assure compliance.

### **Resident Participation in Educational and Professional Activities:**

Residents must have an opportunity to participate on appropriate institutional and departmental committees and councils whose actions affect their education and/or patient care. The following institutional committees actively seek resident participation:

1. Resident Advisory Council (RAC) - peer selected residents from each department to represent residents
2. Graduate Medical Education Committee (GMEC) - peer selected residents from the RAC
3. Council on Quality Improvement - to ensure that residents participate in formal quality assurance
4. Clinical Quality Improvement Committee
5. Quality Governance Council

## Professionalism and Respect for Patients

University Hospital, Upstate Medical University, the GME Office and all of the institutions that you work with strive to inform you about behaviors and practices that professionals should follow. It is simply not possible or practical to have a policy that covers every conceivable misstep that a resident might take.

Residents are strongly encouraged to employ common sense standards of respect for patient modesty, privacy and vulnerability and act to protect their patients' health and well-being at all times. At no time should the privilege of caring for patients be placed second to ignoble concerns such as boasting, collecting trophy images or personal entertainment. While there is a rich tradition of physicians writing about their insights into their roles and experiences, this should never occur at the expense of an individual patient's privacy.

Protected health information (PHI) is information collected from an individual (regardless of format), relates to the individual's medical condition, treatment or payment (regardless of present, past or future) and identifies the individual (or could be used to identify the individual). PHI identifiers are listed in Appendix 4 and on the hospital's intranet site at [www.upstate.edu/policies](http://www.upstate.edu/policies). Relevant policies on the UH intranet are:

P-38	Uses and Disclosures of PHI
UW C-01	Confidentiality
P-23	Minimum Necessary Uses and Disclosure of PHI
P-46	Consent for Photography and Other Visual or Audio Recordings

**Principles of Resident responsibility to protect PHI can be viewed as:**

1. Need to Know – access only information needed to do the job (i.e., don't look up medical records of individuals for whom you are not providing care. This includes your spouse, family, colleagues, etc.).
2. Minimum Necessary – use and disclose the least amount of information necessary to carry out the purpose
3. Incidental Uses and Disclosures – limit unavoidable sharing of information (i.e., do not discuss patients in cafeteria or hallways where you might be overheard).

**Examples of explicit behaviors that are not permitted include (this is not a comprehensive list):**

1. Taking photographs of patients with cell phones or personal recording devices (digital cameras are provided by UH in the Emergency Department, Operating Room or through the nursing supervisor).
2. Posting PHI (images or text) on any social networking sites (i.e., Facebook, Twitter).
3. Posting Blogs that might be PHI (potentially identifiable information).

If you are unsure of whether something you would like to share is appropriate or not, please contact the Associate Dean for GME or the Institutional Privacy Officer for guidance. There are rules for using PHI for educational or research pur-

poses that define the requirements, including the need for explicit patient consent.

## Safety Intelligence Event Reporting

### Occurrence & Injury Reports, Patients & Visitors

All Upstate University Hospital workforce members (employees, medical staff members, health professionals, volunteers, SUNY students, and temporary/contract workers) who identify and act upon safety hazards, near misses, accidents, adverse occurrences, medical events, or injuries involving patients or visitors are responsible for submitting an electronic occurrence report. This is accomplished via the University Hospital intranet **Safety Intelligence (SI Events)** web occurrence reporting system on the downtown campus. Occurrence reports are Upstate University Hospital's Quality Improvement tools and may be submitted anonymously. The workforce member completing the Occurrence Report should objectively document the actual event, patient-follow up, and assessment in the medical record. **NO REFERENCE TO THE QUALITY ASSURANCE PSN REPORT SHOULD BE MADE IN THE MEDICAL RECORD.**

The following procedure outlines our process for SI Events occurrence reporting:

#### **A. Occurrences Involving Patients and Visitors**

1. Any workforce member who witnesses or discovers a near miss, accident, fall, or adverse occurrence involving a patient must file a SI Events web occurrence report by the end of their shift. If the occurrence involves a visitor, the reporter must contact University Police to conduct an investigation. An icon to enter the SI Events web occurrence reporting system is available on the Hospital intranet site on the downtown campus, Novell intranet page, and work stations at computer terminals in patient care areas.
2. Any patient occurrence that involves serious injury, near death, or patient death, the Associate Director, Unit Manager, or Administrative Supervisor on duty and Risk Management **MUST** be notified. During non-business hours, the Administrative Supervisor on duty must be notified.
3. The area/unit manager is responsible for initiating an investigation of the occurrence within 72 hours of the event being reported. The investigation findings, including action taken, must be documented in the SI Events web occurrence system by the responsible area/unit manager/pharmacist within two weeks (14 days) of the event. Further follow up may include Consults or may be initiated by Risk Management and completed in conjunction with the responsible manager and is considered a patient safety work product.
4. Hospital Administration has designed the Risk Management Department as the representative of the governing body of the Hospital to file reportable events with the NYS SOH NYPORTS and Office of Mental Health Programs.

#### **B. Occurrences Involving Medication**

Significant medication events and significant adverse drug reactions are defined as unintended, undesirable, and unexplained efforts of prescribed medications or medication that:

1. Contraindication resulting in serious harm/injury or death;

2. Occurrences in which a patient dies or suffers serious injury as a result of failure to administer a prescribed medication;
3. Occurrences in which a patient suffers serious injury as a result of wrong administration technique;
5. Drug-to-drug interaction(s) for which there is known potential for death or serious injury;
6. Events related to the prescribing, transcription, dispensing, and administration of medications.

Medication events and/or significant adverse drug reactions require SI Events occurrence report be filed via electronic reporting system. Medication Occurrence events will be reviewed for quality improvement/trending/systems analysis for implementation of system or process change. These recommendations for change will be reviewed by the Medication Safety Committee and the Pharmacy and Therapeutics Committee for planning and action.

### **Safety Intelligence Events Reporting (SI Events)**

SI Events is a web-based tool which is easy to use. It takes approximately 3-5 minutes to complete an occurrence report. Additionally, there is federal protection of the confidential information in the reports.

Occurrences have been categorized above, but can be an accident, an injury, a near miss, a medical event or a safety hazard. There is a complete listing of event types on the Risk Management Resource page entitled "Event Type Quick Reference Guide". Anyone who witnesses or discovers an occurrence involving a patient or visitor must file an Occurrence Report via SI Events by the end of their shift.

When an occurrence happens, one should objectively document the actual event, patient-related follow-up and assessment in the medical record. Do not document the completion of an Occurrence Report in the medical record. Any patient occurrence that involves serious injury, near death or death, a Unit Manager should be immediately contacted or the Administrative Supervisor if after hours. You should contact Risk Management at 464-6177 (if after hours, leave message.)

To find the SI Events web site, visit the Risk Management intraweb site at [www.upstate.edu/ihospital/intra/risk/psn.php](http://www.upstate.edu/ihospital/intra/risk/psn.php).

Medical Staff Bylaws No. MSB R-03:  
Rules and Regulations - Medical Records

**MEDICAL STAFF BYLAWS**



Issue Date: 12/06/1988  
Last Revision Date: 01/26/2016  
Last Review / Approval Date: 03/02/2016

BYLAW Number: **MSB R-03**  
Page 1 of 11  
Effective Date: 4/23/2013

**Rules and Regulations**  
**Medical Records**

These rules and regulations apply only to the Upstate University Hospital Medical Record.

1. 'Admitting' includes inpatient admissions, outpatient admissions, and observations.
2. An accurate, clear, and comprehensive medical record shall be maintained for every person evaluated or treated as an inpatient, ambulatory patient, emergency patient, or outpatient of the hospital. University Hospital maintains an electronic medical record through the EPIC system. Access to the original and / or copies of medical records shall be in accordance with policy M-01, Management of Medical Records.
2. All medical records of patient care areas practicing under the hospital's operating certificate are the property of the Hospital. Access to medical records shall be in accordance with policy M-01, Management of Medical Records.
3. All medical records shall be maintained in accordance with the hospital's policy on medical record retention, and records will be retrievable by patient, diagnosis, procedure, or attending physician.
4. When a patient is readmitted, all previous records shall be available for review by the physician involved. This shall apply whether the patient is attended by the same physician or by another physician.
5. The attending physician shall be held responsible for the timely completion (within 12 days of discharge/service) of the medical record for each patient.
6. Each patient's record shall contain information to justify admission and continued hospitalization, support the diagnoses, and describe the patient's progress and response to treatment. All medical records shall document, as appropriate, the following:
  - a. Patient identification data;
  - b. Chief complaint; /
  - c. History of present illness;
  - d. Admitting diagnosis (for inpatients)
  - e. Personal history;
  - f. Family history;
  - g. Past medical history, including medications and allergies;
  - h. A complete admission history and physical examination<sup>1</sup>
  - i. Progress notes, chronological and contemporaneous with patient care and treatment;
  - j. Reports of medical and surgical treatments;

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<sup>1</sup> As defined in M-01, Medical Records, Management of

- k. Brief operative note written immediately after surgery and comprehensive report completed as soon as possible after surgery;
  - l. All practitioners' diagnostic and therapeutic orders, nursing documentation and care plans;
  - m. Special reports including radiology, laboratory, pathology and other information necessary to monitor the patient's condition;
  - n. Documentation of all complications, hospital acquired infections, and unfavorable reactions to drugs and anesthesia;
  - o. Vital signs and medication records
  - p. For inpatients, an admission order with attending physician certification justifying inpatient admission;
  - q. For inpatients and observation patients, a discharge summary including outcome of hospitalization, disposition of case and provisions for follow-up care as required in Section H below. For ambulatory surgical patients this information may be in the form of an outpatient note instead of a discharge summary.
  - r. Condition on discharge;
  - s. Properly executed consent forms for procedures and treatments;
  - t. Final diagnoses (including complications) and procedures;
  - u. Autopsy report, when applicable.
7. All entries in the medical record must be authenticated via signature, electronic computer signature, or initials (using a signature/initial key). (See Administrative Policy & Procedure M-01).
8. All entries in the medical record shall be timely during or following patient care and treatment
- a. All manual entries must be accurate, complete, legible, written in black ink, timed, dated, and authenticated, and must be accompanied by a stamp or by a printed name that is as "legible as a stamp".
  - b. All electronic entries should be properly authenticated by electronic signature.

## Medical Records

### A. Admission History and Physical Examination

1. A medical history and physical examination shall be completed, and placed within each patient's medical record no more than 30 days before or 24 hours after admission or registration to the hospital or transitional care unit (TCU), but prior to inpatient or outpatient surgery provided in a hospital operative suite or a procedure requiring anesthesia services<sup>23</sup>, whichever comes first. When a medical history and physical examination has been completed within 30 days before admission or registration, an updated medical record entry must be completed, in the patient's medical record within 24 hours after admission<sup>4</sup> or registration but prior to surgery or procedure requiring anesthesia services by the attending physician or appropriately credentialed practitioner. The updated note must document an examination for any changes in the

<sup>2</sup> Anesthesia services do not include minimal or moderate sedation or local anesthesia for purposes of this requirement. Deep sedation, monitored anesthesia care, general and regional anesthesia are included in the definition of anesthesia services.

<sup>3</sup> DNV MS17, SR1

<sup>4</sup> DNV MS17, SR1

patient's condition since the patient's H&P was performed that might be significant for the planned course of treatment. If, upon examination, the licensed practitioner finds no change in the patient's condition since the H&P was completed, he/she may indicate in the patient's medical record that the H&P was reviewed, the patient was examined, and that "no change" has occurred in the patient's condition since the H&P was completed. The updated examination must be dated and timed so it can be verified that it was completed and documented within 24 hours and prior to the surgery or procedure requiring anesthesia. For inpatients who have an admission History and Physical in the medical record and surgery or anesthesia services are being provided during the admission, the admission History and Physical and inpatient medical record satisfies this requirement for an update even if the admission has exceeded 30 days. The medical record will continually contain updated patient history and physical information and the provider is expected to review the patient's medical record in planning for and providing all care during the inpatient encounter and document appropriate assessments and findings which shall fulfill this requirement.

2. A screening uterine cytology smear on women 21 years of age and over, unless such test is medically contraindicated or has been performed within the previous three years, and palpation of breast, unless medically contraindicated, for all women over 21 years of age, shall be performed and recorded in the medical record.
3. Insofar as it is possible, identify patients who may be susceptible to sickle cell anemia. All presumptively susceptible patients, including infants > six months of age, shall be examined for the presence of sickle cell hemoglobin unless the test has been previously performed and the results recorded in the patient's medical record or otherwise satisfactorily recorded, such as on an identification card.
4. When a patient is readmitted within thirty (30) days for the same or related problems, an interval history and physical examination reflecting any subsequent changes may be used in the medical record, providing the original information is readily available via copy in the medical record.

## **B. Surgical Operations**

1. A brief operative note shall be recorded in the medical record immediately after surgery, and contain at least the following (if applicable):
  - a. Operation or technical procedure performed
  - b. Surgeon and assistants, and a description of specific significant surgical tasks performed by those other than attending provider
  - c. Pre-operative and post-operative diagnoses
  - d. Anesthesia
  - e. Findings
  - f. Complications
  - g. Specimens removed
  - h. Implants, tubes and drains
  - i. Estimated blood loss
2. A comprehensive operative report shall be completed as soon as possible after inpatient or ambulatory surgery, not to exceed 24 hours following the procedure.

3. Each record shall contain a review of the patient's overall condition and health status prior to any surgery, including the identification of any potential surgical problems and cardiac problems. Such reports shall be signed to attest to the adequacy and currency of the history and physical examination, and countersigned by the attending prior to surgery.

### **C. Termination of Pregnancy**

1. No termination of pregnancy shall be performed until a woman has had a complete physical examination with appropriate tests for a positive pregnancy diagnosis and sonography if there is a question of gestational age, and the results are documented in the patient's medical record.
2. The standards for pre-procedure examination, post procedure evaluation, counseling for family planning and birth control options, evaluation, treatment, and determination of blood group and RH type established in Part 756.3 of the regulations of the Department of Health shall be applicable to all terminations of pregnancy performed in the hospital.
3. When a patient is admitted for an induced termination, a determination of blood group and RH type shall be made prior to admission and recorded. If the admission is unanticipated, such determination shall be made as soon as possible after admission and prior to the termination of pregnancy. The patient shall be evaluated for the risk of sensitization to RHO (d) antigen and if the use of RH immune globulin is indicated, and the patient consents, an appropriate dosage thereof shall be administered to her as soon as possible, but no later than 72 hours after the termination of pregnancy.
4. No practitioner or hospital staff member shall be required to perform or participate in a medical or surgical procedure, which may result in a termination of pregnancy. In addition, any physician who informs a patient that he or she refuses to give advice with respect to, or participate in, any induced termination of pregnancy shall be exempt from liability by the Hospital.

### **D. Consultation and Referral Documentation**

1. For consultations other than emergency room consultations, the attending consulting physician will be notified in accordance with MSB R-09<sup>5</sup>, review the consultation, personally examine the patient and document such review in the medical record within 24 hours or sooner if deemed appropriate by the consulting attending.
2. The requesting physician will document the plans for the execution of routine consults in the medical record.
3. Consultations shall show evidence of a review of the patient's medical record by the Consultant, pertinent laboratory and imaging reports available on the computerized medical record, findings on examination of the patient at the time of initial consult and the findings of the attending physician after personal examination of the patient by the attending physician, the consultant's opinion, and recommendation, and must be communicated to the requesting services at the time of the performance of the initial consultation. The Consultant shall not enter orders in the medical record unless the Consultant has the express permission from the attending physician. Violation of this section would be dealt with by the attending at the next visit if he/she found orders

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<sup>5</sup> DNV MS18

written by a consultant who had not gained permission. Consultation notes prepared by medical students will not appear in the patient's chart until reviewed and subsequently cosigned by a licensed physician. An attending physician as consultant shall enter his/her own note into the chart, in addition to any student or resident notes.

*EXCEPTION:* All patients admitted to the SICU or MICU services may have orders written by the ICU services without a specific order from the admitting service.

4. When operative procedures are involved, the consultation note shall, except in emergency situations so verified in the record, be recorded prior to the operation.
5. All referrals/consultations (inpatient and ambulatory/outpatient) shall have a completed report recorded in the medical record.
6. A complete consultation note must be completed for all Emergency Department patients who are not likely to be admitted.
7. For outpatients, a copy of the referral/consultation note shall be forwarded to the requesting physician by the consulting physician.
8. Within 24 hours of the completion of the consult, the attending physician of record shall document in the patient's medical record his or her review of the consultation performed by the consulting service, the findings of the consulting attending physician and all resulting notes and orders.

#### **E. Progress Notes**

1. Pertinent progress notes shall be recorded at the time of observation, sufficient to permit continuity of care and transferability.
2. Student notes including those of acting interns do not suffice for adequate progress notes unless they are entered into the medical record and authenticated by an appropriately privileged physician.
3. Each patient's clinical problems shall be clearly identified in the progress notes and the Problem List and correlated with specific orders and results of test and treatment.
4. Progress notes shall be written at least daily on acute care patients.
5. Progress notes shall include legible title and signature of the credentialed medical provider.
6. On all services, a note by the Attending Physician will be written and signed within 24 hours of admission or transfer to another physician or service indicating agreement or disagreement with significant findings described by the house officer.
7. A pre-operative attending note is required prior to surgery. A preoperative history and physical written by the attending physician will suffice if it includes the plan for surgery.

#### **F. Dictated Reports**

1. Any report or portions of a report that have been dictated and transcribed, regardless of the source of transcription, shall contain patient name and medical record number, pertinent dates (admission, discharge, procedure, visit), the dates of dictation and transcription, and initials of dictator. The responsible practitioner must authenticate all such notes.

#### **G. Requirements for Discharge or Transfer to Another Health Care Facility**



1. Patients shall be discharged or transferred only on the written order of a physician or other designated licensed practitioner (Physician Assistant, Nurse Practitioner or Certified Nurse Midwife). At Upstate University Hospital at Community General a verbal order may be taken for discharge. A complete and accurate admission order signed by an attending with admitting rights must be completed before a discharge order is written
2. A discharge summary shall be entered into the medical record by the discharging service on all inpatients and observation patients regardless of the length of stay, within 24 hours of discharge or within 3 hours prior to transfer to a facility.
  - a. For patients discharged to "home" (not a transfer to a facility), the Attending Physician must complete and sign the Discharge Summary prior to a discharged patient's first scheduled outpatient follow up care visit but no later than 7 days following to discharge.
  - b. For patients transferred to a facility:
    - 1) A copy of a Discharge Summary, which must be accurate and substantively complete, may be entered as a preliminary draft by a provider on the discharging service other than the Attending Physician and must accompany patients who are transferred to other facilities at the time of transfer. For patients transferred to a facility, if the Discharge Summary was drafted by a provider other than the Attending Physician prior to transfer, the Attending Provider must complete and sign the Discharge Summary within 7 days, and the final and completed Discharge Summary shall be forwarded to the facility and
    - 2) In addition to the Discharge Summary, a transfer report shall be created in Epic and a paper copy shall be sent with the patient at the time of transfer to the facility.
3. Except for uncomplicated vaginal delivery patients and well newborns, the discharge summary shall include:
  - a. Reason for admission;
  - b. Brief review of hospitalization, including pertinent features of course in hospital; pertinent and pending laboratory and/or x-ray finding;
  - c. Principal diagnosis;
  - d. Secondary diagnoses, including complications and co morbid conditions;
  - e. Principal procedure;
  - f. Secondary procedures;
  - g. Condition on discharge including cognitive and functional status and social support needs
  - h. Discharge plan, including specific instructions given to patient or family including physical activity, medication list (reconciled to identify changes made during the patient's hospitalization), diet and, follow-up care.
  - i. List of allergies (including food as well as drug allergies) and drug interactions;

Patients who have been admitted and discharged for uncomplicated vaginal delivery or well newborns, the discharge summary need only include the outcome of hospitalization, disposition of patient, and provisions for follow up care.

4. The attending physician shall be responsible for signing the following:
  - a. House officer's history and physical examination;
  - b. Discharge Summary;
  - c. Operative Report;
  - d. Clinical documentation improvement queries

#### **H. Medical Record Completion**

This section applies to both inpatient and outpatient medical records.

1. Physicians planning time off shall assure that all records are completed prior to the scheduled vacation. The physician is responsible for notifying Clinical Data Services about scheduled vacations.
2. Should extenuating circumstances, such as illness, prevent completion of medical records, the Attending physician shall notify supervisory staff in Clinical Data Services by telephone or in writing.
3. While House Officers/Residents may be required to draft discharge summaries and/or operative reports and sign orders, it is the ultimate responsibility of the Attending Physician and surgeon to assure that dictations and signatures are completed timely and that the entire medical record is completed within twelve (12) days after discharge. Resident issues will not be an excuse for delinquent medical records on behalf of the attending physician.
4. The best practice is to complete operative reports immediately following surgery and to complete discharge summaries on the day of discharge. All orders must be signed when placed, with the exception of verbal orders that should be signed within 48 hours. Discharge Summary entries and completion must be performed in accordance with Section H (2) above.
5. All orders must be signed when placed with the exception of verbal orders that should be signed within 48 hours.
6. Residents are expected to adhere to medical record compliance and may be suspended for delinquent medical records.
7. No medical record shall be filed until it is complete, except on order of the Chair of the Medical Record Committee and the Director of Clinical Data Services.
8. Medical records shall be considered delinquent if not completed within 12 days after discharge or date of service for outpatients, per NYS DOH guidelines.

#### **I. Medical Record Suspension Process**

1. Suspension Process:
  - Step 1: Credentialed medical providers and residents are electronically notified daily in the provider in-baskets through the electronic medical record (EMR) of incomplete/delinquent medical records.
  - Step 2: An incomplete record notice letter will be auto generated in the EMR once a week and sent to any credentialed medical provider's or resident's in-basket with one or more incomplete records.
  - Step 3: A delinquent record notice/suspension warning letter will be auto generated and sent to the credentialed medical provider's or resident's in-basket in the EMR seven

days after the incomplete record notice letter is sent if the record(s) has not been completed and is delinquent.

- Step 4: Every Thursday, any credentialed medical provider or resident who has not fully completed his/her delinquent records will be contacted and advised they will be placed on suspension on Friday if the delinquent records are not completed by then.
- Step 5: Automatic suspension - Every Friday, automatic suspension letters will be sent out to notify the appropriate departments, Chiefs of Service, and administration of the limited suspension status of any credentialed medical provider or resident who has not fully completed any medical record within twelve (12) days after discharge/date of service.
  - These weekly suspension reports will not be filed in the practitioner's Credentials / QA file.
- Step 6: Providers who are named on the weekly suspension reports for three or more weeks, and their Chiefs of Service, will receive a call from the Medical Director.
- Step 7: A listing of providers who have delinquencies greater than 30 days will be sent to Medical Staff Services one week prior to each month's Medical Executive Committee meetings.
  - Providers who have deficiencies greater than 30 days will be immediately placed on full suspension pending their appearance at the next Medical Executive Committee meeting.
    - Each provider, and the Chief of Service at the relevant campus, will be sent a notice to appear before the Medical Executive Committee at the next available meeting.

If Clinical Data Services//HIM staff assigns a medical record report to a resident in accordance with Service-specific assignment procedures, and that resident refers the case to another resident, no additional time will be provided to complete the report. Incorrect assignments of medical record reports by Clinical Data Services/HIM staff will be given additional time. If the responsible resident is out of town or on medical leave, the Attending is responsible for assuring the dictation is completed on time.

The Medical Staff Physician whose privileges have been suspended shall not be permitted to schedule any non-emergent inpatient admissions, ambulatory surgery cases, elective surgery or interventions via the operating or endoscopy suite or other electively scheduled treatment areas. This physician shall not be permitted to admit his/her patient(s) under the name of another physician unless that physician is to remain the attending physician/surgeon of record. The suspended physician may not perform surgery or procedures.

"Suspended Days" shall include all days from the date that suspension is initiated, through the date that all delinquent records are completed, with the exception of any days lost due to illness.

The suspended physician shall continue to provide all necessary care and supervision to those patients already under his/her care at the time suspension is initiated. Patients who are already scheduled at the time suspension is applied shall not be canceled.

2. Provisional Status:

At the first instance of a medical records delinquency during the first six-months of the provisional period of a physician's appointment, the physician will be contacted by Clinical Data Services personally to verify that there was not a system or process related issue and a determination will be made if the physician will be held accountable for the delinquency. If Clinical Data Services indicates a second delinquency during the first six months of the physician's appointment, Clinical Data Services will notify the Chief of Service at the relevant campus and the Chief of Service at the relevant campus will hold discussion with the physician. If the physician is delinquent during the next six months, provisional status will automatically be extended one year.

The physician, in collaboration with his/her Chief of Service at the relevant campus, will be required to develop a plan of correction to assure that future medical records are completed in a timely manner. The action plan will be submitted to the Credentials Committee who will make recommendations to the Medical Executive Committee.

Should the physician not adhere to the action plan and become delinquent during the second year, he/she will be required to meet with the Medical Record Committee to explain continued delinquencies. At the end of the additional year, the Chief of Service at the relevant campus shall consider the practitioner's professional performance, judgment, clinical, technical and interpersonal skills and improved medical record completion and:

a. If satisfactory, recommend to the Credentials Committee, full appointment to the Medical Staff for a period of not more than two (2) years

or

b. If unsatisfactory, recommend non-appointment (Article XV). If the recommendation of the Chief of Service at the relevant campus or the Credentials Committee or the Medical Executive Committee is for non-appointment, such recommendation shall state the reasons for non-appointment, which reasons shall be related to the professional conduct, character, competency, and/or qualifications of the applicant, standards of patient care, or compliance with the policies, rules, regulations and objectives of the hospital. (Article IV, Section 5: Provisional Appointment)

3. Chronic Medical Record Offenders:

Quarterly Summary Reports of the suspension history of individual physicians shall be submitted to the Medical Director, Chiefs of Service, and Medical Staff Services, clearly identifying those physicians who are categorized as chronic offenders.

Chronic offenders will be defined as attending physicians who have been on suspension for thirty (30) or more days during one quarter. This may include 30 consecutive days or thirty (30) cumulative days.

When any of the following occurs, adverse action up to and including termination may occur, in accordance with Article XV:

- Physician has been on the Quarterly Chronic Suspension report for two or more quarters within one year;
- Physician has been on the Quarterly Chronic Suspension report for two or more consecutive quarters; or
- Physician responded inadequately or inappropriately, or has refused to respond at all to the Clinical Data Services or the Medical Records Committee.

Resident issues will not be an excuse for delinquent medical records on behalf of the attending physician.

#### **J. Ambulatory/Outpatient Procedures and Visits**

1. Documentation of ambulatory procedures and visits must comply with state and federal regulations. Documentation for all clinic visits and ambulatory procedures must be made by the responsible practitioner the same day of service. If information is dictated, the dictation job number and a brief descriptive note will be written at the time of the visit in the progress note section of the record to provide for continuity of care. Dictated notes should be transcribed, signed, and filed in the medical record within 12 days.
2. Failure to complete ambulatory or outpatient records within seven (7) days may result in an auto generated Incomplete Record Notice notification in the EMR and follow the Medical Record Suspension process described in Section J.
3. Each ambulatory/outpatient procedure other than surgical procedures record must contain (as applicable):
  - a. Reason for procedure;
  - b. A focused exam related to specific procedure performed;
  - c. Mental status and conditions for local anesthesia;
  - d. Exam of heart and lungs for IV sedation;
  - e. Significant past medical history;
  - f. Current medications;
  - g. Allergies and reaction;
  - h. Plan for anesthesia;
  - i. Post anesthesia documentation;
  - j. Post-procedural plan, education, appropriate examination (at minimum a set of vital signs);
  - k. Informed consent;
  - l. Orders;
4. Each outpatient visit record must document at the time care is rendered (as applicable):
  - a. Practitioner visit note, including:
    - Reason for visit
    - List of allergies (including food as well as drug allergies) and drug interactions

- Assessment
- b. Diagnostic tests and results
- c. Orders
- d. Evidence of consults
- e. Discharge instruction/return visit information
- f. Consent
- g. Problem list
- h. Medication reconciliation
- i. Past medical history
- j. Social history

**K. Electronic/Computer Records**

1. In order to ensure appropriate and confidential use of electronic or computer transmission and authentication of medical record entries, orders and/or other patient specific records, each practitioner with a hospital appointment and privileges shall abide by the University Hospital and SUNY Upstate Medical University policies governing such electronic and computer transmitted records.

## **B. Duration of Appointment**

See Appendix 1 - Standard of Operating Procedure (SOP) for the Appointment, Evaluation and Termination of Residents.

### **Policy on Passage USMLE Step III and COMLEX III**

These requirements are effective July 1, 2015 and apply to all Residents commencing training at SUNY Upstate Medical University on or after that date.

Residency Programs shall require that each Resident provide evidence of having taken and successfully passed the USMLE Step III or COMLEX III no later than June 1st prior to the final year of residency training.

In the event that a Resident fails to demonstrate by that date that s/he has successfully passed the USMLE Step III or COMLEX III, the resident will not be promoted to the final year. Failure to pass will end in dismissal from the program and the resident will not receive a certificate of completion and will not be eligible for renewal or extension in any residency program at SUNY Upstate Medical University.

Note: As of August 2014, the USMLE will no longer require examinees to apply for Step III under the eligibility of a specific medical licensing authority. Although there are not specific training requirements as a part of Step III eligibility, the USMLE program continues to recommend that individuals take Step 3 at or near the completion of the first year of residency training. Completion of postgraduate training is not required for admission to USMLE Step III.

To ensure compliance with this requirement, residents in the year prior to their final year of training must demonstrate no later than January 1 that s/he has applied for the USMLE Step III or COMLEX III to be administered in sufficient time to receive notice of results by June 1st of the same year. The Federation of State Medical Boards will process requests for transcripts within three days of receiving written requests and appropriate fees. Similarly the National Board of Osteopathic Medical Examiners will provide transcripts based on written request and fee payment. Examination schedules and reporting information may be found on either the USMLE or NBOME web sites as appropriate. Residents are encouraged to apply for earlier examinations in order to permit subsequent efforts in the event of non-pass.

Residents who begin an Upstate residency program off-cycle (other than July 1 of the academic year) must apply within 6 months of commencement of their second to last year of training and must demonstrate passage by the end of the second-to-last month of the year prior to the last year of training. For example, a resident whose second to last year of training begins in March must apply by the first of August and must have completed the requirement by the end of February of the following calendar year.

Exceptions to this policy will be permitted only in cases in which a resident's training up to their final year of training is interrupted by statutorily required leaves of absence from training. Exceptions shall not be granted to excuse the requirement to pass the USMLE Step III or COMLEX III. Rather, an exception shall merely allow the resident such additional time as s/he was in a statutorily mandated absence status and then

only if s/he received an extension of the Terms of Resident Appointment to compensate for such period of statutorily required absence. All requests for exception must be in writing.  
Revised August 1, 2014

## **C. Financial Support**

Details regarding length of appointment and funding can be found on your Terms of Resident Appointment provided to you by your department.

## **D. Benefits and Conditions Under Which Living Quarters, Meals and Laundry Are Provided**

### **Call Rooms:**

Assignments for the use of call rooms are to be made through departmental offices. Please take care in the use and maintenance of these facilities. Also, residents should make certain that any personal property is secured. Upstate is not responsible for the theft or loss of personal property. Problems with call rooms should be referred to your program coordinator and to your representative to the Resident Advisory Council (RAC). Resident privacy and safety is our priority.

Call Rooms are often shared by residents from different services. Cooperation and support is expected.

### **Meals on Call:**

A dinner and breakfast meal will be provided for each resident who is on first call at University Hospital. S/he will be able to obtain meals in the main cafeteria or any satellite of the main cafeteria. The resident ID card must be presented to the cashier at the time of purchase. The amount of credit pre-programmed for each resident is provided by each Department and should be sufficient to cover meals on first call. Expenses beyond this amount are the resident's responsibility. Any questions regarding your meal allowance should be directed to your program coordinator.

### **Lounges, Gym and Lactation Support Areas**

A resident/fellow lounge is provided for the comfort of residents. It is located in Room 8103 of University Hospital. It can be opened by swiping your ID badge over the proximity reader located outside the entrance. Because this room is heavily used, cooperation is necessary to maintain cleanliness and appearance. The lounge should not be used as a dormitory. An adequate number of on-call rooms are provided. All dishes and cafeteria trays brought to the lounge should be returned to the cafeteria or disposed of properly. Continued access to the lounge by residents is contingent upon the maintenance of this room.

A small gym is provided in Room 8101 of University Hospital. A shower room is located next to the gym and towels are provided. You must provide your own toiletries.

A secured lactation room for residents that are also nursing mothers is located in room 8209. The room is supplied with a breast pump and small refrigerator. The entrance code will be provided to any nursing resident by calling the GME Office at 464-8948.

## **Laundry:**

See Terms of Resident Appointment

## **Leave of Absence Policies**

See Booklet F83151, House Staff Benefits (<http://www.upstate.edu/forms/documents/intra/F83151.pdf>)

## **Vacation Policies:**

See Booklet F83151, House Staff Benefits (<http://www.upstate.edu/forms/documents/intra/F83151.pdf>)

## **Parental Leave of Absence:**

### ***Pregnancy, New Child Leave***

An employee disabled by pregnancy or childbirth is eligible for sick leave. Disabilities due to pregnancy or childbirth are treated the same as other disabilities and are considered eligible for sick leave and other related absence benefits. Generally, the period of such disability is deemed to start approximately four weeks prior to delivery and to continue for six weeks following delivery. Approval of disability leave prior to or beyond this period requires medical documentation.

Upon approval, a house staff employee, male or female, is entitled to leave of absence without pay for child rearing purposes for up to seven months following delivery. In cases of adoption, unpaid child rearing leave for either parent will be granted up to seven months after adoption. If the child is placed with the family prior to final adoption, the seven-month period may begin upon placement. Absences for these purposes may also be charged to vacation credits. However, use of vacation credits does not extend the seven-month period.

## **Sick Leave Policies:**

See Booklet F83151, House Staff Benefits (<http://www.upstate.edu/forms/documents/intra/F83151.pdf>)

## **Policy on Effects of Leave on Satisfying Criteria for Program Completion:**

An extension of residency training beyond the duration of the house staff appointment may be necessary if leave is taken in excess of annual accruals. The length of time to be made up to meet academic requirements will be determined by the program director, and may vary among programs and/or on an individual basis. Extension of training must be approved by the GME Office. During such extensions of training, residents will receive compensation at the rate of pay in effect when the services are performed. Residents are responsible for determining with their Program Director if excess leave is in violation of their ACGME training requirements for their specialty.

For information regarding Leaves of Absence, Vacation, Parental Leave and Sick Leave, please see Booklet F83151, House Staff Benefits (<http://www.upstate.edu/intra/forms/pdf/F83151.pdf>)

## **Security and Safety**

Appropriate security and personal safety measures are provided to residents at all locations including parking facilities, on-call quarters, hospital and institutional grounds, and related facilities. Residents must wear their ID badges at all times for admittance to the hospital and while on all floors. Badges must be clearly visible at all times.

The Public Safety Office is open 24 hours a day, everyday, providing around-the-clock protection and service for the campus community. They may be reached at 315-464-4000. Public Safety assists University Police by providing aid in enforcement of federal, state, and local statutes and Upstate Medical University regulations and the missions of Upstate Medical University and the University Police Department. Services include assistance with building and room lockouts, escorts, accident reporting, information and directions. Additionally, Public Safety Officers maintain constant watch of the campus through vehicle, foot, and stationary patrols. The patrols include regular checks of all campus buildings. The grounds and parking areas are also patrolled. Closed circuit television cameras monitor some areas of campus.

Residents are also reminded that for both security and safety that any computer access codes must not be shared.

## **E. Conditions for Reappointment & Non-Renewal, Grievance Procedures and Due Process**

### **Conditions for Reappointment**

See Appendix 1: Standard of Operating Procedure (SOP) for the Appointment, Evaluation and Termination of Residents.

### **Grievance Procedures and Due Process**

#### ***Union Services Negotiating Unit:***

United University Professions (UUP) is recognized as your exclusive representative for matters relating to most terms and conditions of employment, including grievance procedures. You may choose to be a member by paying union dues or you may choose to pay an agency shop fee that is equal to dues, but does not carry membership status. In either case, union dues or an agency fee will be deducted from your paycheck. The UUP Office in Syracuse may be reached at 315-422-5028 - website: [www.uupinfosyr.org](http://www.uupinfosyr.org).

See Appendix 1: Standard of Operating Procedure (SOP) for the Appointment, Evaluation and Termination of Residents.

#### ***Academic Probation of Residents Policy:***

“Academic probation” may be initiated when residents fail to achieve educational objectives and goals. This policy provides for the process to inform residents of academic performance issues and ensure due process to meet ACGME Institutional Requirements.

This policy is not intended to address employment related matters in any respect and is solely applicable to academic performance and academic standing and actions. Resident issues that relate to employment include but are not limited to those governed by the UUP Collective Bargaining Agreement and the SUNY Policies of the Board of Trustees.

#### ***Academic Probation:***

The term “academic probation”, means a resident has failed to remedy or correct academic performance issues after being afforded appropriate opportunities. Imposition of academic probation is permanently reflected in the resident’s file at both the GME Office and the Department and is significant because subsequent licensing and credentialing boards may



inquire regarding this status, and residents who have been placed on academic probation will be reported as such. If the program director determines that remedial work, tutoring, mentoring or other intervention rising to the level of academic probation is appropriate, the resident's situation shall be discussed with the Associate Dean for Graduate Medical Education prior to placing the resident on academic probation. The resident will receive a formal letter notifying them of their placement on academic probation. The letter will include;

- Cause for academic probation
- Time period until re-assessment (absent extraordinary circumstances, this time period should be a minimum of 3 months)
- Methods of re-assessment, and goals that constitute adequate remediation
- Remediation plan (includes resources)
- Consequences of failure to achieve adequate remediation (may include continued status of academic probation, non-renewal of continuation in the residency program, non-promotion, immediate dismissal, etc.)
- Notification that future queries about whether the resident was on probation will be answered in the affirmative.

#### ***Appeal of Academic Probation:***

In order to ensure Upstate Medical University meets ACGME Institutional Requirements, residents must be provided with fair and reasonable policies and procedures for due process. Therefore, residents may appeal the initiation of academic probation, which is reportable when queried, to the Associate Dean of Graduate Medical Education in writing within 10 working days of notification. The Associate Dean will review the resident's Graduate Medical Education and Department files, interview involved parties and render a decision about the appropriateness of academic-based probationary status. This decision is final and no further appeal or due process is available to the resident.

#### **Standard Operating Procedures (SOP) for the Eligibility, Selection, Appointment, Evaluation and Termination of Residents**

(see Appendix 1)

#### **Restrictive Covenants**

Neither the Sponsoring Institution nor its programs may require residents to sign a non-competition guarantee.

#### **F. Professional Liability Insurance, Hospitalization, Health, Disability, and Other Insurance**

##### **Malpractice Situations:**

Regardless of how careful you are in treating your patients, you may find yourself served with legal papers indicating that a lawsuit is pending or that you are asked to provide patient information.

When that happens please do the following:

1. Immediately contact the GME Office. Bring any paper work you have been given.
2. Notify your Program Director
3. The GME Office will notify:
  - a. The Risk Manager at the Hospital involved
  - b. The appropriate Upstate attorney.

If you are involved in treating a patient and an adverse event occurs, you should immediately contact the Risk Manager at the appropriate Hospital with the pertinent facts of the case.

In either circumstance, the Risk Manager will ask you for the facts of the case, and/or copy of the papers you received, in order to begin compiling a file of relevant material. Shortly thereafter, you will be scheduled for a meeting with the hospital's claims investigator or Risk Manager.

Residents and Fellows must recognize that the malpractice coverage they have for their acts or omissions during their training **ONLY** covers those activities which are a part of their training and not other activities in which they engage in Resident/Fellow malpractice **DOES NOT** cover moonlighting activities.

Professional misconduct is not covered under Section 17 of the Public Officer's Law (See Public Officer's Law).

The following individuals have been identified as primary contacts for malpractice or general liability issues and questions at each hospital:

- Theresa Gagnon – University Hospital . . . . . 464-6177
- Bob Kertulis – Crouse Hospital. . . . . 470-7666
- Mary Ann Wafer – St. Joseph's Hospital . . . . 448-3540
- Deb Kurtz – Community Campus . . . . . 492-5963

#### **Public Officers Law, §17 (Malpractice Coverage) Summary and Application for Coverage Guidelines**

Public Officers Law, Section 17, provides for defense and indemnification to all State employees who are sued for actions arising from and within the course of their duties as public employees. This "coverage" is provided to you free of charge, but applies only if the allegations of negligence arose from duties at SUNY Upstate Medical University and/or University Hospital, not at any other facility.

There are a few requirements to obtain this coverage:

- Suit papers must be promptly delivered to the Office of Attorney General and Upstate Medical University's Risk Management Department;
- Your full cooperation in the defense of the suit must be assured;
- The act(s) for which you are being sued must have been within the scope of your duties as a State employee; and
- The injuries or damages for which you are being sued must not have arisen from intentional wrongdoing or recklessness.

Note that this statute does not cover punitive damages.

In the event that you have private professional liability insurance for the subject matter of the suit, it is important that you promptly inform your insurance carrier as well as Upstate

Medical University's Risk Management Department. If the suit arises from a Department's Clinical Practice Plan, you may be directed to seek coverage from the Practice Group.

#### **Application for Section 17 Representation:**

If you are served with any legal papers during or after your residency that relate to medical care you rendered at University Hospital, §17 representation should be requested. Administrative Policy S-09, *Subpoenas: Service and Service of Other Legal Documents at Upstate University Hospital*, addresses the process by which subpoenas may be served. If you are personally served with any type of legal document, please complete the following steps:

1. Verbally notify Upstate Medical University's Risk Management Department (4-6177). If the event occurred at an affiliate hospital, notify their Risk Management Department, as well.
2. Verbally notify your Program Director and the Office of Graduate Medical Education (4-7617).
3. Schedule an appointment with the Risk Coordinator to complete an application for §17 representation. This process must be completed within 48 hours of receipt of service. There is a twenty-day period in which a formal response must be entered on your behalf.
4. Bring the original *Summons and Complaint* and any amendments to your appointment with the Risk Coordinator.
5. The Risk Coordinator will complete the application process and obtain a copy of the original *Summons and Complaint* to submit on your behalf to the Office of Attorney General.
6. The Risk Coordinator will then schedule a follow-up meeting to review your role in the provision of medical care that concerns the case.

The local Office of Attorney General is located at 615 Erie Boulevard West, Suite 102, Syracuse (448-4800). Their representative will evaluate the *Summons and Complaint* and your role in the case. The OAG will submit a response on your behalf and notify you of the filing. Risk Management personnel and OAG attorneys are available to answer questions regarding the status of legal proceedings.

Please call at any time you have a question regarding legal coverage.

#### **Liability Insurance for Claims Filed After Completion of Program:**

See previous section, Professional Liability Insurance.

#### **Health and Disability Insurance**

See Booklet F83151, House Staff Benefits (<http://www.upstate.edu/forms/documents/intra/F83151.pdf>)

### **G. Duty-Hours Policies and Procedures**

#### **Resident & Physician Work Hours Policy:**

To maintain working conditions and working hours of physicians and post-graduate trainees that promote the provision of quality medical care, University Hospital shall follow the policies as set forth in New York State Department of Health Code 405 and the ACGME, regarding working hours for

post-graduate trainees and certain members of the medical staff. Please note these policies are undergoing continuous revisions. Please contact the GME office for the most current version.

#### **Resident & Physician Work Hours Procedure:**

1. Schedules of postgraduate trainees with inpatient care responsibilities shall meet the following criteria:
  - A. The scheduled workweek shall not exceed an average of 80 hours per week over a four week period (inclusive of all in-house call activities and all moonlighting).
  - B. Duty periods of PGY1 residents must not exceed 16 hours in duration.
  - C. Postgraduate trainees shall not be scheduled to work for more than 24 consecutive hours.
  - D. In determining limits on working hours of postgraduate trainees as set forth in New York State Department of Health Code 405, the medical staff shall require that scheduled on-duty assignments be separated by not less than 8 non-working hours [Note: To meet ACGME requirements the separation should be 10 hours]. Postgraduate trainees must have at least one 24-hour period of scheduled non-working time per week. "On call" duty at home may not be scheduled during this time. Following an assigned shift, a trainee may stay additional time not to exceed 3 hours for the purposes ensuring the appropriate transfer of patient information, but this transition period may not be scheduled in advance. This time may not be spent on new patient care responsibilities but to complete paper work, participate in rounds or in general, transfer patient information to incoming staff. If a resident exceeds 24-hours of continuous duty the resident must document the reasons for remaining to care for patients in writing to their program director. The additional time worked will be counted into the 80-hour working limitation. The trainee may not return on duty for at least 14 hours from his/her departure.
  - E. "On call" duty taken at home does not count as part of the postgraduate trainee's working hours. Time spent onsite at the hospital during this call period does count and must be calculated into work hours and is subject to the other restrictions of this policy. "On call" duty taken onsite at the hospital does count as time worked, with the limited exception for surgical trainees provided for in section 2 of this policy below.
  - F. "Work from Home" Time spent at home completing electronic medical records is countable as work time for duty hour calculations.
  - G. When assigning responsibilities to postgraduate trainees, the supervising physician will take into account work hour constraints, particularly as the duration of their on duty assignment progresses.
  - H. Residents must not be scheduled for more than 6 consecutive nights of nightfloat.

- I. PGY2 residents and above must be scheduled for in-house call no more frequently than every third night.
  - J. Please refer to duty hour regulations for your specialty at [www.acgme.org](http://www.acgme.org) and viewing your program's requirements.
2. Night Shift On-call for Surgery Trainees
- A. "On call" duty in the hospital during the night shift hours by trainees in surgery will not be included in the 24-consecutive hour limit contained in clause 1(B) and the 80-hour limit contained in clause 1(A) if, and only if:
    - 1. The Administrative Resident documents that during the on-call night shift, the postgraduate trainee was generally resting and that interruptions for patient care were infrequent and limited to patients for whom the postgraduate trainee has had continuing responsibility. The postgraduate trainee must have received at least 5 hours of uninterrupted sleep during the on-call shift at the hospital; and
    - 2. Night-shift duty in the hospital is scheduled for each trainee no more often than every third night;
    - 3. A continuous assignment that includes night shift "on-call" duty is followed by a non-working period of no less than 16 hours.
  - B. Trainees will be immediately relieved from a continuing assignment when fatigue due to an unusually active "on call" period is observed. It is the responsibility of the trainee to report a situation of fatigue to the supervising physician or Administrative Resident.
  - C. Post-call duties. All intern-level surgical trainees (PGY 1) must leave the hospital following their hospital night shift on-call. If additional time to transition is required, it must be done as provided in paragraph 1C of this policy. Surgical trainees beyond the PGY 1 year may stay to carry out duties following night shift on-call if, and only if, they have received adequate sleep while on call at the hospital during the night shift, which is clearly documented by the Administrative Resident as provided for in paragraph 2(A)(1) above. They may only continue to work until 11 a.m. and must not return on duty for at least 16 hours following their departure.
- 3. Emergency Department postgraduate trainees and attending physicians will be limited to 12 consecutive hours of "on-duty" assignments.
  - 4. The Upstate Medical University discourages extra-curricular patient care activities (moonlighting) during the period of graduate medical education, and such activities are permitted only with the express prior written permission of the Clinical Chair. Residents who moonlight must still have one 24-hour period free

of duty each 7 days. PGY1 residents are not permitted to moonlight. Such activities must be reported and included in the work hour restrictions contained in this policy. It is the responsibility of the postgraduate trainee to notify the Clinical Chair of the number of hours spent providing patient care services outside of University Hospital. If the maximum number of work hours permitted under the regulations and this policy have been met, the postgraduate trainee is prohibited from working additional hours.

- 5. Clinical Chairs are required to review Code 405 regulations, department protocols and hospital policy with their Residents. Both residents and attending physicians are individually and collectively responsible for assuring compliance with work hour requirements. Further:
  - A. Trainee policies related to trainee schedules must prescribe limits on assigned responsibilities of postgraduate trainees and the duration as daily on-duty assignments progress.
  - B. Postgraduates are to notify their attending any time that the resident will potentially violate work hour restrictions. Residents are to notify their attending when they are fatigued due to unusually active "on-call" periods. Residents are also required to notify their attending when not fit for duty using their program's Fitness for Duty reporting requirements. Such Residents are to be permitted to leave the facility without recrimination after assuring appropriate transfer of responsibilities.
  - C. The faculty and residents must participate in periodic compliance monitoring of this policy.
- 6. Any attending physician or postgraduate trainee who knowingly or unknowingly causes a resident to violate this stated policy or any related procedures and/or implementation plans may be subject to review and disciplinary action.
- 7. Residents are encouraged to bring information about work hour violations to the attention of the Associate Dean of G.M.E.

### **Guidelines for Fatigue: (SAFER – American Academy of Sleep Medicine)**

SUNY Upstate Medical University is concerned about your overall well-being and is committed to compliance with duty-hour regulations.

If you believe you are fatigued or if you observe another individual who is clearly fatigued, the following actions should be taken:

#### **Residents:**

- 1. Immediately call the attending on call.
- 2. Request that you or the other individual be relieved from duty immediately after assuring a smooth transition of patient care.

## Faculty:

1. Immediately relieve the resident from patient care duties after assuring a smooth transition of patient care.

You might be fatigued if you are experiencing any of the following:

### Physical Symptoms:

1. Frequent, unexplainable headaches
2. Muscular aches and pains
3. Breathing difficulties
4. Blurred/double vision
5. Burning urination
6. Loss of appetite

### Mental Symptoms:

1. Attentional narrowing
2. Easily distracted
3. Reduced performance standards
4. Feeling of depression
5. Impaired judgment
6. Poor visual perception
7. Expanded tolerance limits (willing to settle for less)

You might see the following in someone who is fatigued:

### Physical Symptoms:

1. Degraded motor skills
2. Tenseness and tremors
3. Intolerant/irritable
4. Increased reaction time

### Mental Symptoms:

1. Absentmindedness
2. Reduced short-term memory
3. Lack of interest and drive
4. Confused and fearful
5. Decreased startle response
6. Worried and anxious
7. Social withdrawal
8. Easily distracted

There are four main causes of fatigue:

1. Inadequate rest
2. Desynchronized physiological circadian rhythms
3. Weariness following physical activity
4. Impaired judgment following prolonged mental activity

Fatigue induced errors are of two types:

- **Errors of Commission** - doing something incorrectly
- **Errors of Omission** - not doing something that should be done
- Errors of Omission are the most common errors made by fatigued individuals.

## Off-Duty Policy for All Interns, Residents and Fellows:

The New York State Department of Health (NYSDOH) regulations regarding limitations of resident work hours specify that each resident shall have at least one 24-hour period of scheduled 'off duty' time each seven calendar days. Time off days may not be banked. While some 'working time' such as at home beeper call does not always contribute to weekly hour accumulation, the "off duty" period must be a period free of any patient care and educational responsibilities.

Upstate Medical University fully supports the availability of off-duty activities to promote the well being of medical residents and their families. Further, Upstate Medical University realizes that off-duty time can be categorized into two distinct time commitments:

- Off-duty time that is used for an individual's personal educational objectives through independent, self-directed learning such specialty board examinations or study for USMLE step examinations; and
- Off-duty time that is used for rest, recreation, social obligations, and personal and family needs.

Each Department will be responsible to assure that the off-duty hours of medical residents will be such as to comply with NYS Department of Health Code 405 and ACGME regulations. Therefore, with respect to the 24-hour period of non-scheduled work, each medical resident will have at least one 24-hour period of scheduled off-duty time per week. During this time period they will have no patient care nor required educational activity responsibilities nor any other work duties.

### Fitness for Duty/Resident Back-Up Policy

The program director and institution must ensure a culture of professionalism that supports patient safety and personal responsibility. Residents and faculty members must demonstrate an understanding and acceptance of their personal role in the following (Common Program Requirements VI.A.6):

*VI.A.6.a) assurance of the safety and welfare of patients entrusted to their care;*

*VI.A.6.b) provision of patient- and family-centered care;*

*VI.A.6.c) assurance of their fitness for duty;*

*VI.A.5.d) management of their time before, during, and after clinical assignments;*

*VI.A.6.e) recognition of impairment, including illness and fatigue, in themselves and in their peers;*

*VI.A.6.f) attention to lifelong learning;*

*VI.A.6.g) the monitoring of their patient care performance improvement indicators; and,*

*VI.A.6.h) honest and accurate reporting of duty hours, patient outcomes, and clinical experience data.*

Residents and Fellows must be educated about their self reflection on "Fitness for Duty". It is clear that current alcohol or illicit substance use is incompatible with fitness to provide medical care to others. Excess fatigue, medical or psychiatric illness may also preclude participation in the workplace. Examples of additional situations in which a resident or fellow may not be fit for duty include but are not limited to - the

use of medications that impair dexterity significantly, grief that precludes concentration or acute illness that would make the physician a risk to others (ex. infectious illness).

***This policy is designed to:***

- a. Provide guidance to both residents/fellows and supervisors when a resident/fellow is unfit for duty
- b. Provide coverage for clinical duties if another resident/fellow is ill or has a family emergency.
- c. Ensure the availability of coverage for residents/fellow who call-in ill.
- d. Delineate the resident's responsibility for coverage.
- e. It is not designed to change definitions of time off for human resources/payroll purposes. These remain unchanged.

**FITNESS FOR DUTY:**

A resident or fellow who does not feel fit for duty should consult with their current program director or Employee Health. Additionally, a supervisor who has concerns regarding a resident or fellow's fitness for duty should also consult with the Program Director and/or Associate Dean for Graduate Medical Education.

**BACK-UP SUPPORT:**

Appropriate use of sick call includes unexpected illness, death in the family or other personal emergency. Sick call is not to be used for scheduled absences, e.g., doctor's visits, family responsibilities, interviews, etc. For such scheduled absences, the resident/fellow will follow their department procedures in compliance with human resources/payroll policy.

**SUGGESTED PROCEDURE (modifications can be made by submitting department policy to GMCC for approval):**

1. The resident will call the Chief Resident to inform them of his/her illness or situation. The resident/fellow will talk directly to the Chief. No voicemail messages should be left. When paging the Chief, a resident must leave a phone number where they can be reached (cell phone and/or home number, not a pager).
2. The resident/fellow will discuss the work type and duration for which coverage is needed. The Chief will ascertain what responsibilities need to be covered to ensure safe, comprehensive transfer of duties to the covering colleague. This will occur prior to each shift for which the resident is ill unless otherwise determined by Chief.
3. As a general rule, each resident/fellow will be expected to complete an equal share of weekend and holiday calls. If the resident/fellow is unable to meet this responsibility due to illness or another situation as listed above, the resident/fellow will complete the requisite number of calls at a later date as determined by the Program Director or Chief. It should be understood that receiving return coverage is a courtesy but is not an absolute requirement and may not be possible in all situations. SUNY Upstate Medical University's institutional policy allows employees to be out for a number of sick days without consequences.

It is in this regard that professionalism and courtesy should exist.

*NOTE: Repayment of coverage may never result in an ACGME or New York State duty hours regulation violation, no matter what the circumstances.*

4. If a resident/fellow is out sick greater than three days, documentation must be brought to the Program Director's attention within 24 hours of returning to work. Documentation needs to show the name, date, time, and place where the resident/fellow was seen. Diagnosis does not need to be disclosed as this information is confidential. Failure to comply with the documentation requirement could lead to comments regarding professionalism in the final evaluation of the resident/fellow or disciplinary action.
5. For extended absences/illness, please refer to the institutional policy on Leaves of Absence available on SUNY Upstate's website. Residents and fellows should be mindful of individual Board requirements that may set limits on the amount of leave one may take at any level. In most cases, vacation time cannot be forfeited for leave.
6. While every attempt will be made to cover a resident or fellow with another resident or fellow, the final authority for patient care and supervision lies with the attending. In all cases when another resident or fellow cannot cover or cannot be reached, the attending on service will provide this coverage.

## **H. Policy on Moonlighting**

### **Institutional Moonlighting Policy Regarding Extracurricular Patient Care Activities by Residents:**

The SUNY Upstate Medical University generally opposes extracurricular patient care activities during the period of graduate medical education and such activities are permitted only with the express prior approval and written permission of the department chairperson. Further, for some residents, immigration visa status may preclude moonlighting. It should be noted that under no circumstances will a PGY1 resident be allowed to moonlight. This permission must be renewed on an annual basis. Additionally, you cannot moonlight in your own division. All moonlighting activities are reportable and will be considered in the calculation of compliance with New York State Department of Health Code 405 and ACGME work hour limitations for medical residents. The Institution feels that the process of graduate medical education is a full-time educational commitment. You may not moonlight on your day off if you only get one day in seven off. Time that is not directly assigned to the training program should be utilized for additional study and enrichment of the more formal educational program.

It is the firm conviction of graduate medical faculty that other professional activities should not be allowed to interfere with a house officer's maximum commitment to the educational process which has been agreed to by the Institution and the house officer. However, it is recognized, in some disciplines, that opportunities do exist wherein certain extracurricular professional activities may be of educational value to that pro-

gram and involvement in these activities would not interfere with the overall educational process. In these instances, participation may be permitted on a selective basis on written approval of the department chairperson involved. Please defer to your department's policy on moonlighting for exact procedures.

If in the opinion of the department concerned it is felt that such activities are interfering with the house officer's educational progress, issuance of a new annual appointment may be jeopardized.

### **License for the Practice of Medicine:**

Consistent with New York State Education Law and regulations of the New York State Department of Health, appropriately credentialed, unlicensed residents may practice medicine in an ACGME approved program at University Hospital and its affiliated institutions only under the direct and general supervision provided by their graduate medical education program.

Medical licensure is still required in certain circumstances. These include practice outside the structure of one's residency program (including service as Medical Officer of the Day at the VAMC) for which the resident receives monetary compensation or participation in non-ACGME accredited programs. In addition, each Upstate graduate medical education program has the authority to require licensure if a) it is made necessary by agreements with other affiliated institutions at which the resident receives training or b) it is deemed beneficial by the program director to determine the program's requirements.

This licensure policy emphasizes the importance of the Upstate resident credentialing system. Your cooperation in completing the proper credentialing paperwork will ensure not only our compliance with New York State Department of Health regulations but also our continuing public credibility.

## **I. Counseling, Medical, and Psychological Support Services**

### **Counseling Services:**

The residency years produce their own unique set of individual and family stresses. Research suggests that time pressures, excessive workload and the difficulty of coordinating personal and professional lives often contribute to stress among residents and their spouses. Counseling services, including stress management, individual psychotherapy, and marital counseling, are available to all residents and their spouses. These services are confidential and can generally be tailored to the resident's schedule. Many of the services can be arranged at no fee or at greatly reduced cost. For further information, please contact BalanceWorks. Residents may also schedule an appointment with the Associate Dean of GME to discuss options.

### **Resident Well-Being - BalanceWorks**

BalanceWorks Residence Assistance Program is a free resident work/life benefit. It can help you balance your academics and personal life by providing professional support as well as your own Personal Assistant. It can ease the stress you may be facing due to personal issues and the pressures of academics. To

sign-up for BalanceWorks, just go to [www.mybalanceworks.com](http://www.mybalanceworks.com) and enter member ID #65352818 and group ID #8891. You will be prompted to change to your own ID and password once logged into the BalanceWorks system.

### **Health Care – Personal and Family:**

The Employee Health Office is located in Jacobsen Hall, 175 Elizabeth Blackwell Street. Their phone number is 464-4260. The office is fully operational Monday through Friday, 7:30 AM to 5:00 PM. The purposes of the Health Office are to perform annual health assessments, follow-up on exposures when necessary and provide the Hepatitis B vaccine and influenza vaccine free to employees. Should house staff become ill at work, the Health Office can assist by providing names of providers or by making referrals when necessary. In an emergency situation, employees should be sent directly to the Emergency Room in University Hospital. Primary care services for residents and their spouse are available at Upstate Medical University through the University Internists at 464-6529. The group will accept the State health insurance plan.

### **Employee Assistance Program: (EAP)**

All personnel, including residents, and members of their families are eligible for this free, confidential referral service. Established at Upstate to help individuals whose personal problems affect their job performance, the program offers a community wide referral service for coping with a wide variety of non-job-related problems: emotional and personal problems (marital difficulties, family issues, legal, financial or crises related); all types of chemical dependency (alcoholism, alcohol abuse, drug abuse). Early warning signs of need include absenteeism, chronic lateness, personality change, decline in work quality or unusual behavior. For more information or to arrange an interview with an EAP Coordinator, call 464-5760. The office is located in 510 Jacobsen Hall.

Residents are strongly encouraged to participate in public safety health initiatives, such as, influenza vaccination.

### **Physician Impairment and Substance Abuse:**

It is an unfortunate reality that physicians are no more immune to the risks of impairment than any other individuals. Untreated impairment can have significant impact on the individual, their family and friends, and career. Stresses surrounding the responsibilities of being a physician and related personal issues can manifest themselves in many ways including but not limited to: alcohol and /or chemical abuse and dependency and/or psychological changes. When identified and treated successfully, substance abuse and/or addiction does not preclude a successful medical career. If you know someone who may be impaired or who may need assistance, please contact one of the sources below. It may be the best referral you ever make.

Graduate Medical Education Office.....	464-5136
Employee Assistance Program .....	464-5760
MSSNY Committee for Physician's Health .....	800-338-1833

## **J. Supervision (R-02)**

### **Resident Supervision Policy**

The Medical Staff assumes overall responsibility for the quality of the professional services provided by individuals with clinical privileges and credentials, including Residents or

Fellows. Therefore, the Medical Staff assures that each participant in the professional graduate education program is supervised in all patient care activities.

Supervision by faculty is required for all procedures performed by trainees. Many procedures require direct supervision by a faculty member, barring an emergency, regardless of the trainee's level of experience. Some procedures must be performed a minimum number of times under direct supervision before a trainee will be allowed to perform that procedure under indirect supervision. The specific procedures and number of required direct observations is determined by each training program. After a set number of procedures are satisfactorily completed under the direct supervision of a qualified, credentialed individual and verified by the program director of said program, then a trainee may perform that procedure under indirect supervision.

### **Procedure:**

The medical staff shall monitor and supervise Residents or Fellows assigned to patient care responsibilities as part of an ACGME approved medical training program; or a non-accredited respective Medical Board (e.g., American Board of Internal Medicine, American Board of Neurology, etc.) approved fellowship program; or a non-accredited Graduate Medical Education Committee approved fellowship program. Supervision will be carried out consistent with relevant provisions of law and ACGME supervision guidelines applicable to each specialty-specific Training Program. Residents and Fellows caring for patients on their primary service are supervised by identifiable, appropriately credentialed, and privileged Attending physicians of the patients cared for, or, for certain subspecialties, by qualified post-graduate trainees (see section 1.c. below). Residents providing consultation services for other clinical services do so under the supervision of the Attending physician on the service, and when appropriate, the Chief Resident.

#### **1. Monitoring and supervising shall include:**

- a. Providing documentation of procedures a Resident or Fellow has been granted to perform under indirect supervision to appropriate medical and other hospital patient care staff;  
For those procedures that must be conducted under direct visual supervision of the Attending, a registry is maintained via MedHub. This information is available 24 hours per day, seven days a week.  
Procedures that may be performed under the general control and supervision of the Attending or qualified Resident or Fellow are those granted to the supervising Attending or Resident or Fellow of the specialty of the Resident and those procedures for which the Resident has successfully completed a minimum number of directly supervised occurrences. The Medical Staff Services department maintains a list of privileges granted to Attending physicians, which is available 24 hours per day, seven days a week online.
- b. Continuously monitoring patient care services provided by such individuals to assure provision of quality patient care services within the scope of credentials granted;

- c. For Residents or Fellows in the acute care specialties of Anesthesiology, Family Practice, Medicine, Obstetrics, Pediatrics, Psychiatry, and Surgery, supervision shall be provided by physicians who are board-certified or admissible in those respective specialties, or who have completed a minimum of four post-graduate years of training in such specialty (as per NYS Health Code 405) . There shall be a sufficient number of these physicians present in person in the hospital 24 hours per day, seven days per week to supervise the Residents or Fellows in their specific specialties to meet reasonable and expected demand. If the patient's Attending physician is immediately available by telephone and readily available in person when needed, the on-site supervision of routine hospital care and procedures may be carried by Residents or Fellows who are in their final year of post-graduate training or who have completed at least three years of post-graduate training;
- d. Specific clinical departmental policies and program-specific protocols may define orders that either may not be issued by Residents or that require Attending counter signature. The following apply to all University Hospital Residents or Fellows:
  - i. Residents or Fellows may not issue certain orders such as:
    - a) orders not to resuscitate (\*Note: a Resident may act as the concurring physician to an order not to resuscitate.);
    - b) orders to withdraw life support or to withhold life-sustaining treatment, including artificial nutrition and hydration.
  - ii. Counter signature of the supervising Attending physician is required for orders issued by Residents or Fellows, as follow:
    - a) outpatient psychiatric treatment plans;
    - b) chemotherapy.
  - iii. Restraint orders must be written by a licensed physician.
- e. Supervision by Attending physicians of the care provided to surgery patients by post-graduates in training must include, at a minimum:
  - i. Personal supervision of all surgical procedures requiring general anesthesia or an operating room;
  - ii. Pre-operative examination and assessment by the Attending physician; and
  - iii. Post-operative examination and assessment no less frequent than daily by the Attending physician.
- f. Consultations and supervision of Residents performing consultations shall be carried out in accordance with Medical Staff Bylaws MSB R-09.
- g. Taking disciplinary action or other corrective measures against the individual providing the service and/or the Attending/supervising physician when the services provided exceed the scope of credentials granted; and

- h. Taking disciplinary action or other corrective measures against any individual providing service in violation of the physicians' working hours limits set forth in Administrative Policy R-04, Resident and Physician Work Hours Policy.
- 2. The Office of Graduate Medical Education and members of the Medical Staff regularly communicate about the safety and quality of patient care and related educational and supervisory needs of Residents or Fellows, and regularly present and participate in such issues in Quality Meetings.

- Resident to Attending sign out of cases supervised using indirect supervision (i.e., the resident performs the service but the attending was not immediately present)

The process defined shall:

- Be interactive and allow for question, in person or on the phone
- Be inclusive of up-to-date information
- Require verification of received information, including repeat back or read back where necessary
- Be performed with limited or no interruption
- Allow the receiver to review relevant patient historical data
- Include a document specific for the handoff which can be evaluated

Accepted policies must be placed in each department's specialty-specific resident handbook and distributed to faculty.

Programs will be required to develop schedules that ensure that residents do not exceed the 80-hour per week duty hour limit and ensure that clinical assignments are scheduled to minimize the number of transitions in patient care. Faculty should also be scheduled and available to appropriately supervise residents and fellows. In unexpected changes in patient care occur because of an emergency, illness or fatigue on behalf of the resident/fellow, safeguards should be built into the schedule to cover patient care in these circumstances.

Programs will ensure that residents and clinical fellows are competent in communicating with team members in the hand-over process. Through the evaluation process programs must assess handoff skills (capacity to perform a safe, effective and accurate handoff) and report such in bi-annual assessment meetings.

Each program must deliver focused yearly training on hand-off skills to both residents and faculty and document such in their Annual Review of Program Effectiveness.

The institution will ensure the availability of schedules that inform all members of the health care team of attending physicians and residents currently responsible for each patient's care. University Hospital uses Amion and MedHub for publishing and disseminating schedules throughout the institution for this purpose. Programs can also use the handoff or specialty-specific tools located in the EPIC system (EMR).

Patients should not be inconvenienced or put at risk by frequent transitions in their care.

### **Procedure:**

As per CM H-07, in order to carry out our commitment to patient safety and continuity of healthcare it is the policy of Upstate University Hospital to provide accurate information about patient care, treatment and services, current condition and any recent or anticipated changes. All handoff communication must include an interactive process of passing patient specific information from one caregiver to another or from one team of caregivers to another team. Handoffs follow a standardized approach and include the opportunity to ask and respond to questions. A handoff is a verbal, written and/or electronic communication, which provides information

## **K. Transitions of Care**

### **Graduate Medical Education: Transitions of Care and Handoffs Policy Purpose:**

The ACGME status that sponsoring institutions and programs must ensure an monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety (Common Program Requirements - CPR VI.B.2). The ACGME has charged programs to design clinical assignments to minimize the number of transitions in patient care and ensure that residents are competent in communicating with team members in the hand-over process (CPR VI.B.3 and VI.B.1). The sponsoring institution must also ensure the availability of schedules that inform all members of the health care team of attending physicians and residents currently responsible for each patient's care (CPR VI.B.4).

Additionally, Upstate Medical University must facilitate professional development for core faculty members and residents/fellows regarding effective transitions of care (Institutional Requirements - IR III.B.3.a) and ensure that participating sites engage residents/fellows in standardized transitions of care consistent with the setting and type of patient care (IR III.B.3.b).

### **Definitions:**

**Transitions of Care/Handoffs:** The transfer of information, authority and responsibility for the purpose of ensuring patient safety and continuity from one service and/or team to another.

### **Policy:**

The purpose of this policy is to provide a standardized process that guides the method and content of information exchanged between healthcare team members when transferring direct patient care responsibilities.

The implementation of this policy will serve to place us in compliance with both the ACGME accreditation standards but also our own institutional standards. Under Upstate's standards each program is responsible for developing departmental, specialty-specific transitions of care/handoff policy which will be reviewed by GMEC. Under CM H-07:

Each Clinical Department shall define a process for patient hand offs to apply:

- Resident to Resident Hand offs
- Attending to Attending Hand offs



to facilitate the continuity of care and provide a safe patient environment.

When possible, residents and faculty should find a quiet area to give a report which allows for the transfer of information without interruption. Opportunities should be available to answer questions and repeat back information as needed.

The provider transferring care should have the supporting documentation to convey information and immediate access to the patient's record. The transition/handoff process should include identification of patient (including name, medical record and date of birth). The process should identify the admitting/primary physician, diagnosis and current status/condition of patient. Additionally, any recent events such as changes in medication, condition or treatment, lab tests, allergies, anticipated procedures and any actions that could be taken should be indicated. Changes in patient condition that may require other interventions and other contingency plans should also be disseminated.

### **GME Monitoring**

Through the GME Annual Survey and ACGME Resident Survey, residents will be asked about the average number of transitions in patient care for their program and that residents are serving on interprofessional teams. Additionally, during the Annual Review of Program Effectiveness process, programs will be asked to demonstrate that they have had a didactic or other educational session on competent hand-off skills. Results from the GME Annual Survey, ACGME Resident Survey and ARPE review meetings regarding transitions of care/handoffs will be placed on the GME Dashboard, shared with GMEC yearly and recommendations to improve quality of care and patient safety will be made at that time.

Other Institutional Policies to Consider:

- T-11 - Inter-faculty and Intra-faculty Transfer/Transport of Patients

*Note: ACGME CPR requirements used are effective 7/1/16*

## **L. Emergency Situations**

Trainees may experience emergencies at odd hours. Emergencies may include ethical crises, needle sticks, being contacted by the Office of Professional Misconduct (OPMC), being delayed out of the country due to inability to obtain a visa or other issues. It is prudent to contact the GME Office (464-5136) to alert us to your crisis so that we can make sure it is being handled efficiently and appropriately.

### **Disaster Policy**

In the event of a disaster or interruption in patient care, the GME Office will provide residents with administrative support.

#### **PURPOSE:**

To establish a policy that addresses administrative support for Graduate Medical Education programs and residents in the event of a disaster or interruption in patient care. This will include minimizing the impact of such a situation on the educational experience of the residents, protecting the well-being and safety of the residents, and making provisions for continuation of the educational experience and resident assignment.

#### **POLICY:**

In the event of a disaster, which may be determined by Federal, State and/or local governments and defined by ACGME where the training of residents is interrupted for a significant time, the Graduate Medical Education Committee (GMEC) working with the Designated Institutional Official (DIO) and other sponsoring institution leadership at SUNY Upstate Medical University/University Hospital will strive to restructure or reconstitute the educational experience as quickly as reasonably possible following the disaster. The DIO will be the primary institutional contact and maintain communication among house staff, program directors, hospital administration, the Accreditation Council for Graduate Medical Education (ACGME) and Centers for Medicare/Medicaid Services (CMS).

In order to maximize the likelihood that residents will be able to complete the program requirements within the standard time required for certification in that specialty, the GMEC and DIO will make the determination if transfer to another program is necessary on either a temporary or permanent basis consistent with ACGME policies and procedures and CMS ruling relevant to the relocation and funding of residents affected by the disaster.

Once the GMEC and DIO determine that the sponsoring institution can no longer provide an adequate educational experience for its residents, SUNY Upstate Medical University will attempt to arrange for the temporary transfer of residents to programs at other sponsoring institutions until such time as SUNY Upstate Medical University is able to resume the training experience. Residents who transfer to other programs as a result of a disaster will be provided by the DIO with the estimated time that relocation to another program will be necessary. Should that initial time estimate need to be extended, the resident will be notified by the DIO using written or electronic means identifying the estimated time of the extension.

If the disaster prevents the sponsoring institution from reestablishing an adequate educational experience within a reasonable amount of time following the disaster, then permanent transfers will be arranged to the extent reasonably possible.

In the event of a disaster affecting other sponsoring institutions of GME programs, the DIO and GMEC will coordinate on behalf of SUNY Upstate Medical University/University Hospital the ability to accept transfer residents from other institutions. This may include the process to request complement increases with ACGME that may be required to accept additional residents.

*Adapted from SUNY Stony Brook on 12/09*

### **Emergency Preparedness**

The Emergency Operations Plan is designed to ensure prompt and effective response to disasters or emergencies affecting the environment of care. The plan is designed to efficiently organize hospital resources by defining the roles and responsibilities using the Hospital Incident Command Structure (HICS) in a coordinated and integrated action. It is supplemented by detailed departmental procedures. In addition to defining Upstate Medical University's role in the community-wide emergency management efforts, the plan provides for implementing specific procedures in response to both in-

ternal and external events. There are detailed Radiological Emergency Plan, Decontamination Plan, Surge Plan, CNY Mutual Aid Supply and Evacuation Plan and other plans also included in the document. The text of the Emergency Operations plan can be found on University Hospital's intranet at [http://www.upstate.edu/policies/documents/intral/DIS\\_M-38.pdf](http://www.upstate.edu/policies/documents/intral/DIS_M-38.pdf).

## Emergency Codes

University Hospital has instituted an emergency code response system. The following codes have been identified for the following situations:

- Code Amber - Infant/Child Missing
- Code Black - Severe Weather/Tornado Warning
- Code Blue - Adult Medical Emergency
- Code Clear - Situation Resolved
- Code Gray - Patient Elopement
- Code Orange - Contaminated Patient
- Code Red - Fire
- Code Silver - Weapon/Hostage
- Code White - Pediatric Medical Emergency
- Code Yellow - Bomb Threat

Information on proper procedures during one of these situations can be found on the GME Blackboard page under education initiatives.

## M. Experimentation and Innovation

The GMCEC will maintain oversight of all phases of educational experiments and innovations that may deviate from Institutional, Common, and specialty/subspecialty-specific Program Requirements, including a) Approval prior to submission to the ACGME and/or respective Review Committee; b) Adherence to Procedures for "Approving Proposals for Experimentation or Innovative Projects" in ACGME Policies and Procedures; and c) Monitoring quality of education provided to residents for the duration of such a project.

## N. Communication with GME Office

### Role of the GME Office

Residents and fellows in medical training are an admixture of student and employee. There are responsibilities for service and patient care that must be fulfilled by trainees. The institution, likewise, has responsibilities to trainees to ensure high quality educational experiences. The Graduate Medical Education (GME) Office bridges the gap between these two worlds. Our office offers a wide range of services to both clinical and basic science departments. Our public web site is located at [www.upstate.edu/gme/](http://www.upstate.edu/gme/) and offers information on residency programs at SUNY Upstate Medical University, the institution's exchange visitor program and alumni services.

Residents or fellows who are experiencing difficulty during their training are encouraged to work with their program directors. However, the GME office will help to problem solve work place concerns (such as resident abuse, or crisis conflict issues) where needed. The GME Office keeps a list of resources for residents who may experience substance or stress related problems, or who experience behavioral problems.

The GME Office is responsible for the oversight of all resident education. We offer educational programs and workshops both live and as web-based educational modules. Our Blackboard site has been developed to offer educational opportunities for both faculty and residents to meet ACGME general competencies and can be viewed at [www.upstate.edu/blackboard](http://www.upstate.edu/blackboard). Your Groupwise user ID is your user ID for this website, and your password is your GroupWise password.

### Process for Raising Confidential Concerns:

#### *Resident Feedback:*

The Graduate Medical Education (GME) Office strives to maintain an environment where residents are free to voice their concerns without fear of reprisal. If you have an issue you would like us to address you may submit the information to the GME website at [www.upstate.edu/gme/res-feedback.php](http://www.upstate.edu/gme/res-feedback.php). Any information you provide will be kept completely anonymous. In addition, residents may also schedule an appointment to meet with the Associate Dean for Graduate Medical Education (464-7617) or call the Compliance Hotline at 464-6444.

#### **Resident Advisory Council (RAC):**

The Resident Advisory Council is composed of peer selected resident representatives of each of the accredited residency programs of the State University of New York Upstate Medical University. This body meets two times per year [more frequently if required]. These meetings provide a forum to address issues that are of general concern to trainees. This may include hospital policies, facilities, or educational issues. Proposed policies, educational offerings or concerns may be brought by the Associate Dean for Graduate Medical Education to resident representatives at these meetings to elicit input. Minutes from the meetings are distributed to all residents and are maintained on the GME website.

The Resident Advisory Council elects from among its membership representatives to serve one-year terms as voting members of the Institutional Graduate Medical Education Committee. These representatives provide a resident's perspective to issues that arise in the GME Committee.

The Resident Advisory Council also serves as a place where women residents can voice their concerns regarding issues relevant to women (for example, lactation rooms, pregnancy policies).

#### **Graduate Medical Education Committee:**

Upstate Medical University has a Graduate Medical Education Committee which meets monthly to establish and implement policies and procedures regarding the quality of education and the work environment for the residents in all programs. The membership includes program directors, program coordinators, representatives from the medical school and hospital administrators, as well as, representatives from major affiliated institutions. Residents are represented by peer-selected members elected from peer-selected members of the Resident Advisory Council (RAC). These policies and procedures include stipends and position allocation, communication with program directors, resident duty hour and supervision oversight, communication with medical staff of affiliated hospitals regarding the safety and quality of patient care, curriculum and evaluation, resident status, oversight of program accred-

itation, management of institutional accreditation, oversight of program changes and oversight of reductions and closures. Meeting minutes, policies and additional information is available on the MedHub page. Guest access is permitted.

## Annual Surveys

SUNY Upstate Medical University must ensure that at least annually residents submit confidential evaluations on their educational experiences. In order to receive your feedback, the GME Office has initiated three annual surveys as described below:

1. Resident Annual Survey – Distributed in March via email. The survey is distributed to all residents and collected anonymously by the GME Office. The annual survey gathers data on supervision, work hours, educational experience, etc.
2. Resident Exit Survey – Distributed in May via email. This survey is sent to residents that are leaving the institution to collect data on their total educational experience at SUNY Upstate Medical University.
3. Graduate Survey – Periodically the GME Office send surveys to graduates of out training programs to garner additional perspective to improve our educational offerings. In addition to the resident surveys, the function of the GME Office is also assessed via an email survey to the program directors and program coordinators of the institution.

These surveys are in addition to any that may be required by the ACGME or the specialty or program.

## II. GME/University Hospital Support and Regulations

### Administrative Policies

Resident responsibilities include providing patient care and pursuing education. There are administrative responsibilities that accompany these goals. The ACGME has defined core competencies for residency that include Interpersonal and Communication Skills, Professionalism, Practice Based Learning and Improvement and Systems Based Practice. Completing required administrative tasks in a timely fashion is a core component of demonstrating competency in these areas. Completing dictations, educational activities and complying with hospital policies are key elements that demonstrate competence. Many residencies have incorporated assessment in these areas in their criteria for promotion and retention of residents. A resident may view the administrative policies of SUNY Upstate Medical University, University Hospital via the hospital's intranet at [www.upstate.edu/policies/intra](http://www.upstate.edu/policies/intra). This section lists all general University Hospital policies and all Upstate Medical University policies that relate to University Hospital. Unit/Service/Department specific procedures are maintained by individual departments and services and are consistent with Hospital policies. All policies listed on this web page are extremely important and include useful information such as dictation rules (Rules and Regulations – Medical Records #MSB R-10), Emergency Department procedures (Emergency Department Admissions Policy #E07) and resident supervision (#R02).

### Faculty Orientation Web Page

For an overview of resources available to you at SUNY Upstate Medical University, please visit the faculty orientation web page at [www.upstate.edu/facultydev/faculty\\_orientation/](http://www.upstate.edu/facultydev/faculty_orientation/).

### Policies and Procedures of University Hospital:

The policies and procedures of University Hospital can be found on SUNY Upstate Medical University's web page at [www.upstate.edu/policies/intra/](http://www.upstate.edu/policies/intra/). This information is only available on University computers (intranet).

### Disability Accommodation - Request for Accommodation

The Office of Graduate Medical Education seeks to assure that residents are provided opportunities for full involvement in the academic experiences of SUNY Upstate Medical University. Requests for physical and programmatic accommodation at Upstate Medical University, as they relate to residents under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973, are coordinated through the GME Office. If you are seeking an accommodation, please request an Accommodation Request Form from the Graduate Medical Education Office as soon as possible, preferably at least one month before the beginning of the academic year to ensure timely accommodation. A medical evaluation and/or documentation of disability should also be sent to the Office of Graduate Medical Education. Both the Accommodation Request Form and the disability and evaluation information must be received before an intake appointment will be scheduled. You may call or stop by to schedule an intake appointment. During your intake appointment, you will meet with the Associate Dean and your request for accommodation will be reviewed. Any resident who has concerns about accommodations that have been provided should feel free to call or stop by the Graduate Medical Education Office and make an appointment to see the Associate Dean. Please do not hesitate to contact us, as problems and concerns are best solved in the early stages.

### Office of Professional Medical Conduct

If you are contacted by the Office of Professional Medical Conduct (OPMC), or any similar government entity, please call the Graduate Medical Education Office (464-5136) promptly so that we can inform you about the process and your rights. Initial contacts with OPMC set the tone and should be managed honestly and carefully. Also see Section F - Malpractice Situations.

### Residents as Teachers

Residents and fellows provide the majority of teaching to medical students during inpatient clinical clerkships. In the outpatient setting, residents and fellows are significant contributors. Surveys of medical students have identified residents as the most important and effective teachers in the clinical setting. Residents commonly underestimate their importance, as they don't routinely conduct formal didactic sessions with students. Residents teach procedural skills; medical interviewing, physical diagnosis and clinical reasoning during typical patient care encounters. In addition, role modeling is a key element of residents' role as teachers.

If you demonstrate sloppy behaviors and techniques, medical students will emulate them. Conversely, when residents demonstrate exceptional compassion, knowledge, diagnostic wizardry, therapeutic excellence and teamwork, medical students strive to match these behaviors.

Giving feedback to medical students and other trainees is a crucial role played by residents. Take time to make specific constructive suggestions – this will help the student enormously. For example, not “Great job” but “Your technique in doing the lung exam was good, and would be even better if you positioned the patient differently. Let me show you”, and not “Your note was terrible” but “Your note was too wordy, write the Review of Systems as bullets, not paragraphs”.

The GME office will offer workshops designed to help residents develop their innate abilities as teachers. Residents provide education not just for medical students but for their junior colleagues, nursing staff, and patients.

### Medical School Goals And Objectives

The medical school has General Competencies and Educational Program Objectives that serve to guide all our courses, clerkship and electives. All faculty, residents and students should be familiar with these. They can be found at <http://upstate.edu/com/curriculum/objectives.php>.

### Stress

Occupational pressures and fears have become the leading source of stress for American adults<sup>1</sup>. In fact, workplace stress has been known to have major negative effects on personal health and wellness. If you are experiencing symptoms related to stress, feel free to contact BalanceWorks ([mybalanceworks.com](http://mybalanceworks.com)) or the Graduate Medical Education Office at 464-8948. The EAP and GME Offices are dedicated to supporting your health and well-being and reducing the impact of personal and job-related problems.

<sup>1</sup> American Institute of Stress web page, <http://www.stress.org/job.htm>

### Civility Policy

The Medical Staff values effective, appropriate communication between and among physicians and hospital staff. The Medical Staff will treat one another, the nursing staff, and other hospital staff respectfully and with civility. This includes but is not limited to:

- Profanity, verbal or physical abuse, sexual harassment or discrimination of any type will not be tolerated.
- Medical Staff behavior considered abusive will be reported to the Medical Staff Office, or via the Event Communication form through the practitioner’s supervisor.
- The complaint will be substantiated. If the physician’s behavior is considered inappropriate, the episode will be documented in a letter to the physician. A copy of this letter will be placed in the physician’s Medical Staff file in the Medical Staff Office. The physician’s supervisor will be copied on the letter.
- If a second episode of inappropriate behavior occurs within two years, the physician will be asked to appear before the Medical Executive Committee.

- If further episodes occur, the physician may be required to obtain counseling. Further offenses could be cause for termination from the Medical Staff.
- There shall be no retaliation against any person who makes a complaint. Retaliation will be considered a new offense and shall be managed appropriately.

This policy will be enforced by the Medical Executive Committee. All of these efforts, formal or informal, will be considered part of the peer review process and quality assurance activities as the quality of patient care is directly impacted by the conduct addressed in this process.

### Diversity

The College of Medicine (COM) of Upstate Medical University commits to creating and sustaining an environment that is equitable, respectful and free from prejudice for students, residents, faculty, staff, patients, families, and members of our community. It is our policy to promote a diverse and inclusive campus, through recruitment, admissions initiatives, and support programs. We are committed to serving the central New York community, and addressing the shortage of doctors in small communities and rural areas in our region, and in urban underserved communities. We promote the values of diversity and inclusion throughout the mission of the university and in the various functions supporting those missions. Our College of Medicine Diversity Policy may be found at:

<http://www.upstate.edu/dean/pdf/intra/policies/diversity-inclusion.pdf>.

### Upstate And Affiliates

#### Medical Library Information

##### Upstate Library:

The Upstate Medical University Library supports the patient care, teaching and research activities of the campus. The Library also serves the health information needs of both the general public and health care professionals throughout Central New York. The medical library is located on the first floor of Weiskotten Hall. The library’s main phone number is 464-7091. For off campus access please use the link below.

[library.upstate.edu/help/offcampus.php](http://library.upstate.edu/help/offcampus.php)

##### VAMC Library:

The VISION 2 on-line library is available for residents use. It can be accessed from the VA Web page (<http://vaww.visn2.va.gov/> → Employee Services → Library Services) OR through the CPRS computer medical record (Tools → CLINICIAN Application Support → Up-To-Date and many other resources).

Resources include:

- MicroMedex
- UpToDate
- MedLink Neurology

Through the HubNet Portal, you can access:

- MEDLINE (Ovid & PubMed)
- Evidence-based Medicine Databases, including Clinical Evidence
- Full-text books – StatRef, Harrison’s

- Full-text journals including the New England Journal of Medicine

You can either search the databases yourself, or if you prefer, the searches can be done for you.

These resources are available on all PC's in the Medical Center. Access is provided only during your rotation through the VA. Therefore, you are encouraged to explore and take advantage of the electronic resources which are unique to the VA Virtual Library.

The Intranet Virtual Library webpage can be found at: <http://vaww.visn2.med.va.gov/emp/library/index.html>.

This link is only available from VA computers.

### III. Important Policies

#### Policy on Physician Impairment and Substance Abuse

It is an unfortunate reality that physicians are no more immune to the risks of impairment than are other individuals. Untreated impairment can have a significant impact on the individual, their family and friends, and career. Stresses surrounding the responsibilities of being a physician and related personal issues can manifest themselves in many ways including but not limited to: alcohol and/or chemical abuse and dependency and/or psychological changes. When identified and treated successfully, substance abuse and/or addiction does not preclude a successful medical career. If you know of someone who may be impaired or who may need assistance, please contact one of the confidential sources below. If may be the best referral you ever make.

Graduate Medical Education Office . . . . . 464-5136  
 SUNY Upstate Medical University  
 Committee on Medical Staff Health . . . 464-3506  
 Employee Assistance Program . . . . . 464-5760  
 MSSNY Committee for Physicians' Health. . . . .  
 800-338-1833

#### Policy on Residency Closure/Reduction

In accordance with the ACGME institutional requirements, if there is a reduction in size or closure of any residency program at SUNY Upstate Medical University the following will happen:

1. The GMEC, the DIO, and residents will be informed as early as possible that the institution intends to reduce the size of the ACGME-accredited program or close the residency program and,
2. In the event of such a reduction or closure, SUNY Upstate Medical University must either allow the residents in the program to complete their education or assist the residents in enrolling in an ACGME-accredited program in which they can continue their education.

#### Policy on Sexual Harassment

SUNY Upstate Medical University's Discrimination & Sexual Harassment Policies are outlined on your Terms of Resident Appointment provided to you by your department.

#### Policy Regarding Supervisor - Trainee Consensual Relationships

No supervisor should enter into a consensual relationship with a trainee actually under their authority. Situations of authority include, but are not limited to, teaching, formal mentoring, supervision of research, and exercising substantial responsibility for grades, honors, or degrees; and considering disciplinary action involving the trainee. No supervisor should accept authority over a trainee with whom he or she has or has had a consensual relationship without agreement with the appropriate dean. Specifically, the supervisor should not, absent such agreement, allow the trainee to enroll for credit in a course which the supervisor is teaching; direct the trainee's independent study, thesis, or dissertation; participate in decisions pertaining to a trainee's grades, honors, degrees; or consider disciplinary action involving the trainee.

If nevertheless a consensual relationship exists or develops between a supervisor and a trainee involving any situation of authority, that situation of authority must be terminated. Termination includes, but is not limited to, the trainee withdrawing from a course taught by the supervisor; transfer of the trainee to another course or section, or assumption of the position of authority by a qualified alternative supervisor or teaching assistant; the trainee selecting or being assigned to another academic advisor and/or thesis or dissertation advisor.

Some examples of ways to help remove a conflict of interest include the following approaches:

- If a supervisor is interested in a trainee under their supervision, then they must wait until the end of the supervisory relationship before dating the trainee
- Supervisors must ask for reassignment of responsibilities if a consensual relationship with the trainee has existed or does exist.

#### Definitions:

**Supervisor:** anyone who oversees, directs or evaluates the work of others, including, but not limited to, managers, administrators, coaches, directors, physicians, deans, chairs, advisors, housestaff, and teaching assistants, as well as faculty members in their roles as instructors, as supervisors of their staff, and as participants in decisions affecting the careers of other faculty members.

**Trainees:** all those enrolled full-time or part-time as students in any program of Upstate Medical University and its various schools. In addition, housestaff are trainees for the constructs of this policy, though they may also be supervisors.

**Consensual relationships:** dating and sexual relationships willingly undertaken by the parties.

**Note:** Non-consensual situations are covered under the University's Policy on Sexual Harassment; marital relationships under the Nepotism Policy.

#### Policy on Hand-offs

All residents are expected to comply with their departmental policy on hand-offs to increase patient safety.

## Policy On A Smoke-Free Campus

**Policy:** It is the policy of SUNY Upstate Medical University, including University Hospital, (referred to below as “Upstate”), to provide a safe working environment for its staff and students, and to protect the public health of employees, students, volunteers, patients, and visitors. In order to achieve this purpose, smoking is prohibited in all Upstate buildings, offices, vehicles, and leased space; and on any property, including entry areas to any Upstate facility. Employees may not smoke in their own or others’ vehicles when the vehicle is on Upstate-owned and/or leased property. Employees may not smoke at any time when occupying an Upstate-owned or leased vehicle.

This policy applies to all persons, including employees, faculty, volunteers, students, patients, visitors, contractors, subcontractors, and others in Upstate facilities, parking lots, garages, ramps, and all owned or leased facilities. The Upstate campus includes Sarah Logen and Elizabeth Blackwell Streets, their associated sidewalks, and the Hospital circle and its sidewalks. Other public streets and sidewalks adjacent to and running through the campus are owned by the City. Please refer to the Upstate map for clarification of property boundaries, including sidewalks and entryway access paths ([www.upstate.edu/hospital/healthlink/smokefree/nosmokingmap.pdf](http://www.upstate.edu/hospital/healthlink/smokefree/nosmokingmap.pdf)).

**Definition:** Smoke free shall include cigarettes, cigars, pipes, or other similar instruments or substances that are lit or burning.

### Procedure:

The following provisions to this policy apply:

#### A. General Provisions:

1. Effective August 1, 2005, there will be no smoking within the buildings or grounds owned or leased by Upstate.
2. Smoking is prohibited in all indoor and exterior areas of Upstate (owned, leased, or occupied), including, but not limited to, private offices, student dormitories, locker rooms, break rooms, and common areas.

#### B. Patient Responsibilities:

1. At the time of registration or admission, or direct transfer to Upstate, patients will be advised that Upstate is a smoke-free campus.
2. Off-unit permits will not be issued for patients who choose to leave the unit to smoke. Refer to Clinical Policy CM O-09.
3. Patients will also be advised that leaving the nursing unit to smoke is without physician permission.

#### C. Compliance:

1. All employees, faculty, volunteers, and students share in the responsibility for adhering to and enforcing this policy, and for bringing it to the attention of Upstate visitors.
2. It is the specific responsibility of all supervisors to ensure compliance by employees in their areas. Additionally, ensuring compliance with the smoke-free policy for employees will be the collective

responsibility of management. As with any other employee-related incident, University Police staff will communicate with the employee and report to management as appropriate.

3. Employee work breaks shall not be altered in any manner to allow employees to leave their work areas to smoke off campus.

#### D. Violations:

1. **Employees:** Employees violating this policy shall be subject to counseling – the purpose of which is to provide education and encouragement toward the goal of smoking cessation. On or after 1/1/06, if counseling is unsuccessful, administrative action, consistent with the collective bargaining agreements, Upstate policies, and regulatory requirements, may be initiated. Discipline will be reserved for willful misconduct, in association with attempts to enforce the smoke-free policy.
2. **Students:** Violations by students will be referred to the Dean of the college for administrative review and action.
3. **Patients:** Violations by patients shall be referred to the nurse or physician responsible for the patient’s care for appropriate response.
4. **Visitors:** Violations by visitors who refuse to comply with the Upstate smoke-free policy, and whose refusal may result in a public safety concern, shall be reported to University Police, i.e., in the event the smoking violation involves a potential threat to health or safety (e.g., smoking where combustible supplies, flammable liquids, gases, or oxygen are used or stored), the University Police may be called for additional support.

#### E. Medical Management of Nicotine-Dependent Patients:

- Patients should be assessed for nicotine dependence during the admission process.
- Nicotine Replacement Therapy (NRT) is available through the Pharmacy as ordered by the Physician.

#### F. Additional Information:

1. Signs will be posted at each building’s entrances and displayed in prominent, visible areas, to inform all individuals entering or occupying Upstate facilities that smoking is not permitted in accordance with the Smoke-Free Campus Policy.
2. Employees will be informed of the Upstate Smoke-Free Policy during new employee orientation. The hiring departmental managers will inform employment candidates of the Upstate Smoke-Free Policy during the application process.
3. Smoking materials will not be sold or dispensed within the Upstate campus.

Refer to the Smoke-Free web site for additional information: [www.upstate.edu/health/smokefree](http://www.upstate.edu/health/smokefree)

## VAMC Drug Testing Policy

All residents that rotate to the VAMC at any point during their training are subject to drug testing procedures as part of their without compensation appointment. This policy has been established in accordance with criteria contained in Executive Order 12564 which lists positions that are “sensitive” for drug testing purposes. The VAMC provides employees with a copy of the VA drug testing policy and also an attestation form which acknowledges that you have received and read the policy prior to your employment. The attestation states that drug testing is random and that refusal to submit to testing will result in initiation of disciplinary action, up to and including removal. If you have questions regarding this policy, please contact VAMC Human Resources at 315-425-2630.

## Relations by the Upstate Community with Commercial Entities (UW I-03)

### Purpose of the Policy

Upstate’s mission is to improve the health of the communities we serve through clinical care, biomedical research and education. Clinicians have a duty to recommend specific drugs and devices based on the patient’s best interest; researchers should be dedicated to furthering scientific understanding in ways that can be translated into applications that benefit society; and educators should be committed to a process that produces clinicians and scientists in fulfillment of Upstate’s mission.

In order to achieve these ends, members of the Upstate community often interact and/or partner with private commercial entities. This policy establishes expectations for behavior by members of the Upstate community in relations with such entities (individually referred to as a “Commercial Entity” and defined below). It is intended to guide these interactions so that institutional and individual integrity are maintained while we care for patients, engage in research and teach clinicians, scientists, and students.

This policy is intended to apply broadly, and at all times and to all interactions at Upstate, including its hospitals, clinics, offices at affiliates and medical services groups (“MSG’s) and other clinical practices, and any other locations that may be added to Upstate, and also applies to Covered Individuals at all times and in all contexts including while they are attending professional meetings and other off-campus events.

The full text of this policy can be found here:

[http://www.upstate.edu/policies/documents/UW\\_I-03.pdf](http://www.upstate.edu/policies/documents/UW_I-03.pdf)

## Identification and Management of Conflicts of Interest by Members of the Upstate Community Involved in Sponsored Research (RCOI Policy) (UW R-03)

### Purpose of the Policy

SUNY Upstate Medical University faculty, staff, fellow and students accept support from external sources such as the federal and state government, industry, foundations, and other organizations and individuals, as well as campus funds to support their research and fulfill the Upstate research mission.

This partnership between the academic community and these research sponsors must be free of bias resulting from conflicts of interest to assure that research is objectively designed, conducted and reported.

The purpose of the Identification and Management of Conflicts of Interest by Members of the Upstate Community Involved in Sponsored Research (RCOI) is to identify, review, manage or eliminate research conflicts of interest, including financial conflicts of interest. The RCOI policy covers all extramural sponsored research and is compliant with 42 CFR Part 50 Subpart F and 45 CFR Part 94, Promoting Objectivity in Research, as adopted by the Public Health Services on August 24, 2011 and The Research Foundation of SUNY Conflict of Interest Policy, implemented on August 24, 2012.

The full text of this policy can be found at [www.upstate.edu/policies/documents/intra/UW\\_R-03.pdf](http://www.upstate.edu/policies/documents/intra/UW_R-03.pdf)

Further questions may be directed to the Research Administration Office at 464-4398.

## Policy on Plagiarism

Upstate Medical University does not condone plagiarism in any form. Plagiarism is defined as: “The appropriation of another person’s ideas, process, results, or words without giving appropriate credit.” (Federal Policy on Research Misconduct, 65 FR 76260-76264, December 6, 2000.)

Plagiarism includes using another author’s words exactly, using someone else’s facts that are not generally known, or making use of someone else’s original ideas without providing appropriate credit.

Plagiarism at Upstate is considered Research Misconduct and will be investigated by the Research Integrity Officer. [http://www.upstate.edu/facgov/intra/mcaec%202011-2012/march2012\\_mcaec\\_talk.pdf](http://www.upstate.edu/facgov/intra/mcaec%202011-2012/march2012_mcaec_talk.pdf)

For findings of serious misconduct the Research Integrity Office may recommend:

- That the respondent no longer be allowed to submit papers for publication
- That the respondent no longer be allowed to submit grants
- That the respondent no longer be allowed to teach
- That termination of employment should be pursued





# Appendices



# APPENDIX 1: Standard Operating Procedures (SOP) for the Eligibility, Selection, Appointment, Evaluation and Termination of Residents

## I. Statement of Purpose

SUNY Upstate Medical University has developed an institutional policy on eligibility. However, each department at SUNY Upstate may add additional conditions or restrictions for admission criteria, evaluation procedures and standards of performance that reflect the unique objectives and practice/training environment of that program that have been approved by the Graduate Medical Education (GME) Office.

The SUNY Upstate Medical University Office of Graduate Medical Education monitors, oversees and facilitates individual departments' compliance with institutional ACGME, and RRC specific guidelines. These SOP provides for due process for our trainees.

In addition to the procedures outlined below, the institution will be compliant with city, state and federal laws and mandatory reporting requirements which may supersede the appeal process.

The term "resident" as used in this document encompasses all individuals in all postgraduate medical education positions (this includes fellows).

## II. Policy on Eligibility

Applicants with one of the following qualifications are eligible for appointment to SUNY Upstate Medical University postgraduate training programs:

1. Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
2. Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).
3. Graduates of medical schools outside of the United States and Canada who meet one of the following qualifications:
  - Have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG)
  - Have successfully completed a Fifth Pathway program provided by an LCME-accredited medical school.

In addition, in order to maintain compliance with Part 405 (f) of the Hospitals – Minimum Standards from the Department of Health for New York State, the following criteria must be met:

- Except for individuals eligible for licensure under Section 6528 of the State Education Law, a graduate of a foreign medical school who enrolled in such medical school after October 1, 1983, shall have completed the clinical component of a program of medical education which:
  - (a) Included no more than 12 weeks of clinical clerkships in a country other than the country in which the medical school is located;

- (b) Included clinical clerkships greater than 12 weeks in a country other than the country in which the medical school is located if the clinical clerkships were offered by a medical school approved by the State Education Department for the purposes of clinical clerkships.

Those physicians whose medical education included more than 12 weeks outside of the country where the medical school is located are ineligible to participate in postgraduate training programs in New York State if the medical school is not approved by the New York State Education Department for extended clerkships.

4. Acceptance of applicants into a postgraduate training program at the PGY III year or beyond requires the passage of USMLE Steps 1, 2 and 3 or their equivalent. See Policy on Passage of USMLE Step 3.
5. Prior to entrance into the program, the applicant must provide appropriate documentation satisfying the university's requirements as stated above and demonstrate successful completion of all prerequisite training.
6. If a candidate is ineligible for NYS licensure due to those outlined in Title 8, Article 131, Section 6524 of the New York Education Law and Part 60 of the Commissioner's Regulations, they will be deemed an unacceptable candidate (see Attachment 1 – NYS Law and Attachment 2 – Preclusive Factors).
7. Residents must be able to perform the essential job functions of the residency program with or without reasonable accommodation. We are fully compliant with the American's with Disability Act guidelines. Procedures to request accommodation are available on the GME blackboard web page, new resident welcome letter or by request to the GME Office.
8. Upstate sponsors several fellowship and advanced training programs for which there is no ACGME accreditation mechanism. All non-accredited fellows must meet criteria for appointment to SUNY Upstate graduate medical education programs, including obtaining a necessary visa status, licensure and health requirements. Non-accredited training may not be used to circumvent visa regulations or licensure eligibility issues. (See Attachment 3 for Approval Process for Non-ACGME Accredited Fellowship Programs).

## III. Policy on Selection

Each program must ensure that it selects from among eligible applicants on the basis of their preparedness, ability, academic credentials, communication skills, and personal qualities such as motivation, integrity and professionalism. Programs must not discriminate with regard to sex, sexual orientation, race, age, religion, ethnicity, national origin, disability or veteran status.

SUNY Upstate Medical University residency programs participate in the National Resident Matching Program (NRMP), if applicable. Selection of residents through the NRMP is preferable, when possible. When programs

are enrolled in the NRMP, residents accepted outside the Match or off-cycle must be approved by the Associate Dean for Graduate Medical Education prior to a letter of offer.

All candidates for postgraduate training will submit a completed application with appropriate documentation of training and other materials requested, and when possible, will have a personal interview with members of the program.

The program will rank the candidates for entrance into the NRMP, where appropriate, for selection based on qualification.

#### **IV. Appointment/Employment Guidelines**

Residents who meet the criteria below may be appointed as a temporary employee, pursuant to Article 11, Title F and Article 14, Title A of the SUNY Policies of the Board of Trustees. As temporary employees they may be terminated, or not granted a new appointment for any non-discriminatory reason.

Upon receipt of resident appointment information in the Office of Graduate Medical Education, residents are sent a welcoming email notification with directions to the Blackboard web site. In order to commence employment, all residents must complete the following steps (further explained on the GME blackboard web site):

1. Complete a Disclosure of Prior Events Form.
2. All other GME office forms.
3. All Human Resources/Payroll forms.
4. University Hospital mandatory education.
5. Documents necessary to enroll for employee benefits.
6. All Medical Staff Office forms and attestations regarding University Hospital policies.
7. Clear Employee Health.
8. If rotating through the Veterans Administration Medical Center, all VA Human Resources and Information Management Technology forms.
9. Participate in required screening activities which include fingerprinting and criminal background check.
10. Participate in both University Hospital and departmental orientations.
11. If necessary, acquire the proper immigration status to be employed in the United States. Resident appointment is contingent upon verification that s/he is eligible for employment in the United States in accordance with the Immigration Reform and Control Act of 1986.
12. Residents will be appointed using the degree they have received from their medical school (MD, DO, MBBS, etc.).

Full and forthright disclosure on all forms is a prerequisite for initial and ongoing employment. The completion and accuracy of the information contained on all forms is the responsibility of the resident. Administrative actions may be initiated on the basis of non-compliance with findings from screening & background checks. When completing the required documentation necessary for employment,

special attention should be paid to the following documents:

1. Resident Disclosure/Prior Legal Offenses – A potential resident must complete and forward to the GME Office. Residents must provide documentation of prior legal offenses or satisfied/pending malpractice claims prior to appointment.
2. SUNY Upstate Medical University Application for Employment.
3. Veterans Administration Medical Center Without Compensation Form
4. Child Abuse Reporting Form – for Psychiatry residents.

The paragraphs above briefly outline the enrollment and screening procedures for University Hospital. Participating institutions such as the Veterans Administration Medical Center, Crouse Hospital, St. Joseph's Hospital, Community Hospital, etc. may have additional enrollment or screening procedures that must be met.

Applicants who have questions about completing any forms should contact the Associate Dean or Director of Graduate Medical Education at 315-464-5136.

#### **V. Ongoing Employment**

Ongoing employment requires continued compliance with mandated education, Employee Health, screening activities (including but not limited to drug screening), duty hour monitoring, medical records completion and all other campus and hospital policies.

A generic job description is outlined in the Resident Handbook. Residency program directors will periodically review these to insure they accurately reflect the physical and mental requirements necessary to perform the essential functions of the position.

#### **VI. Professional Standards**

All residents are expected to conform to Standards of Professional Conduct and Professional Ethics. All residents shall comply with the campus policy on anti-discrimination and civility. Alleged violations of these policies and/or misconduct as defined in Section 6530 of the New York State Education Law may be grounds for probation, or suspension pending a final determination. A finding of violation of these policies and/or misconduct may be grounds for administrative action (including suspension, or termination and reporting to the New York State Office of Professional Medical Conduct as required by law).

When an allegation against a trainee is deemed appropriate, the Associate Dean of Graduate Medical Education will confer with the resident, departmental representative (Program Director or Chair) or other source of allegation. Upon a recommendation by the Department to the Associate Dean of Graduate Medical Education, probation, suspension or termination may be imposed. The resident shall be notified in writing of the determination, and the right to appeal. If a report has not already been made, absent an appeal, or following an unsuccessful appeal, a report shall be made to the New York State Office of Professional Medical Conduct.

## VII. Evaluation

At a minimum, resident evaluations meet the ACGME guidelines. Additional evaluation standards may be set by individual programs or the Graduate Medical Education Office. Upon request, residents are entitled access to their residency file. In addition, residents should be informed of the tools used for evaluation.

## VIII. Adverse Outcomes

### 1. Administrative Actions

- Probation – a resident may be placed on probation (continuing to participate in clinical and educational activities) and may have additional expectations for behavior, evaluation or compliance.
- Suspension – a resident may be suspended (removed from clinical or educational activities or both) pending review of concerns.
- Termination – a resident’s employment may be terminated for unsatisfactory academic or professional performance.

### 2. Academic Actions

- Academic Probation

The term “academic probation” means a resident has failed to remedy or correct academic performance issues after being afforded appropriate opportunities. Imposition of academic probation is permanently reflected in the resident’s file at both the GME Office and the Department and is significant because subsequent licensing and credentialing boards may inquire regarding this status, and residents who have been placed on academic probation will be reported as such.

If the program director determines that remedial work, tutoring, mentoring or other intervention rising to the level of academic probation is appropriate, the resident’s situation shall be discussed with the Associate Dean for Graduate Medical Education prior to placing the resident on academic probation. The resident will receive a formal letter notifying them of their placement on academic probation. The letter will include;

- Cause for academic probation
  - Time period until re-assessment (absent extraordinary circumstances, this time period should be a minimum of 3 months)
  - Methods of re-assessment, and goals that constitute adequate remediation
  - Remediation plan (includes resources)
  - Consequences of failure to achieve adequate remediation (may include continued status of academic probation, non-renewal of continuation in the residency program, non-promotion, dismissal, etc.)
  - Notification that future queries about whether the resident was on probation will be answered in the affirmative.
- Non-Renewal of Contract

Upstate Medical University’s clinical residency programs will provide a written notice of intent not to renew a resident’s agreement for placement in a residency program no later than four months prior to the end of the resident’s current agreement. Copies of this notice will be sent to the GME Office. However, if the primary reason(s) for the non-renewal occurs within the four months prior to the end of the agreement, the residency program will provide the resident with as much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the end of the agreement.

When a resident for whom non-renewal of contract is affirmed, that resident will be relieved of clinical duties unless an appropriate plan is approved by the GME Office that provides sufficient supervision to ensure patient safety.

- Non-Promotion

A program may determine that a resident is not attaining competence in the anticipated timeframe and may require that the resident repeat a year of training. This repeated year must have a prior approval at the GME Office and may not be permitted. Residents have the right to appeal this action.

Any adverse action listed above should be explained in writing, including rationale, timeframe and reasons (if appropriate).

## IX. Appeal Process Procedure

Appeal is available for residents when any of the following actions occur:

1. Written notice of non-renewal of the resident prior to the completion of the training program.
2. Written notice of non-promotion.
3. Written notice of termination for unsatisfactory academic performance or unsatisfactory professional performance (including, but not limited to, breach of the terms of the Terms of Resident Appointment and/or a breach of the bylaws and/or policies of Upstate Medical University).

Residents will be allowed to implement the following appeal procedures:

- A. For appeal of notice of probation or non-promotion:
  1. An appeal letter from the resident must be sent to the Associate Dean of Graduate Medical Education within 10 working days of receipt of notice of status.
  2. The Associate Dean of Graduate Medical Education will review all appropriate materials and documentation supporting the department’s action and will meet separately with the resident, the Department Chair, the Department Program Director, and any other relevant individuals to acquire additional information as required.
  3. The Associate Dean will make the final decision within 30 days of receiving the resident/fellow’s appeal letter.

B. For appeal of notice of termination:

1. An appeal letter from the resident must be sent to the Associate Dean of Graduate Medical Education within 10 working days of receipt of notice of status.
2. The Associate Dean of Graduate Medical Education will review all appropriate materials and documentation supporting the department's action and will meet separately with the resident, the Department Chair, the Department Program Director, and any other relevant individuals to acquire additional information as required.
3. The Associate Dean will affirm that the resident has received notice, had an opportunity to rectify if appropriate, and that there was a reasonable cause for the department's decision to terminate the resident. If these standards have not been met, the Associate Dean will confirm the termination in writing to the Dean of the College of Medicine who will make the final decision within 30 days.

If the standards of due process outlined above have not been met, the Associate Dean for Graduate Medical Education will not support the termination decision.

**X. Reporting Requirements**

The New York State Public Health Law requires that, "Hospitals and other facilities approved pursuant to this article (PHL 2803-e) shall make a report or cause a report to be made within thirty days of the occurrence of any of the following: the suspension, restriction, termination or curtailment of the training employment, association or professional privileges or the denial of the certification of completion of training of an individual licensed pursuant to the provisions of title eight of the education law or of a medical resident with such facility for reasons related in any way to alleged mental or physical impairment, incompetence, malpractice or misconduct or impairment of patient safety or welfare; the voluntary or involuntary resignation or withdrawal of association or of privileges with such facility to avoid the imposition of disciplinary measures; or the receipt of information which indicates that any professional licensee or medical resident has been convicted of a crime; the denial of staff privileges to a physician if the reasons stated for such denial related to alleged mental or physical impairment, incompetence, malpractice, misconduct or impairment of patient safety or welfare."

Depending upon the specialty involved, the Residency Review Committee may require notification of the departure of a resident from the program. Program directors are advised to check with their RRC in this regard.

**XI. Verification Requests for Residents Who End Their Employment Prior to Completion of Residency**

The following is the procedure for providing verification of training and letters of recommendation for those individuals meeting the following criteria:

- Residents/fellows who resigned prior to completing training.
- Residents/fellows whose employment was terminated.
- Residents/fellows who were not promoted or otherwise were unsuccessful in completing training in the anticipated timeframe.

**Verifications**

For these individuals, requests for information regarding their time at SUNY Upstate Medical University must be addressed or redirected to the Office of Graduate Medical Education for completion. In the event that a verification request can only be completed by the Program Director, all correspondence must be cleared by the GME Office.

All other requests for verification should be directed to the Graduate Medical Education Office.

**Letters of Recommendation**

For individuals who meet the criteria above, all letters of recommendation made by the Program Director, Chair, or on institutional letterhead must be vetted by the Associate Dean for Graduate Medical Education to ensure consistency with letters of conclusion of training.

*Revised 07/22/2011*

*Revised 03/26/2012 (non-accredited fellows procedure)*

*Revised 03/14/2014*

*Revised 01/14/2016*

**ATTACHMENT 1**

**NY Education Law Section 6524 Regarding Medical Licensure**

Licensure requirements may be found at the following:

<http://www.op.nysed.gov/prof/med/medlic.htm>

**ATTACHMENT 2**

**PRACTICING MEDICINE IN NEW YORK STATE PRECLUSIVE FACTORS**

**Introduction**

Physicians wishing to practice medicine in New York State must be licensed by the State Education Department. Once granted, licenses are subject to regulation and possible revocation by the Office of Professional Medical Conduct, an arm of the New York Department of Health. In addition, the Appellate Division of the New York Supreme Court is also empowered to revoke the license of a physician practicing in the state. The question often arises: are there factors that absolutely preclude an individual from obtaining a license to practice medicine in New York? While there is no blanket bar on practice, the factors which result in revocation provide guidance on this issue.

**General Requirements**

To be licensed as a physician in New York State, an applicant must:

1. Be of good moral character;
2. Be at least 21 years of age;
3. Meet education, examination and experience requirements; and
4. Be a United States citizen or an alien lawfully admitted for permanent residence in the United States.

An applicant for a medical license must meet all of the criteria listed above. Criteria numbers 2, 3 and 4, while subject to certain defined exceptions and permutations, are generally self-explanatory and not subject to interpretation. In other words, one is either at least 21 years old or not. Similarly, the question of whether an applicant meets the education, examination and experience requirements is a simple matter of comparing actual experience against the stated standard.

Criteria #1, that an applicant be of good moral character, is a more nuanced and potentially problematic matter. Certain factors are relatively clear – e.g., an individual convicted of a sex offense involving a child will likely not be licensed to practice as a pediatrician – while others are not. As a consequence, the statutory definitions of professional misconduct provide the best guidance as to those matters that will likely preclude an applicant from receiving or holding on to a license.

#### **Definitions of Professional Misconduct**

Each of the following factors represents professional misconduct that may result in the revocation of a medical license:

1. Obtaining the license fraudulently;
2. Practicing medicine fraudulently or beyond its authorized scope;
3. Practicing medicine negligently on more than one occasion;
4. Practicing medicine with gross negligence;
5. Practicing medicine with gross incompetence;
6. Practicing medicine while impaired by alcohol, drugs, physical disability, or mental disability;
7. Being a habitual abuser of alcohol, or being dependent on or a habitual user of narcotics, barbiturates, amphetamines or hallucinogens;
8. Being convicted of committing an act constituting a crime;
9. Having been found guilty of improper professional practice in another state;
10. Having had a professional license revoked in another state;
11. Refusing to provide professional services to a person because of that person's race, creed, color or national origin;
12. Permitting, aiding or abetting an unlicensed person to perform a licensed activity;
13. Practicing the profession while the license is suspended;
14. A willful or knowing violation of certain terms of the Public Health Law;

15. A willful or grossly negligent failure to comply with the law with regards to the practice of medicine;
16. Willfully making a false report;
17. Revealing confidential health information;
18. Performing services not authorized by the patient;
19. Advertising for patronage that is not in the public interest;
20. Failing to abide by regulatory requirements.

While many of these activities will only occur in the context of an applicant having already received a medical license, these same factors may serve to preclude an applicant from receiving a license in New York. For the applicant that has not previously been licensed in New York or elsewhere, the prior conviction for a crime and/or habitual abuse of alcohol or other drug is likely the most problematic factor in receiving a license in New York. To a lesser degree, the applicant who suffers from a physical or mental disability may also have difficulty obtaining a license.

None of the factors listed above will necessarily result in the permanent revocation of a medical license. Similarly, none of these factors will automatically preclude an applicant from obtaining a license. Rather, the onus falls upon the applicant to convince the licensing body (in this case, New York's Education Department) that the problem factor will not impair the applicant's ability to practice medicine in New York.

In the context of the criminal conviction, the applicant must convince the Department that that conviction is either unrelated to the future practice of medicine or that the applicant is somehow changed by the experience such that he/she no longer poses a risk of recidivism. In the context of the physical or mental disability, the applicant must be prepared to show the Department that the specific impairment can be successfully overcome or compensated for in some manner.

Having said all of this, certain criminal convictions will almost necessarily result in the applicant being denied a medical license. Increasingly, states and medical school accrediting agencies are requiring that medical school students submit to criminal background checks. These background checks have, de facto, created a sub-set of criminal convictions that may be seen as "disqualifying convictions." In other words, some criminal convictions will almost necessarily result in a rejection of an application for a medical license. Among the "disqualifying convictions," are: homicide; trafficking in controlled substances; kidnapping, false imprisonment, aggravated assault or aggravated battery; rape or other related sexual offenses; crimes involving adult abuse, neglect or financial exploitation; crimes involving child neglect or abuse; and crimes involving robbery, larceny, extortion, forgery, embezzlement, credit card fraud or receiving stolen property.

While the above-referenced list of crimes is not small, it is important to note that the universe of potentially disqualifying convictions does not include those crimes that

may likely be seen to have been the result of indiscretion or misjudgment. For instance, non-aggravated assault and driving under the influence of alcohol are not among the list of disqualifying convictions. One should note, too, that even those crimes that are identified among the class of disqualifying convictions may not, in the end, result in a denial of an application for licensure. Rather, this list should be seen as suggestive of disqualifying result, not exhaustive.

#### **It's Never the Crime, It's Always the Cover-Up**

While it is true that no single factor necessarily precludes an applicant from receiving a medical license, it is also true that failure to disclose a matter on a job application or the failure to truthfully answer questions on a job or educational application may result in termination from employment or educational program such that the termination forms the basis for the denial of licensure. Thus, for example, a drunken driving conviction, while not necessarily a factor precluding licensure, may be the basis for license denial if the applicant is found to have lied on a job application seeking criminal background information. Moreover, certain factors may preclude an applicant from practicing medicine in some, but not all, fields. The failure of the applicant to truthfully reveal and explain the potentially problematic factor in advance will more likely result in the denial of the entire application.

#### **Conclusion**

No single factor necessarily precludes an applicant from receiving a license to practice medicine in New York provided that the applicant meets the general requirements and can convince the reviewing board that factors that weigh on the issue of good moral character have been dealt with truthfully, fully and successfully.

### **ATTACHMENT 3**

## **APPROVAL PROCESS FOR NON-ACGME ACCREDITED FELLOWSHIP PROGRAMS**

### **Introduction**

SUNY Upstate Medical University supports the provision of educational experiences through a variety of formats and structures. Some of those experiences come through post-residency Fellowship experiences. Upstate provides a number of ACGME accredited Fellowship training programs. However, there are instances in which a clinical department seeks to offer Fellowship level training in a program which is accredited by a medical specialty association or which is designed to provide a limited focused experience in an area which is not yet approved either by the ACGME or a medical specialty association. For these latter programs, the following approval process has been implemented.

All post-graduate Fellowship educational experience programs for physicians must be approved by the Office of Graduate Medical Education and the Graduate Medical Education Committee. For those Fellowship programs accredited by the ACGME, the GME office and GMEC will follow all supervision and monitoring requirements of

the ACGME. This includes program approvals, required periodic reviews, etc. as specified in the Institutional requirements of the ACGME.

### **Section A: Fellowship Programs Accredited by Medical Specialty Associations**

For Fellowship programs which are accredited by medical specialty associations, the GME office will be the signatory between Upstate and the specialty association. These programs must be reviewed and approved by the GME Office and the GMEC.

Requests for review and acceptance as an Upstate Fellowship program the following materials are to be presented to the GME Office for review and then for presentation to the GMEC committee. These materials include:

- Name and contact information for the medical specialty association sponsoring the Fellowship program.
- Name and contact information for:
  - Program Director along with brief CV (3-4 Pages)
  - Proposed faculty along with brief CV (1-2 Pages)
- Proposed Program Goals and Objectives
- Proposed Program Curriculum Plan
- Proposed Program Plan for Program and Fellow Evaluation
- Proposed duration of Fellowship
- Proposed process for selection of Fellows
- Proposed Funding mechanism and source(s) for Fellow support including number of proposed Fellows per year
- Description of the proposed 'Scope of Practice' for the Fellow(s)

Fellows participating in these programs must qualify for a New York state unrestricted license or a New York State limited permit. All Fellows will be appointed to the medical staff through the Upstate University Hospital Office of Medical Staff Affairs.

All Fellows participating in these programs will be subject to rules and regulations governing work hours, moonlighting and other related activities as described in the then current Upstate Resident Handbook from the GME Office.

All programs described in Section A will submit a required Annual Report of Program Effectiveness to the GME Office.

All programs described in Section A will undergo an institutional internal program review every three (3) years or sooner if concerns are raised.

### **Section B: Unaccredited/Unaffiliated Fellowship Programs**

From time to time a department will seek to offer a limited educational experience to the post-residency physician. All though these programs are unaffiliated with the ACGME or a medical specialty, the focused experience may be valuable to the participant and/or the institution. These



programs must be reviewed and approved by the GME Office and the GMEC.

Requests for review and acceptance as an Upstate Unaccredited/unaffiliated Fellowship program the following materials are to be presented to the GME Office for review and then for presentation to the GMEC committee. These materials include:

- Name and contact information for:
  - Program Director along with brief CV (3-4 Pages)
  - Proposed faculty along with brief CV (1-2 Pages)
- Proposed Program Goals and Objectives
- Proposed Program Curriculum Plan
- Proposed Program Plan for Program and Fellow Evaluation
- Proposed duration of Fellowship: Note if one-time or proposed recurring
- Proposed process for selection of Fellows
- Proposed Funding mechanism and source(s) for Fellow support including number of proposed Fellows per year
- Description of the proposed 'Scope of Practice' for the Fellow(s)

Fellows participating in these programs must qualify for a New York state unrestricted license or a New York State limited permit. All Fellows will be appointed to the medical staff through the Upstate University Hospital Office of Medical Staff Affairs.

All Fellows participating in these programs will be subject to rules and regulations governing work hours, moonlighting and other related activities as described in the then current Upstate Resident Handbook from the GME Office.

All programs described in Section B will submit a required Annual Report of Program Effectiveness to the GME Office.

All programs described in Section B will undergo an annual institutional internal program review sooner if concerns are raised.

## **APPENDIX 2: New York State Consolidated Laws Public Officers Law**

### **Article 2: Appointment and Qualification of Public Officers**

#### **§ 17. Defense and indemnification of state officers and employees.**

1. (a) As used in this section, unless the context otherwise requires the term "employee" shall mean any person holding a position by election, appointment or employment in the service of the state, including clinical practice pursuant to subdivision fourteen of section two hundred six of the public health law, whether or not compensated, or a volunteer expressly authorized to participate in a state-sponsored volunteer program, but shall not include an independent contractor. The term employee shall include a former employee, his estate or judicially appointed personal representative and persons who assist the education department or the department of health as consultants or expert witnesses in the investigation or prose-

cution of alleged professional misconduct, licensure matters, restoration proceedings, or criminal prosecutions for unauthorized practice pursuant to title eight of the education law or title II-A of the public health law. (b) For the purposes of this section, the term "employee" shall include members, officers and other persons in the employment of the New York state energy research and development authority, members of the board of directors, officers and other persons in the employment of the New York state science and technology foundation, and members of the board of directors, officers and other persons in the employment of the New York state olympic accommodations control corporation or serving on its board of directors on or before June thirtieth, nineteen hundred eighty. (c) For the purposes of this section, the term "employee" shall include members of the state patient qualification review board appointed by the commissioner of health pursuant to article thirty-three-A of the public health law. (d) For the purposes of this section, the term "employee" shall include directors, officers and employees of the facilities development corporation. (e) For the purposes of this section, the term "employee" shall include directors, officers and employees of the environmental facilities corporation for corporate projects involving (i) hazardous waste, (ii) industrial solid waste activities as defined in section twelve hundred eighty-five-g of the public authorities law, and (iii) all other activities not covered by professional liability insurance. (f) For the purposes of this section, the term "employee" shall include ombudsmen designated under section five hundred forty-four and section five hundred forty-five of the executive law, and shall include such ombudsmen without regard to whether they are volunteers or paid staff of the office for the aging or of designated substate ombudsman programs under the direction of the office. (g) For the purposes of this section, the term "employee" shall include the members of the board, officers and employees of the greenway heritage conservancy for the Hudson river valley or the greenway council. (h) For the purposes of this section, the term "employee" shall include members of the board, officers and employees of the New York local government assistance corporation. (i) For purposes of this section, the term "employee" shall include the officers and employees of the Central Pine Barrens joint planning and policy commission. (j) For purposes of this section, the term "employee" shall include directors, officers and employees of the dormitory authority. (k) For the purposes of this section only, the term "employee" shall include any member, director, officer or employee of a soil and water conservation district created pursuant to section five of the soil and water conservation districts law who is working on a project which receives funding from the state and has received approval by the state soil and water conservation committee or who is carrying out the powers and duties pursuant to article two of the soil and water conservation districts law by working with any agency of the state as defined by subdivision five of section three of the soil and water conservation districts law. (l) For the purposes of this section and consistent with the provisions of section 13 of a chapter of the laws of 1997, amending the public authorities law, the public health law, the public officers law, chapter 41 of the laws of 1997 relating to providing a retirement incentive for certain public employees, and the civil service law, relating to the creation of the Roswell Park Cancer Institute

corporation and providing for the rights, powers, duties and jurisdiction of such corporation, the term "employee" shall include directors, officers and employees of the Roswell Park Cancer Institute corporation. (m) For the purposes of this section, the term "employee" shall include the members of the spinal cord injury research board within the department of health. (n) For the purposes of this section, the term "employee" shall include directors, officers, and employees of the Governor Nelson A. Rockefeller empire state plaza performing arts center corporation. 2. (a) Upon compliance by the employee with the provisions of sub-division four of this section, the state shall provide for the defense of the employee in any civil action or proceeding in any state or federal court arising out of any alleged act or omission which occurred or is alleged in the complaint to have occurred while the employee was acting within the scope of his public employment or duties; or which is brought to enforce a provision of section nineteen hundred eighty-one or nineteen hundred eighty-three of title forty-two of the United States code and the act or omission underlying the action occurred or is alleged in the complaint to have occurred while the employee was acting within the scope of his public employment or duties. This duty to provide for a defense shall not arise where such civil action or proceeding is brought by or on behalf of the state. (b) Subject to the conditions set forth in paragraph (a) of this subdivision, the employee shall be entitled to be represented by the attorney general, provided, however, that the employee shall be entitled to representation by private counsel of his choice in any civil judicial proceeding whenever the attorney general determines based upon his investigation and review of the facts and circumstances of the case that representation by the attorney general would be inappropriate, or whenever a court of competent jurisdiction, upon appropriate motion or by a special proceeding, determines that a conflict of interest exists and that the employee is entitled to be represented by private counsel of his choice. The attorney general shall notify the employee in writing of such determination that the employee is entitled to be represented by private counsel. The attorney general may require, as a condition to payment of the fees and expenses of such representation, that appropriate groups of such employees be represented by the same counsel. If the employee or group of employees is entitled to representation by private counsel under the provisions of this section, the attorney general shall so certify to the comptroller. Reasonable attorneys' fees and litigation expenses shall be paid by the state to such private counsel from time to time during the pendency of the civil action or proceeding subject to certification that the employee is entitled to representation under the terms and conditions of this section by the head of the department, commission, division, office or agency in which such employee is employed and upon the audit and warrant of the comptroller. Any dispute with respect to representation of multiple employees by a single counsel or the amount of litigation expenses or the reasonableness of attorneys' fees shall be resolved by the court upon motion or by way of a special proceeding. (c) Where the employee delivers process and a request for a defense to the attorney general as required by subdivision four of this section, the attorney general shall take the necessary steps including the retention of private counsel under

the terms and conditions provided in paragraph (b) of subdivision two of this section on behalf of the employee to avoid entry of a default judgment pending resolution of any question pertaining to the obligation to provide for a defense. 3. (a) The state shall indemnify and save harmless its employees in the amount of any judgment obtained against such employees in any state or federal court, or in the amount of any settlement of a claim, or shall pay such judgment or settlement; provided, that the act or omission from which such judgment or settlement arose occurred while the employee was acting within the scope of his public employment or duties; the duty to indemnify and save harmless or pay prescribed by this subdivision shall not arise where the injury or damage resulted from intentional wrongdoing on the part of the employee. (b) An employee represented by the attorney general or by private counsel pursuant to this section shall cause to be submitted to the head of the department, commission, division, office or agency in which he is employed any proposed settlement which may be subject to indemnification or payment by the state and if not inconsistent with the provisions of this section such head of the department, commission, division, office or agency in which he is employed shall certify such settlement, and submit such settlement and certification to the attorney general. The attorney general shall review such proposed settlement as to form and amount, and shall give his approval if in his judgment the settlement is in the best interest of the state. Nothing in this subdivision shall be construed to authorize the state to indemnify and save harmless or pay an employee with respect to a settlement not so reviewed and approved by the attorney general. (c) Nothing in this subdivision shall authorize the state to indemnify or save harmless an employee with respect to fines or penalties, or money recovered from an employee pursuant to article seven-a of the state finance law; provided, however, that the state shall indemnify and save harmless its employees in the amount of any costs, attorneys' fees, damages, fines or penalties which may be imposed by reason of an adjudication that an employee, acting within the scope of his public employment or duties, has, without willfulness or intent on his part, violated a prior order, judgment, consent decree or stipulation of settlement entered in any court of this state or of the United States. The attorney general shall promulgate such rules and regulations as are necessary to effectuate the purposes of this subdivision. (d) Upon entry of a final judgment against the employee, or upon the settlement of the claim, the employee shall cause to be served a copy of such judgment or settlement, personally or by certified or registered mail within thirty days of the date of entry or settlement, upon the head of the department, commission, division, office or agency in which he is employed; and if not inconsistent with the provisions of this section, such judgment or settlement shall be certified for payment by such head of the department, commission, division, office or agency. If the attorney general concurs in such certification, the judgment or settlement shall be paid upon the audit and warrant of the comptroller. On or before January fifteenth the comptroller, in consultation with the department of law and other agencies as may be appropriate, shall submit to the governor and the legislature an annual accounting of judgments, settlements,

fees, and litigation expenses paid pursuant to this section during the preceding and current fiscal years. Such accounting shall include, but not be limited to the number, type and amount of claims so paid, as well as an estimate of claims to be paid during the remainder of the current fiscal year and during the following fiscal year. 4. The duty to defend or indemnify and save harmless prescribed by this section shall be conditioned upon (i) delivery to the attorney general or an assistant attorney general at an office of the department of law in the state by the employee of the original or a copy of any summons, complaint, process, notice, demand or pleading within five days after he is served with such document, and (ii) the full cooperation of the employee in the defense of such action or proceeding and in defense of any action or proceeding against the state based upon the same act or omission, and in the prosecution of any appeal. Such delivery shall be deemed a request by the employee that the state provide for his defense pursuant to this section. 5. The benefits of this section shall inure only to employees as defined herein and shall not enlarge or diminish the rights of any other party nor shall any provision of this section be construed to affect, alter or repeal any provision of the workers' compensation law. 6. This section shall not in any way affect the obligation of any claimant to give notice to the state under section ten of the court of claims act or any other provision of law. 7. The provisions of this section shall not be construed to impair, alter, limit or modify the rights and obligations of any insurer under any policy of insurance. 8. The provisions of this section shall apply to all actions and proceedings pending upon the effective date thereof or thereafter instituted. 9. Except as otherwise specifically provided in this section, the provisions of this section shall not be construed in any way to impair, alter, limit, modify, abrogate or restrict any immunity available to or conferred upon any unit, entity, officer or employee of the state or any other level of government, or any right to defense and/or indemnification provided for any governmental officer or employee by, in accordance with, or by reason of, any other provision of state or federal statutory or common law. 10. If any provision of this section or the application thereof to any person or circumstance be held unconstitutional or invalid in whole or in part by any court of competent jurisdiction, such holding of unconstitutionality or invalidity shall in no way affect or impair any other provision of this section or the application of any such provision to any other person or circumstance. 11. The provisions of this section shall not apply to physicians who are subject to the provisions of the plan for the management of clinical practice income as set forth in the policies of the board of trustees, title 8, New York codes rules and regulations, regarding any civil action or proceeding alleging some professional malpractice in any state or federal court arising out of the physician's involvement in clinical practice as defined in that plan.

[http://public.leginfo.state.ny.us/LAWSEAF.cgi?QUERYTYPE=LAWS+&QUERYDATA=\\$\\$PBO17\\$\\$@TX-BO017+&LIST=LAW+&BROWSER=BROWSER+&TOKEN=37693080+&TARGET=VIEW](http://public.leginfo.state.ny.us/LAWSEAF.cgi?QUERYTYPE=LAWS+&QUERYDATA=$$PBO17$$@TX-BO017+&LIST=LAW+&BROWSER=BROWSER+&TOKEN=37693080+&TARGET=VIEW)

*Dated June 4, 2001*

*Source: Consolidated Laws of New York State*

### Appendix 3: PHI Identifiers

- Names
- Geographic subdivisions smaller than a state (see rule for details concerning use of zip codes)
- Dates of birth, admission, discharge, and death
- Telephone numbers
- Fax numbers
- Email addresses
- Social security numbers
- Medical Record numbers
- Health plan beneficiary numbers
- Account numbers
- Certificate/License numbers (e.g., of healthcare professionals<sup>o</sup>)
- Vehicle identifiers
- Device identifiers (e.g., of pacemakers)
- URLs
- IP addresses
- Biometric identifiers
- Full face photographs
- Any other unique identifying number, characteristic, or code (e.g., blue-eyed, blond, oriental who is 7 feet tall)

Source: Upstate University Hospital Administrative Manual Policy P-32

<http://www.upstate.edu/policies/documents/intra/P-32.pdf>

### Appendix 4: Conferral of M.D. Degree in NYS

The Board of Regents is empowered to confer the M.D. degree on New York licensees who meet specific requirements.

To be eligible, you must:

1. Have completed a medical education program in a foreign medical school, satisfactory to the department, which does not grant the degree doctor of medicine (M.D.) and in which the philosophy and curriculum were equivalent, as determined by the department, in accordance with the policy of the Board of Regents, to those in programs leading to the degree of doctor of medicine (M.D.) at medical schools in the United States satisfactory to or registered by the Board of Regents and the department;

**and**

hold a license to practice medicine in New York State in accordance with provisions of section 6524 or 6528 of the Education Law or their equivalent as determined by the Regents pursuant to their authority under section 6506 of the Education Law.

2. Complete the application (<http://www.op.nysed.gov/prof/med/mdconferral.pdf>) and submit the entire form along with the required fee of \$300 to the New York State Education Department at the address at the end of the form. Be sure to sign and date item 13.



# CLINICAL MANUAL



**Policy Number:** CM S-31

**Approved by:** Nursing Congress, Management Forum

**Issue Date:** 06/10/2013

**Applies to:** Downtown and Community

**Value(s):** *Respect, Integrity, Innovation*

**Page(s):** 1 of 3

## Surgical/Procedural Attire

Review Date:	Change Description:
03/22/2016	
Revised Date:	Change Description:
03/22/2016	Added II-C, #10 under Attire, #2 under Finger Nails, #'s 1 and 4 under Shoes. Added Sterile Processing to restricted area; facial hair added to #1 under Masks.

**Standard:**

**Clean surgical attire, including shoes, head coverings, masks, jackets, and identification badges should be worn in the semi-restricted and restricted areas of the surgical or invasive procedure setting.**

**Applies to:**

**All staff**

**Policy:**

**All individuals are expected to adhere to the standard.**

**I. Semi-Restricted Area:**

- A. Downtown:** The Interventional Radiology, the Intra-operative MRI Interventional Suite, and the Heart and Vascular Center procedure rooms are semi-restricted.
- B. Community:** The Interventional Radiology Suite

**II. Restricted Area:**

- A. Downtown:** The Intra-operative MRI OR suite. The IntraOp Interventional Suite when OR cases are being completed. The 5E and 3N Operating Rooms' restricted areas include all areas behind the yellow line, including sterile processing. In the Heart and Vascular Center when OR cases are being completed the surgical suite is restricted.
- B. Community:** The restricted areas include any area behind the red line/double doors including scrub areas, sub-sterile areas, special procedures and operating rooms, sterile processing, and behind the double doors within the labor and delivery operating room suite.
- C. The Outpatient Surgery Center:** The restricted areas include scrub areas, sub-sterile areas, OR suites, and sterile processing.

**Attire:**

- 1. Facility-approved, clean, and freshly laundered, in a healthcare accredited laundry facility, or disposable surgical attire should be donned daily in a designated dressing area before entry into the semi-restricted and restricted areas.**

2. Scrub apparel shall be made of a static resistant fabric of a woven blend of polyester and cotton.
3. Undergarments that exceed scrub attire length are not acceptable.
4. Attire worn in the restricted area is not to be worn into or out of the institution.
5. Scrub attire and laundering of the same is provided for all peri-operative staff. Hospital provided surgical attire is not to be worn to work or taken home.
6. Scrub attire must be changed when visibly soiled.
7. A disposable surgical head cover or hood that covers head, confines all hair (including facial hair), and minimizes microbial dispersal (not jeweled or decorative) must be worn.
8. Disposable coveralls and hats will be available for non-OR staff that needs to enter restricted area; this includes family members going into the operating room with patients for induction.
9. Jewelry must be secure for all personnel and covered or removed when at the operating field.
10. Fabric lanyards, including Vocera straps, are not acceptable as they are not able to be freshly laundered in a healthcare accredited laundry facility. Identification badges must be visible and attached using a device, such as a clip, that can be cleaned with low-level disinfectant (i.e. cavi-wipes, bleach wipes, alcohol swabs).

**Masks:**

1. All personnel in arenas where surgery is being performed must wear surgical masks except as stated below. These masks should fit snugly so breathing is through the mask, not around it, to help prevent droplet contamination of the patient's wound(s). If facial hair cannot be contained within a mask, beard cover, and/or shroud a surgical hood must be worn.
2. Masks are not to be saved by hanging them around neck or tucking them into pocket for future use. Masks should be removed carefully by handling only the ties and should be discarded immediately.
  - a. Pediatric considerations in the Center for Children's Surgery on 3N allow for a parent/caregiver to accompany a patient for induction without requiring a face mask under the following conditions:
    - i. Patient is 1-8 years of age
    - ii. Patient is over the age of eight with severe psychological issues
    - iii. Parent/caregiver and/or those in close proximity to the patient are the only personnel in the room without a face mask and once induction is complete masks are worn by all personnel in the room.
    - iv. The parent/caregiver always remains as far away from sterile field as possible.
    - v. Must be with agreement of the attending surgeon(s)/proceduralist(s).

**Eye Protection:**

1. All personnel in the operating room arena where surgery and/ or procedures are being performed must wear protective eyewear masks and/or face shields.
2. Physicians utilizing loupes and/or a microscope are exempt while these items are being worn.

**Finger Nails:**

1. Fingernails will be kept short. If fingernail polish is used, it will be kept in good repair. Artificial fingernails may not be worn (Any application that is not your natural nail).
2. For all scrubbed personnel refer to Surgical Hand Antisepsis policy [CM S-28\(A\)](#).

**Shoes:**

1. All personnel working within the restricted area shall wear clean shoes that are dedicated for use within the facility or covered by appropriate shoe covers or boots.
2. Open toed shoes are not allowed.
3. Shoe covers or boots will be available for all staff for situations where shoes may become contaminated.
4. If shoe covers become contaminated, remove the covers immediately after use and discarded within the procedural area.

**Originating Department:** Peri-op

**Contributing Department(s):** Infection Control, Procedural Shared Governance

**Evidence-Based Reference(s) for Policy:**

CDC. Guidelines for Hand Hygiene in Health Care Settings. MMWR. 2002; 51; No. RR-16:1-56.

AORN. 2015. Guidelines for Perioperative Practices. Guideline for Surgical Attire. P97-119.

Cowperthwaite, L., & Holm, R. L. (2015). Guideline Implementation: Surgical Attire. *AORN Journal*, (2), 188. <http://libproxy.upstate.edu.libproxy2.upstate.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=edsgao&AN=edsgcl.401521815&site=eds-live>