

DEPARTMENT OF MEDICINE

An Overview of Core Residency Training

2018-2019

**Educational Programs Office
Stephen J. Knohl, MD**

**Office of the Chairman
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You are responsible for reading and following the policies set forth in this manual. If there are any questions regarding any aspect of your training, you should consult this policy manual. If, thereafter, you feel your questions remain unanswered, please do not hesitate to consult a member of the Education Programs Office.

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1. GENERAL INFORMATION

A. WHO'S WHO IN THE EDUCATIONAL PROGRAMS OFFICE (EPO)

- Department Chair – Sriram S. Narsipur, MD (narsipur@upstate.edu)
- Program Director/Vice Chair Education – Stephen J. Knohl, MD (knohls@upstate.edu)
- Medical Student Program Director – Sarah Lappin, DO (lappins@upstate.edu)
- Associate Program Directors
 - UH: Amit Dhamoon, MD (dhamoona@upstate.edu)
 - UH: Sekou Rawlins, MD (rawlins@upstate.edu)
 - UH: Harvir Gambhir, MBBS/MD (gambhirh@upstate.edu)
 - VA: Pratibha Kaul, MD (pratibha.kaul@va.gov)
- Program Administrators
 - Core Program – Deb Killian (killiand@upstate.edu)
 - Fellowships – Susan DeAngelo (deangels@upstate.edu)
 - Medical Students – Lisa Oliver (oliverl@upstate.edu)
- Administrative Assistants
 - Paula Campion (campionp@upstate.edu)
 - Sally Melton (meltons@upstate.edu)
 - Marissa Hutt (huttm@upstate.edu)
- Chief Residents (resident@upstate.edu)
 - Dr. Jill Yeager (Core Chief)
 - Dr. Ryan Dean (Core Chief)
 - Dr. Rogin Subedi (Core Chief)
 - Dr. Ravi Doobay (UH Ambulatory Chief)
 - Dr. Lauren Krowl (UH Quality Chief)
 - Dr. Ryan Reed (VA Quality Chief)

B. ACADEMIC APPOINTMENT

The State of New York recognizes you as a “Clinical Assistant Instructor”; your role in that title is to serve as teachers and role models for your peers and the students from Upstate Medical University. As such, the highest level of professionalism is required at all times. Regarding your year-specific roles, please see “The Residency Curriculum”.

C. SALARY AND BENEFITS

Your annual salary will be reported to you in advance of the beginning of each academic year. Questions regarding salary should be referred to EPO. If EPO is unable to answer the question, EPO will reach out to the Payroll Department (<http://www.upstate.edu/payroll/>) on your behalf.

As a state employee, you are a member of the union, United University Professions (UUP). Your benefits are provided through a contract this union has with New York State and questions should be directed to EPO. If EPO is unable to answer the question, one of the following should be able to help:

UUP (<http://www.uupinfosyr.org/>)

Benefits Department (http://www.upstate.edu/hr/intra/staff_resources/benefits/)

For additional information on benefits provided by the institution and department, please see section titled “Benefits”.

D. ACGME/RRC REQUIREMENTS FOR INTERNAL MEDICINE

The residency program is required to be in compliance with the rules and regulations set forth by the Accreditation Council for Graduate Medical Education (ACGME). The program and institution is reviewed on a regular basis by the ACGME-appointed Residency Review Committee (RRC) and by the ACGME-appointed Clinical Learning Environment Review (CLER) group, respectively.

You must review the ACGME/RRC document titled “ACGME Program Requirements for Resident Education in Internal Medicine”. This document is included in this syllabus (section titled “ACGME Program Requirements) and is also located at the following web address: http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/140_internal_medicine_2017-07-01.pdf?ver=2017-06-30-083345-723

You must also review the document describing CLER (Clinical Learning Environment Review) which can be found at the following web address:

[-http://www.acgme.org/acgmeweb/Portals/0/PDFs/CLER/CLER_Brochure.pdf](http://www.acgme.org/acgmeweb/Portals/0/PDFs/CLER/CLER_Brochure.pdf)

E. ACGME/NYS DOH 405 DUTY HOUR RULES/SUPERVISION POLICY

Please be mindful of your day-to-day schedule and ensure that you are prompt for all responsibilities/rotations. It is your responsibility to monitor your time at work and to ensure that you are not in violation of the ACGME/NYS 405 Rules; if you feel a violation is pending, you must alert the Chief Resident/s immediately so that the necessary measures can be taken. Failure to comply with these rules could result in termination of your employment and/or loss of program accreditation. Your schedule can be found at www.amion.com (password: upstateim).

The institution requires reporting your duty hours on a daily basis via MedHub; failure to report duty hours in MedHub in a timely fashion may result in Academic Deficiency/Probation. The department also conducts its own review of work hours on a regular basis.

ACGME/NYS 405 Rules Regarding Duty Hours

- The Work Day
 - No shift can be longer than 24 hours for housestaff.
 - An additional 4 hours can be utilized to finish work that does not relate to direct patient care.
 - There must be 10 hours off between shifts (14 hours if working a 24 hour shift).

- The Work Week
 - No work week (Monday through Sunday) can exceed 80 hours under any circumstance.
 - There must be a continuous 24 hours off per week.
 - Moonlighting (for fellows and chief residents only; *core housestaff may not moonlight under any circumstance*) counts toward the 80 hours.

- Remember, urgent patient care always trumps the ACGME and NYS 405 rules on work hours.
- The Educational Programs Office (EPO) and the office of Graduate Medical Education (GME) will conduct routine monitoring of your work hours.
 - You must fill out all forms related to duty hours in a timely manner.
 - Failure to do so will lead to disciplinary action, which could include dismissal from the program.

ACGME Rules Regarding Supervision

- *Level 1/Direct Supervision*, defined by immediate, in-person supervision, is required for all procedures performed by non-credentialed housestaff regardless of the time of day. The supervisor must be credentialed in the procedure being performed.
- *Level 2A/Indirect Supervision*, defined as immediate on-site availability, is required of faculty between 7AM-4PM daily for housestaff clinical responsibilities and is required of senior housestaff 24 hours a day for PGY-1s.
- *Level 2B/Indirect Supervision*, defined as immediate availability from off-site faculty, is required of faculty between 4PM-7AM daily for housestaff clinical responsibilities.

Contacting Your Supervisor

For a list of situations that require supervisor notification, please see the section in the syllabus titled “Calling a Supervisor”; *calling is mandatory, not optional, in these situations.*

F. THE SCHEDULE AND REQUEST FOR CHANGES

We have created template schedules to ensure that each member of each training year has a fair and balanced schedule. For PGY-2s and PGY-3s, templates are chosen based on attendance at AM Conference with tie-breakers determined by lottery. PGY-1s are assigned a template by EPO. Schedules are released and uploaded to our online scheduler at www.amion.com (password: [upstateim](#)) in the spring for the following academic year. After uploading the schedule, changes will only be made if there is a compelling reason to do so.

Other than for time-off requests, schedule change requests should be submitted by e-mail (only) to all Chief Residents at least 30 days in advance of the proposed change. *Failure to e-mail with at least 30 days notice will most likely result in denial of the request.* Requests will be reviewed weekly and the Chief Residents will notify you of the decision.

Regarding scheduling time-off, please see the section in this syllabus titled “Time-Off Policy”.

G. TIME OFF

Please see the section titled “Time-Off Policy” in the syllabus.

H. JEOPARDY

In order to meet the needs of our patients and your training, we have developed a system termed “Jeopardy” which assigns back-up coverage for busy times and required services. The Chief Residents are in charge of Jeopardy assignments. Because of the need to always maintain Jeopardy coverage throughout the year, it is possible, despite our best efforts, that EPO will have to turn down vacation, interview, conference attendance, and away elective requests if it conflicts with the program’s ability to ensure adequate on-site coverage. *If on jeopardy and you do not respond to a Chief Resident’s page/call within 20 minutes, you will automatically be assigned a future shift (to be determined by the Chief Residents and based on need which could include forfeiture of a golden weekend).*

I. INTERVIEWING

For an interview request to be granted, you must provide the Chief Residents (via e-mail) the following information at least one (1) week in advance:

- *Reason for interview.*

- Location of interview.
- The name of the program, contact person, and phone number.
- Date and time of interview.
- Number of days needed for interview.
- A copy of the original invitation.

Approval/denial of an interview request is the purview of EPO; no other individual or institution may make that decision. EPO will evaluate your schedule to determine if the requested time-off is appropriate.

In order to complete your training on time (June 30th of your graduation year), you are only allowed 20 business days off per year. As such, interview days will count as days off if you are gone for your entire day's scheduled work; as such, please be mindful of your vacation time so that appropriate time is left for interviewing. For additional information, please see the section titled "Time-Off Policy" in the syllabus regarding how interview time affects days off allowed in an academic year.

J. MOONLIGHTING

Under no circumstance may a PGY-1, PGY-2, or PGY-3 moonlight. There are no exceptions. If you are found to be moonlighting, you will be immediately dismissed from the program.

K. USMLE STEP 3

You are required to pass (*note "pass", not just take*) and provide EPO the results of the USMLE Step 3 exam prior to June 1st of your PGY-2 year. Failure to do both by this time will lead to dismissal from the program, no certificate of completion, and ineligibility for any residency program at Upstate. It is your responsibility to schedule the exam well in advance of this date (preferably during your intern year) to ensure that results are available by June 1st of your PGY-2 year. *The exam may be taken during elective time or vacation; under no circumstance will you be allowed to take the exam during any other service (i.e inpatient or CC services). Taking the exam during vacation time still counts as vacation time; taking the exam during elective time does not count as vacation time.*

Preliminary interns must determine their PGY2 institution's requirements and plan accordingly.

L. SIGNATURE REQUESTS

EPO provides a notary public for any documents requiring the same. Additionally, there may be other forms requiring signature by the Residency Program Director. *Under no circumstance will signatures or the notary public be provided if you have not maintained your own professional obligations to the medical record (i.e. delinquent charts) and to other forms/evaluations distributed by the institution or department (i.e. MedHub reporting, survey completions, evaluations, etc.).*

M. REGULATORY AGENCIES AND OVERSIGHT

The Department of Medicine adheres to the policies and procedures of all appropriate regulatory agencies. Below are web addresses of the following entities involved in the regulation and management of the program and your training:

-Accreditation Council on Graduate Medical Education (ACGME)

<http://www.acgme.org/acgmeweb/>

-New York State Department of Health (NYSDOH)

https://www.health.ny.gov/professionals/doctors/graduate_medical_education/

-Island Peer Review Organization (IPRO)

<http://ipro.org>

-National Integrated Accreditation for Healthcare Organizations (NIAHO)

<http://dnvaccreditation.com/pr/dnv/register-download.aspx>

-American Board of Internal Medicine (ABIM)

www.abim.org/

N. THE RIGORS OF RESIDENCY: FATIGUE, STRESS, BURNOUT

Our program is designed to challenge the mind and body over a three year period with the goal of producing the finest internists in the country. We recognize that these years will not be easy. Not being easy, however, doesn't mean promoting a culture of "malignant" training.

While physician burnout is unfortunately all too common, it is not unavoidable as long as both the program (EPO) and the trainee (you) remain cognizant of the importance of maintaining balance in both the professional and personal arenas. From a program perspective, EPO has developed the 3+1 scheduling system whereby no inpatient experience lasts more than 2 weeks and no night experience lasts more than 1 week. When you are in-house, the institution has provided lounges that include entertainment options, exercise equipment, and rest areas. We have also limited 24 hour call to the PGY-3 level and only while rotating in the Crouse ICU. Furthermore, we have endeavored to provide at least one full weekend every 4 weeks and aimed to reduce weekend coverage while on elective services. There is also a Social Committee, selected by and composed of housestaff, whose mission is to develop events throughout the year that will relax the mind and reenergize the soul. Finally, EPO has monthly meetings with the entire core group, semi-annual class meetings with the Chair, and quarterly individual meetings with the APD/PD to discuss not only your professional development but also your well-being. From a personal perspective, you are encouraged to develop a schedule that incorporates healthy eating habits, adequate exercise, proper sleep, and, perhaps most importantly, fun!

Still, we must recognize that despite our best efforts, fatigue, stress, and burnout may develop. This can be a danger to you, but also to those around you such as your colleagues and your patients. It is your professional duty to identify fatigue, stress, and burnout amongst yourselves and understand what measures our institution has in place to protect you and others should it develop. Within our Blackboard on-line education site, there is "Fatigue Training" listed under the course "Graduate Medical Education". Part of this training includes a PowerPoint presentation titled "SAFER" which is required viewing prior to beginning training in our program and should be reviewed annually. For more information on fatigue, please see the section in this syllabus named "Are You Fit for Duty?".

We are all fully committed to the well-being of our housestaff. As such, should the need arise that you need to speak with someone about personal or professional issues, do not hesitate to contact a member of the Educational Programs Office or the Department Chair anytime of the day or night. However, if you would prefer to confide in an individual not directly affiliated with the department, there is a confidential counseling service offered through the institution's Employee Assistance Program (EAP) or externally through ENI's BalanceWorks program. Contact information is as follows:

Internally: Location: Jacobsen Hall, Room 510
 Phone Number: 315-464-5760
 FAX Number: 315-464-5773
 Web Address: <http://www.upstate.edu/eap/>

O. THE MEDICAL RECORD

Communication can be either oral or written. Regardless of the modality used or the individual/s with whom you are trying to communicate (health care team member, patient, health care proxy, etc.), effective and clear communication is not only vital in delivering outstanding patient care, but it is a legal requirement as well. Malpractice cases and quality assurance citations often revolve around poor communication. As such, the medical record must be of the highest quality and you must make keeping a thorough and updated medical record a priority in your practice of medicine. Tardiness in record keeping will not be tolerated; disciplinary action will result if this should be a recurring problem, including immediate dismissal. *For sites with an EMR, the "copy and paste" function can only be used if 1)you are copy/pasting your own work and 2)you have updated the record to reflect current medical issues; copy/paste of anyone else's work is prohibited unless you 1)assign appropriate authorship and 2)you have updated the record to reflect current medical issues. Inappropriate use of the copy/paste function may lead to legal and/or professional ramifications, including immediate dismissal.* Please note that while students are required to write daily notes on the patients they follow, their notes may never be used in place of a physician's note. You must write a full note on your patient daily regardless of whether a student note is present; addendums to student notes are not an acceptable replacement for a full note. Please also remember your role as supervisor and educator to our students; thus, it is a requirement that you are reviewing your assigned students' notes on a daily basis and providing feedback in the following manner:

-PGY-1s are responsible for reviewing records entered by Clerkship Students in addition to writing their own complete note (student notes may not serve as the "legal" note of the day).

-PGY-2s/PGY-3s are responsible for reviewing records entered by Acting-Interns in addition to writing their own complete note (student notes may not serve as the "legal" note of the day).

Communication about patients (written and verbal) and all interactions in public areas (the library, wards, hallways, etc) must be conducted in English as a courtesy to others. HIPAA (Health Insurance Portability and Accountability Act) regulations must be followed at all times; failure to do so could lead to immediate termination. In short, all patient-related communications must be kept private and confidential.

Per New York State law and Hospital Policy (UH, Crouse, and the VAH), the attending physician is ultimately responsible for the care of the patient. PGY-1s should exclusively write orders on their patients but residents, fellows, and attendings may write orders in any case where patient safety and well-being dictates (when writing such orders, these individuals should inform the intern). Please refer to institution's website for acceptable/unacceptable abbreviations in written orders/notes. All orders at UH, Crouse, and VAH are via computer entry; in the event that a handwritten order is necessary, the order requires a date, time, signature, and stamp of the prescribing provider.

P. EVALUATION TOOLS AND FORMAL REVIEWS OF PERFORMANCE

Regardless of the length of the rotation/experience, you will be evaluated by those with whom you work (faculty, peers, students, and, in some cases, ancillary staff and patients). In turn, you will evaluate those with whom you work regardless of the length of the experience. All of these are done online via MedHub (<https://upstate.medhub.com/index.mh>), which provides

a protected and confidential system in which to complete evaluations. Paula Campion is in charge of MedHub; thus, any questions regarding MedHub should be directed to her via email: campionp@upstate.edu. Your performance, measured against the Next Accreditation System's curricular milestones, will be reviewed semiannually by the Clinical Competency Committee (comprised of the Program Director and a combination of Associate Program Directors, Core Faculty Members, and Chief Residents) and render a Reporting Milestones report that will determine whether training may proceed on schedule or whether remediation (which could include extension of training) will be required.

You will also have additional reviews of your performance per academic year conducted by your assigned mentor (i.e. APD) and the Residency Program Director. At least one meeting per year will include a self-evaluation of your progress. Additional areas covered at these meetings include:

- Reporting Milestones report
- Performance in the following competencies
 - Patient care (to include Procedure Credentialing)
 - Medical knowledge
 - Interpersonal and communication skills
 - Professionalism
 - Systems-based practice
 - Practice-based improvement
- In-training exam results (annual requirement for categorical housestaff)
- Step 3 verification (by June 1st of PGY-2 year)
- Hopkins Online Course progress/verification (PGY-1s)
- Society of Hospital Medicine modules (PGY-2s)
- Institute for Healthcare Improvement modules (PGY-1s and/or PGY-2s)
- Malpractice Course progress (annual requirement)
- Didactic attendance (annual requirement)
- Scholarly accomplishments
- Future career planning (fellowships or jobs after residency)

An additional evaluation tool utilized by our program is the ACP In-Service Training Exam (administered in August/September of each year). This test provides you with performance measures in each specialty of internal medicine and also serves as an indicator of your ability to pass the ABIM certifying exam. Categorical housestaff will take this exam annually. The exam is proctored and must be treated with proper respect. Tardiness will not be tolerated. Cheating on the exam will lead to immediate dismissal from the program. This exam is mandatory unless on vacation; however, we strongly encourage that those on vacation make arrangements to sit for the exam. The exam itself can't be used as a means for promotion/termination; however, we have implemented the following policy as it relates to performance on the exam:

-PGY-2s with a PGY-2 percentile rank of $\leq 25\%$ will be placed into Medical Knowledge remediation whereby they will work with their APD on a program that aims to improve upon weaker-performing subjects.

-PGY-3s on Medical Knowledge remediation as PGY-2s with a PGY-3 percentile rank of $\leq 25\%$ will continue with Medical Knowledge remediation; they must also attend all remaining AM Didactics except when on vacation or are otherwise excused by the Chief Residents. There will also be a discussion with the Clinical Competency Committee about whether extension of training is necessary to satisfy the Medical Knowledge competency.

-PGY-3s with a first-time PGY-3 percentile rank of \leq 25% will be placed into Medical Knowledge remediation whereby they will work with their APD on a program that aims to improve upon weaker-performing subjects.

-Irrespective of prior year results, PGY-3s with a PGY-3 percentile rank of \geq 80% will be excused from AM Didactics except for Thursday Senior Capstones/Quality Conferences and 2nd Wednesday Business Meetings for the remainder of their PGY-3 year.

-PGY-2s with a PGY-2 percentile rank of 80-89% will receive one extra “interview day” with no vacation penalty during their PGY-3 year.

-PGY-2s with a PGY-2 percentile rank of \geq 90% will receive two extra “interview days” with no vacation penalty during their PGY-3 year.

Academic Deficiency is a departmental-based citation and is not communicated to any other inter-institutional entity nor is it meant to be a part of your permanent record; this citation can result from any infraction of Institutional or Departmental policies as well as for poor performance in any of the six ACGME competencies. An Academic Deficiency citation may result in extension of training. Failure to meet the provisions of Academic Deficiency or infractions deemed too egregious for Academic Deficiency will result in *Academic Probation*, an institutional-based designation that will become a permanent part of your personnel file and be reported on any future correspondence to potential employers, certifying boards, and licensing or regulatory agencies. Receiving an Academic Probation citation may result in extension of training, non-renewal of training, or termination of training. In the event of non-renewal or termination, you may appeal the decision by contacting the Associate Dean of Graduate Medical Education.

Q. DUE PROCESS

House officers are under the immediate supervision of the Residency Program Director and his/her designees (e.g. Associate Program Directors and Chief Residents) with regard to their residency training. They, in addition to the Clinical Competency Committee and Program Evaluation Committee routinely review resident progress and program structure. Failure to meet minimum standards may result in non-promotion to the next level (please see “Evaluations and Formal Reviews of Performance” further down in this document for details). The Residency Program Director has the final decision regarding matters related to resident training within the Department, but the trainee may appeal the decision to the Associate Dean of Graduate Medical Education.

Upstate Medical University does not discriminate on the basis of race, sex, sexual orientation, color, religion, age, national origin, handicap, marital status, or veteran status in the recruitment and employment of faculty and staff, in the recruitment of residents, or in the operation of any of its programs or activities, as specified by Federal and State laws and regulations.

The Department of Medicine adheres to all policies and procedures as outlined in the Graduate Medical Education (GME) policy manual for residents. This information is available on MedHub (<https://upstate.medhub.com/index.mh>).

R. COMPLAINTS AND PROGRAM DEFICIENCIES

House officers who feel that they have legitimate programmatic complaints or feel that they have identified deficiencies amongst faculty or colleagues should report them to the Residency Program Director; if you feel that anonymous reporting is more appropriate, you may

go to our website (<http://www.upstate.edu/medresidency/current/>) and enter information under “Anonymous Feedback Form”. All complaints will be investigated and, if necessary, corrected. Failure to report such deficiencies will only lead to their perpetuation.

Complaints against the Residency Program Director should be referred to the Chairman of the Department of Medicine or the Associate Dean of Graduate Medical Education.

Complaints about the Chairman should be referred to the Residency Program Director or the Associate Dean of Graduate Medical Education.

Complaints about the Associate Dean of Graduate Medical Education should be reported to the Residency Program Director or the Dean of the Medical School.

S. AMENDMENTS

Amendments to this Policy Manual will be made electronically and posted on our website (<http://www.upstate.edu/medresidency/current/program.php>) and/or be included in the Chief Resident weekly e-mail to the housestaff. Changes/updates to the policies will be dated. They will also be announced at HS meetings. The PGY-1s will receive a hard copy upon their arrival and sign an attestation stating they have read the manual and agree to abide by it. The PGY-2s and PGY-3s will be asked to review the policy manual electronically annually and sign an attestation stating they have read the manual and agree to abide by it. EPO will not accept not reading this manual as an allowable explanation for an infraction to the policies outlined; you are responsible for reading and following everything contained within the manual. Questions can be directed to EPO...thank you.

2. INPATIENT INFORMATION

A. TEAM DESCRIPTIONS

University Hospital:

There are currently nine (9) inpatient teams, an ACS service, and a MICU service covered by housestaff at UH:

- Team 1 – General Medicine/Hospitalist (one resident, two interns)
- Team 2 – General Medicine/Hospitalist (one resident, two interns)
- Team 3 – General Medicine/Hospitalist (one resident, two interns)
- Team 4 – General Medicine/Hospitalist (one resident, two interns)
- Team 5 – General Medicine/Hospitalist (one resident, two interns)
- Team 6 – General Medicine/Hospitalist (one resident, two interns)
- Team 7 – General Medicine/Hospitalist (one resident, two interns)
- Team 8 – Hematology (two interns)
- Team 9 – Oncology (one resident, two interns)
- Team 10 – General Medicine/Hospitalist (one resident)
- Team ED – Admitted Patients in ED (Hospitalist, MAR, MAI)
- ACS – one resident, one IM intern
- MICU – four residents, two interns, two night residents

Crouse Hospital:

There is a CICU service at Crouse Hospital:

- CICU – 3 residents, 3 interns +/- 1 ED intern, one night resident

VA Hospital:

There are currently four (4) inpatient teams and a VICU service covered by housestaff at VAH:

- Team 1 – General Medicine (one resident, two interns)
- Team 2 – General Medicine (one resident, two interns)
- Team 3 – General Medicine (one resident, two interns)
- Team 4 – General Medicine (one resident, two interns)
- VICU – one resident

B. ADMISSIONS / TEAM SIZE

ACGME Rules Regarding Inpatient Numbers per Intern and Resident

Interns (PGY-1)

- Interns can follow no more than 10 patients at any one time.
- No more than 5 new patients + 2 transfers can be assigned to an intern during a routine day of work.
- No more than 8 total patients (news + transfers) can be assigned to an intern over a 2-day period.

Senior Residents (PGY-2 and 3)

- With 1 intern on the team:
 - The supervising resident can follow no more than 14 patients at any one time.
 - The supervising resident can only have 5 new patients + 2 transfers assigned to the team during a routine work day.
 - No more than 8 total patients (news + transfers) can be assigned to the team over a 2-day period.
- With 2 interns on the team:

- The supervising resident can follow no more than 20 patients at any one time.
- The supervising resident can only have 10 new patients + 4 transfers assigned to the team during a routine work day.
- No more than 16 total patients (news + transfers) can be assigned to the team over a 2-day period.

With these rules serving as our guide, our own policy will be that any team with two interns can have no more than 16 patients total (20 at VA) for the resident (with no more than 8 for either intern (10 at VA)). When patient demand exceeds our total inpatient capacity, teams can flex to no more than 20 patients (10 per intern), but this should be the exception rather than the rule. Any team staffed with only a resident can have 8 patients, but may flex to 14 patients if necessary. Any team with a resident with less than 2 interns can have no more than 14 patients (with up to 10 patients allowed for the intern). Beyond flex, overflow will be handled by either a advanced practitioner (with attending supervision), the attending directly, or a separate uncovered service. Overnight coverage will be provided by housestaff night services for all patients as long as a signout/handoff is provided; if no signout/handoff occurs, then coverage will be the responsibility of the primary service or its designee. All of the intern-staffed night services include an in-house supervising senior resident and nocturnist attending so that Level 1 or Level 2A supervision is always available. The Chief Residents will keep track of numbers daily to the best of their ability. Ultimately, though, it is your responsibility to immediately report an infraction of the above rules to the Chief Residents. Failure to do so could lead to loss of program accreditation (which ultimately will affect your residency training).

Remember, however, no rule nor regulation should ever come before urgent patient care.

C. DAILY FLOOR TEAM SCHEDULE

University Hospital, VA Hospital, Crouse Hospital:

- Between 7-8AM:
 - All housestaff will attend AM Conference, Senior Capstones, Quality/M&Ms.
- Between 8-9AM:
 - Residents work with attendings doing discharges and attending to any acute issues.
 - Interns will prepare for 9AM rounds.
- Between 9AM-12PM (8:30AM start times ok for ICU services)
 - Option #1
 - Between 9-10:30AM:
 - On M,W,F:
 - Attending and Intern A round on Intern A's patients
 - Resident and Intern B round on Intern B's patients
 - On T,R,Weekend Day:
 - Attending and Intern B round on Intern B's patients
 - Resident and Intern A round on Intern A's patients
 - Between 10:30AM-12PM:
 - Attending Teaching Rounds
 - Option #2
 - Between 9AM-12PM:

- Attending Bedside + Teaching Rounds with entire team
- Between 12-1PM
 - Residents will attend Noon Report (lunch will be provided at UH; meal cards will be provided at VA)
 - Interns may have lunch and tend to patient care issues
- Between 1-4PM
 - Patient Care
- Unless on call, floor team signout may occur at 4PM if work is complete on weekdays; on weekends, signout may occur at 2PM if work is complete (ICU services may have different signout/handoff times).
 - There is mandated Level 1 faculty supervision of signout on Tuesday afternoons.
- On-call team takes admissions until 7:30PM and may sign out anytime after 8PM when work is complete (ICU services may have different signout/handoff times).

D. INPATIENT CALL SCHEDULES

UH:

- *Teams 1-4 and 6-10*
 - Floor call is every 4th day 8AM-8PM; last admission at 7:30PM.
 - Off-call teams stop getting admissions and may sign out (if work is completed) at 4PM on weekdays; Off-call team stops getting admissions and may sign out (if work is completed) at 2PM on weekends.
 - Teams 1,6; 2,7; 3,8/10; 4,9 will share call together.
 - On Weekends, one intern will work with the resident one day while the other intern will work the other day (see Amion).
 - The Team 10 Resident will provide admitting support when Team 8 is on call (as Team 8 will have no resident)
- *Team 5*
 - Monday-Friday is 8AM-4PM; may sign out anytime after 4PM.
 - Saturday 7AM-8PM is for a Team 5 Intern; this individual will have 24 hours off starting 8PM Saturday.
 - This intern signs out at 2PM; serves as Afternoonist MAI until 8PM.
 - Sunday 7AM-8PM for the other Team 5 Intern (this intern has Saturday off); no admissions after 7:30PM.
 - This intern signs out at 2PM; serves as Afternoonist MAI until 8PM.
 - The Team 5 Resident has Saturday off and will serve as MAR (with no Team 5 responsibilities) on Sunday
- *Team 10 Resident*
 - Monday-Friday is 7AM-4PM; may sign out anytime after 4PM.
 - Team 10 Resident takes call (including weekends) with Teams 3/8.
- *ICU Day Residents*
 - *When Anesthesia Resident available for MICU # 1, the assigned MICU # 1 IM Resident becomes jeopardy for Upstate MICU/ ACS services.*
 - five (5) 13 hour rotations M-F 7AM-8PM
 - one (1) 13 hour rotation Sat or Sun 7AM-8PM; check Amion for details
- *ICU Night Residents*
 - five (5) 11 hour rotations M-F 8PM-7AM

- one (1) 11 hour rotation Sat or Sun 8PM-7AM; check Amion for details
- *ICU Interns*
 - Mondays-Fridays from 7AM-8PM
 - Saturdays 8PM-7AM
 - Sundays off (the service is covered 8PM-7AM by “Lettered Elective”/Anesthesia)
- *ACS Service*
 - Resident
 - Weekdays and Saturdays
 - 7AM-8PM (last admission at 7:30PM)
 - Sundays
 - 7AM-8PM (coverage provided by elective resident; See Amion)
 - Intern
 - Weekdays and Sundays
 - 7AM-8PM (last admission at 7:30PM)
 - Saturdays
 - No coverage provided on Saturdays
- *Day MAR*
 - Weekdays and Saturday (*last admission at 7:30PM*)
 - 7AM-8PM
 - Sundays (*last admission at 7:30PM*)
 - 7AM-8PM covered by Team 5 Resident
- *Night MAR (last admission at 6:30AM)*
 - Sundays and Weekdays
 - 8PM-7AM
 - Saturdays
 - 8PM-7AM (covered by VA SNF)
- *Rapid Response Team (backup provided ACS Resident)*
 - Resident
 - Mondays 7AM-8PM (excused from AM Conference)
 - Tuesday-Friday 8AM-8PM
 - Saturday 7AM-8PM
 - Sunday 7AM-8PM covered by VA MAR
 - Intern
 - Monday-Friday 12PM-12AM (except only 8PM on Fridays)
 - Rapid Response Team Member from 12PM-4PM
 - Admitting Manpower 4PM-12AM (Fridays until 8PM)
 - Provides Night MAI support on Saturdays (See Amion)
 - Sundays off
- *Senior Night Float #1 (also serves as admitting support, med consult, and RRT/Code backup; serves as Tele Triage Friday-Sunday)*
 - Sundays-Thursdays
 - 8PM-8AM
 - Fridays
 - 8PM-7AM
 - Saturdays
 - 8PM-7AM shift covered by VA Quality/PCMH/Elective X PGY-3
- *Senior Night Float #2/ Night Rapid Response Team (also serves as admitting support and ACS)*
 - Sundays-Thursdays
 - 8PM-8AM
 - Fridays
 - 8PM-7AM

- Saturdays
 - 8PM-7AM shift covered by VA Quality/PCMH/Elective X PGY-3
- *Day Medical Admitting Intern (MAI)/ Team ED Intern*
 - Weekdays
 - 10AM-10PM Admissions (last admission at 8:45PM)
 - No Coverage on Weekends
- *Elective X Intern*
 - Monday-Friday 8AM-8PM
 - Elective X from 8AM-12PM
 - Admitting Manpower 12PM-8PM
 - Provides Night MAI support on Saturdays (See Amion)
 - Sundays off
- *Night Medical Admitting Intern (MAI)/ Team ED Intern*
 - Sunday Night-Friday Night
 - 8PM-8AM (last admission at 7AM)
 - Saturday Night 8PM-7AM (covered by RRT or Elective X Intern or designated elective intern; see Amion)
- *Intern Night Float # 1*
 - Sunday Night-Thursday Night
 - 8PM-8AM
 - Friday Night 8PM-7AM
 - Saturday Night 8PM-7AM (covered by "Lettered Elective"/Anesthesia)
- *Intern Night Float # 2*
 - Sunday Night-Thursday Night
 - 8PM-8AM
 - Friday Night 8PM-7AM
 - Saturday Night 8PM-7AM (covered by "Lettered Elective"/Anesthesia)
- *Medicine Consult (covers Dermatology Consults at UH only)*
 - Weekdays
 - 8AM-5PM
 - On campus
 - 5PM-8PM
 - Home Call (may be UH or VA Med Consult Resident)
 - Weekends (1st Sat-UH; 1st Sun-VA / 2nd Sat-VA; 2nd Sun-UH)
 - Saturdays and Sundays
 - 7AM-2PM (in house)
 - 2PM-8PM (Home Call)
 - 2PM-8PM, you are first call for medicine consults and, after 2PM, back-up for admissions.
 - Night Coverage (covered by Senior Night Float #1)
 - Sunday-Thursday 8PM-8AM
 - Friday-Saturday 8PM-7AM

Crouse:

ICU Service:

PGY-2/3s:

- *When ED Resident available for CICU # 1, the assigned CICU # 1 IM Resident becomes jeopardy for all Crouse services.*
- *ICU call is every third day for 24 hours (7AM-7AM)*
- *ICU Night Float*
 - Sundays and Weekdays
 - 9PM-9AM Sunday PM through Saturday AM
 - Saturdays
 - 9PM-9AM shift covered by Crouse ER Resident (if no Crouse ER Resident available, please see

www.amion.com; password: upstateim for schedule).

PGY-1s:

- Weekdays and Weekends
 - Every third day from 7AM-9PM (no exceptions); off whichever weekend day you are not on call.
 - Non-call days from 7AM-5PM (or until excused by Crouse Attending)

ER Service: PGY-3s

- Mondays-Friday
 - shift as determined by Crouse ED Department.
 - EMS rides alongs also possible during this rotation with prior approval from EMS service and Chief Residents.
- No coverage provided on weekends

VA:

- *Floor Call is every 4th day from 8AM-8PM*
 - Off-call teams stop getting admissions and may sign out (if work is completed) at 4PM on weekdays; Off-call team stops getting admissions and may sign out (if work is completed) at 2PM on weekends.
 - On Weekends, the Team Resident and one of the interns work call together on one day while the other intern works the same call the other day.
- *ICU service has no call; the workday is 7AM-4PM, 6 days a week (Saturdays on with signout after 2PM; Sundays off, but call team can receive signout after 2PM).*
- *Senior Night Float/MAR*
 - Monday Night-Thursday Night
 - 8PM-8AM
 - Friday night 8PM-7AM
 - No coverage provided on Saturday and Sunday nights.
- *Intern Night Float*
 - Sunday Night-Thursday Night
 - 8PM-8AM
 - Friday night 8PM-7AM
 - Saturday Nights 8PM-7AM (covered by VA MAI)
- *Medicine Consult*
 - Weekdays
 - 8AM-5PM
 - On campus
 - 5PM-8PM
 - Home Call (may be UH or VA Med Consult Resident)
 - Weekends (1st Sat-UH; 1st Sun-VA / 2nd Sat-VA; 2nd Sun-UH)
 - Saturdays and Sundays
 - 7AM-2PM (in house)
 - 2PM-8PM (Home Call)
 - 2PM-8PM, you are first call for medicine consults and, after 2PM, back-up for admissions.
 - Night Coverage (covered by Senior Night Float or Nocturnist)
 - Sunday-Thursday 8PM-8AM
 - Friday-Saturday 8PM-7AM
- *Day MAR*
 - 8AM-8PM Monday through Friday.
 - No coverage provided on weekends
- *VA Medical Admitting Intern*
 - 11AM-9PM Monday through Friday (except 8PM on Fridays).

- No coverage provided on weekends
- VA PACT/PCMH and Quality
 - Weekdays 8AM-4PM (mornings in VA Clinic; afternoons with VA Quality Chief)
 - No coverage provided on weekends
- VA Procedures (Weekdays only)
 - 8AM-5PM Procedures (covered by VA Med Consult if no CICU1 available)

E. CONSULTATIVE SERVICES

While not every elective rotation requires call, some do (either for the rotation itself or as coverage for another service); it is your responsibility to check your schedule to determine whether you are needed for call/coverage. For those with no call/coverage requirement, please don't assume you are free as you may be assigned to Jeopardy service. It is therefore, imperative, that you regularly check your schedule on www.amion.com (password: upstateim) and refer to the posted Jeopardy schedule; we recommend checking at least weekly. If you are on a service in which weekend coverage (for any period of time) for that service or another rotation is not expected, please verify with the Chief Residents that you in fact have the entire weekend. While you will have at least one consecutive 24 hour period off on a Monday-Sunday cycle, MedHub assumes a Sunday-Saturday work week which may lead MedHub to report a violation (such as a Saturday off during week #1 and a Sunday off during week #2) when one does not exist; we are aware of this issue, but unfortunately at this time there is no way to align MedHub's work week with ours.

F. NON-TEACHING SERVICES

There are patients routinely covered by attendings and advanced practitioners with no direct housestaff involvement; they are typically termed "uncovered services". At UH, each uncovered service is denoted by the letters "OF". For patients being admitted to "OF" from 12PM-8PM (8 hour period), housestaff are not to do the admission; the MAR should assign the patient to the "OF" attending who will then manage the patient's care. From 8PM-12PM (16 hour period), housestaff will admit to "OF" services. Ongoing care of "OF" patients during 8AM-8PM is not by housestaff except during RRT/Code situations; housestaff will provide coverage from 8PM-8AM as long as housestaff night services have received a signout/handoff from the "OF" services.

G. SIGNOUTS/HANDOFFS

Please see section in syllabus titled "Signouts/Handoffs".

3. OUTPATIENT INFORMATION

A. THE CONTINUITY CARE (CC) BLOCK

The ACGME mandates a robust continuity clinic experience over 30 contiguous months of training and with each clinic separated by no more than 4 “working” weeks. All core housestaff will participate in continuity clinic care at University Health Care Center (UHCC) via the “CC Block”.

Housestaff will be a part of the “3 and 1” system in which one week in 4 will be dedicated to the “CC Block” in which there will be five or more continuity clinics Mondays-Fridays; the remaining half-days will be spent in assigned specialty clinics. Those on the “CC Block” will participate in AM Conference either at UHCC (via video) or WKH and will attend Thursday Senior Capstones/Quality Conferences and 2nd Wednesday Business Meetings in WKH. Noon Report (with lunch provided) will be Monday-Friday 12PM-1PM at UHCC. Thursday mornings will also include a variety of educational sessions including Procedure and Code Simulation Training, Learning To TALK, and Education Through Theater Arts. It is your responsibility to review AMION and UHCC e-mails so that you are on-time wherever you are assigned.

Continuity clinic is a vital part of your outpatient internal medicine education and, thus, must be given the same respect as your inpatient experience. Some clinics may be off-campus. You are responsible for providing your own transportation to and from any off-campus clinics. Unexcused absences are unprofessional and will be met with forfeiture of CC weekend time-off; repeated unexcused absences will result in Academic Probation which may lead to termination or non-renewal. Only a member of EPO may excuse housestaff from a CC-related responsibility.

You will be supervised by an attending physician or Chief Resident for every clinic you attend. You are expected to present every patient to your supervisor.

Clinic schedules can be accessed at www.amion.com (password: upstateim).

Please see the section “The CC Block” in the Handbook for more details.

B. CONSULTATIVE SERVICES

Certain consult/elective services require that you participate in their respective clinics. Please see “The Residency Curriculum” for further details.

4. ELECTIVES/CONSULTS/RESEARCH

During your three (3)-year training period, it is required that you complete at least one elective week in every Division within the Department of Medicine (Cardiology, Dermatology, Endocrinology, Gastroenterology, General Medicine, Geriatrics, Heme/Onc, Infectious Disease, Nephrology, Pulmonary/Critical Care, and Rheumatology) as well as rotations in Neurology and Palliative Care. All elective/consult/research opportunities must be performed at Upstate Medical University or an approved affiliate. Your schedule will include predetermined blocks (based primarily on your schedule requests) of elective/consult/research; However, if your schedule includes blocks titled “elective time” (which indicates that this block of time was left unfilled when the official schedule was released), you must e-mail the EPO at least one (1) month (i.e. 30 days) in advance of the block with your service request and, additionally, complete the following:

- Regarding an on-site research block, you are responsible for seeking out permission from the faculty investigator; if approval is granted, you must fill out a research request form (they are located in EPO or online) and turn it in to EPO at least one (1) month in advance of the rotation. Failure to do this will result in reassignment to a different service for that block. Research time is not fixed with actual time depending on your level of competence in the clinical arena.
- Regarding an on-site consult block, you may choose from Departmental-approved rotations. Failure to do this will result in reassignment to a different service for that block. There are elective opportunities in Medicine-related specialties such as Ophthalmology, Radiology, PM&R, etc.; if interested, please let EPO know at least 30 days in advance and we will do our best to accommodate your request.
- For any other on-site institutional elective, you are responsible for making all arrangements; if the receiving party approves, you must fill out an elective-request form and turn it in to EPO one (1) month in advance of the rotation. Failure to do this will result in reassignment to a different service for that block.

In the rare circumstance that Upstate Medical University or an approved affiliate is unable to fulfill your elective/consult/research request and doing this away rotation is necessary to fulfill your role as a general internist *and* doing this away rotation will not prevent you from meeting your graduation requirements *and* being away will not affect the program’s ability to adequately provide for patient care coverage, you may ask for an off-site elective/consult/research experience. If a resident wishes to do an off-site elective/consult/research block, he/she must provide a curriculum, a letter from his/her sponsor, and the reason why the elective/research can’t be done at Upstate (or an approved affiliate), utilizing the form provided by the Upstate’s Graduate Medical Education Office (this form is available in EPO and on the Medhub website under “Recourses/Documents”). ***The Chief Residents must first authorize the requested time away (to ensure adequate coverage is in place during your requested absence from the program); if the Chief Residents do authorize the request, the next step is to submit the formal elective request to Paula Campion and Sally Melton who will then aide you in completing whatever is necessary prior to submission to the Program Director. This information is required three months in advance to ensure that the elective sponsorships are appropriate, meet RRC requirements, and will allow you to receive the required elective credit needed to sit for the Boards. Failure to provide notification in the required time frame will result in the elective being denied.*** The Program Director, the Department Chairman, and the Associate Dean of GME authorize final approval of all off-site electives. At the conclusion of the elective, the elective/research site will do an evaluation. Failure to obtain this documentation may result in credit being denied for the elective/research block. Unless the off-site rotation is program-initiated (as opposed to resident-initiated), the Department of

Medicine does not provide funding to cover expenses for off-site experiences; thus, it is the house officer's responsibility to cover all expenses related to the off-site experience. However, the annual \$300 educational allotment you receive would be reasonable to use for such endeavors.

PGY-1s are not eligible for off-site electives under any circumstances

PGY-2s/PGY-3s are not eligible for off-site electives who are not meeting performance standards which must include receiving a > 25% percentile rank on the most recent in-training exam.

Elective/consult/research time is not considered "relaxation" time. Attendance to your assigned post is mandatory. Failure to demonstrate regular attendance will lead to disciplinary action. You must carry your pager while on elective/consult/research rotations.

While not every elective rotation requires call, some do (either for the rotation itself or as coverage for another service); it is your responsibility to check your schedule to determine whether you are needed for call/coverage. For those with no call/coverage requirement, please don't assume you are free as you may be assigned to Jeopardy service. It is therefore, imperative, that you regularly check your schedule on www.amion.com (password: [upstateim](#)) and refer to the posted Jeopardy schedule; we recommend checking at least weekly. If you are on a service in which weekend coverage (for any period of time) for that service or another rotation is not expected, please verify with the Chief Residents that you in fact have the entire weekend. While you will have at least one consecutive 24 hour period off on a Monday-Sunday cycle, MedHub assumes a Sunday-Saturday work week which may lead MedHub to report a violation (such as a Saturday off during week #1 and a Sunday off during week #2) when one does not exist; we are aware of this issue, but unfortunately at this time there is no way to align MedHub's work week with ours.

5. SCHOLARSHIP

Scholarship is an essential part of your residency training and is, thus, a requirement for graduation from the program. As such, every PGY-3 resident will present a 20-minute Senior Capstone on a topic of his/her choosing which will be presented to the Department; these topics must be approved by EPO at least six (6) months in advance of the presentation and must also include a faculty mentor. The PGY-2s will be assigned to conduct a quality review/root-cause analysis of a particular case (assigned and mentored by the Vice Chair of Quality) and provide a 20-minute presentation to the Department. Finally, every categorical PGY-1 will be assigned a topic by the Chief Residents to present at AM Conference or Intern Report; these lectures should be no more than 20 minutes in duration. The Chief Residents will post the schedule for all of these events at the beginning of the academic year.

Additionally, it is strongly encouraged that you participate in other forms of scholarship during your residency training. Research, be it clinical or basic, and case reports are common forms of scholarly activity.

EPO and your mentors will help you in formulating a research project if you so choose. It is encouraged that background work (literature review, IRB submission and approval, budget submission and approval, etc.) be undertaken during your intern year so that you are prepared to conduct your research project during your assigned blocks in your senior years.

Any potential submission requires EPO approval prior to sending to a journal or society; there are no exceptions to this rule.

*To be eligible to present at an EPO-approved regional/national conference, you must be the lead/first author of the accepted work and you must have first received EPO approval allowing for the submission (the presentation/publication request form can be found at the following website: <http://www.upstate.edu/medicine/pdf/research/abstract-poster-submission-req.pdf>). **There are no exceptions to this; submissions to publish/present without first receiving EPO approval to submit will absolutely be denied.** The Department provides an annual Presentation stipend of \$1200; expenses beyond \$1200 annually are the house officer's responsibility and all expenses must be approved by EPO (i.e. don't assume the \$1200 is automatic as EPO will not reimburse for any expense deemed inappropriate or excessive). EPO will provide six (6) days of coverage (with no time-off penalty) per academic year; anytime beyond this requires that you arrange coverage and seek approval of EPO as well as subtract this time out of vacation time.*

You are eligible for a one-time per academic year Presentation stipend (not Education stipend) increase of \$300 should your first-author manuscript be accepted for publication in a peer-reviewed journal. You may have more than one manuscript published each academic year (we encourage it!), but the \$300 increase will only occur for the first publication of each academic year. The stipend can be utilized until the end of your PGY-3 year, but is forfeited if not used by the end of your core training in Internal Medicine at Upstate.

The annual \$300 Educational stipend can be put towards the annual Presentation stipend (can't be rolled over year to year, however), but the Presentation stipend can never be put towards the Educational stipend.

No coverage and/or funding (of any kind) will be provided for any scholarly activity conducted prior to your employment at Upstate.

6. EDUCATIONAL FORMATS

A. AM CONFERENCE (DIDACTICS, SENIOR CAPSTONES, QUALITY CONFERENCES)

AM Conference will be held weekdays from 7AM-7:45AM in Weiskotten Hall, 9th floor auditorium weekdays. Housestaff on the CC Rotation may watch the conferences at UHCC (video) or at WKH, but must attend the Thursday Senior Capstones/Quality Conferences and 2nd Wednesday Business Meetings at WKH.

All housestaff, regardless of PGY level, must attend at least 50% of these conferences. Failure to meet the 50% threshold will mandate Academic Probation while meeting the threshold will make you eligible for the schedule lottery.

We have implemented a policy that associates the PGY-3 percentile rank on the In-Training Exam with PGY-3 attendance at AM Conference:

-PGY-3s on Medical Knowledge remediation as PGY-2s with a PGY-3 percentile rank of $\leq 25\%$ will continue with Medical Knowledge remediation; they must also attend all remaining AM Didactics except when on vacation or are otherwise excused by the Chief Residents. There will also be a discussion with the Clinical Competency Committee about whether extension of training is necessary to satisfy the Medical Knowledge competency.

-PGY-3s with a first-time PGY-3 percentile rank of $\leq 25\%$ will be placed into Medical Knowledge remediation whereby they will work with their APD on a program that aims to improve upon weaker-performing subjects.

-Irrespective of prior year results, PGY-3s with a PGY-3 percentile rank of $\geq 80\%$ will be excused from AM Didactics except for Thursday Senior Capstones/Quality Conferences and 2nd Wednesday Business Meetings for the remainder of their PGY-3 year.

The conference schedule can be accessed by looking at Medicine's calendar at www.upstate.edu.

B. CHAIRMAN'S ROUNDS

All housestaff will attend Chairman's Rounds from 5:30PM-6:30PM the 3rd Thursday of each month (only housestaff excused are those on vacation, those authorized to be off-campus, those on inpatient call, and those working nights)

Chairman's Rounds occurs on the 3rd Thursday of each month from 5PM-6:30PM with a social gathering occurring from 5PM-5:30PM (the 30 minute social gathering is optional in terms of attendance) and the lecture from 5:30PM-6:30PM. Attendance is reviewed on an annual basis. If on annual review, there are more than 2 unexcused absences, Academic Deficiency will follow. If the following annual review also indicates below-threshold attendance, Academic Probation will follow. If the final annual review indicates below-threshold attendance, regardless of prior number of annual infractions, Academic Probation will follow.

C. INTERN REPORT

These sessions will occur on Intern non-switch day Mondays from 7AM-7:45AM in Weiskotten Hall, 9th floor auditorium and are run by the Chief Residents. The Chief Residents will provide a schedule and curriculum for the intern class at the start of the academic year.

D. NOON REPORT

Inpatient Noon Report is required for senior housestaff on floor service and MARs, but floor interns do not attend, all other housestaff are invited to attend. University Hospital and the VA Hospital conduct their own sessions on Mondays-Fridays (12-1PM at UH and VA). At Noon Report, cases will be presented and MKSAP Board Review will occur. The pre-call team is responsible for presenting at Noon Report. Finally, the first and third Fridays at UH will be designated “Combined IM/EM Morning Report” where each Department will be responsible for presenting a case and the Team 5 Resident is responsible for this.

Outpatient Noon Report is required for all CC Housestaff (including interns) and will occur at UHCC Monday-Friday 12-1PM

E. EVIDENCE-BASED LEARNING SERIES

Evidence-Based Learning Series will run on Resident non-switch day Mondays from 7AM-7:45AM in Weiskotten Hall, 9th floor auditorium. The Chief Residents will provide a schedule and curriculum for the PGY-2s/PGY-3s at the start of the academic year.

F. RESIDENT LECTURE SERIES

Scholarship, which includes formal presentations, is an essential part of your residency training and is, thus, a requirement for graduation from the program. As such, every PGY-3 resident will present a 20-minute Senior Capstone on a topic of his/her choosing which will be presented to the Department; these topics must be approved by EPO at least six (6) months in advance of the presentation and must also include a faculty mentor. The PGY-2s (and some PGY-3s) will be assigned to conduct a quality review/root-cause analysis of a particular case (assigned and mentored by the Vice Chair of Quality) and provide a 20-minute presentation to the Department. Finally, every categorical PGY-1 will be assigned a topic by the Chief Residents to present at AM Conference or Intern Report; these lectures should be no more than 20 minutes in duration. The Chief Residents will post the schedule for all of these events at the beginning of the academic year. These conferences will be presented during Inpatient AM Conference from 7AM-7:45AM in Weiskotten Hall, 9th floor auditorium.

G. CLINICAL EXERCISES (Mini CEXs)

During each academic year, all housestaff (categorical and preliminary) are required to complete two (2) “clinical exercises” (CEXs), one (1) inpatient and one (1) outpatient. These are designed to evaluate your history and physical exam skills and must be supervised by an attending. You must fill out the “mini-CEX” form on MedHub and it must be signed by the supervising attending and returned to EPO. You can’t be promoted to your next year of training or graduate without completing your annual CEX requirement.

H. JOHNS HOPKINS MEDICINE INTERNET LEARNING CENTER

All categorical PGY-1s are enrolled in the online course provided by Johns Hopkins (<http://www.hopkinsilc.org/>). The curriculum content is excellent providing you with case-based education on a multitude of subjects. Categorical Interns are required to complete the Hopkins online course curriculum by June 1st of the PGY-1 year; failure to complete the assigned modules will lead to Academic Probation and delay in promotion to the PGY-2 year. Preliminary Interns are not required to complete the Hopkins course, but are encouraged to do so.

I. SOCIETY OF HOSPITAL MEDICINE (SHM) CONSULTS

As modules designed to improve knowledge and care of patients in consultative and peri-operative medicine, all PGY-2s are required to register for this online course (<http://www.shmconsults.com/>) and complete two modules per Med Consult rotation (generally, four 1-week rotations during the PGY-2 year; thus, a total of 8 modules) and provide EPO with a hard-copy certificate of the two modules completed at the end of each Med Consult Rotation. Failure to complete the assigned modules will lead to Academic Probation and delay in promotion to the PGY-3 year.

J. INSTITUTE FOR HEALTHCARE IMPROVEMENT (IHI) OPEN SCHOOL

As modules designed to enhance understanding of quality and patient safety measures, categorical housestaff are required to register for this online course upon starting internship and have until June 1st of the PGY-2 year to complete the course for the basic certificate; additional courses can be completed if so desired. The course can be accessed at the following site: (<http://www.ihl.org/offerings/IHIOpenSchool/Courses/Pages/default.aspx>). Failure to complete the assigned modules will lead to Academic Probation and delay in promotion to the PGY-3 year.

K. BIOETHICS TRAINING

We have partnered with the Department of Bioethics and Humanities at Upstate to provide you with an annual retreat on bioethics. At this retreat, you will receive some formal instruction on medical ethics, but the majority of your time will be spent on role playing ethical dilemmas. Prior to and after the completion of each annual retreat you may be asked to fill out the MERJT/DIT evaluation tool.

L. SIMULATION TRAINING AND PROCEDURE CREDENTIALLING

Simulation training has become an integral part of residency training. While we continue to expand simulation training at our institution, our current modes of simulation include procedure and mach code practice at the EMSTAT Simulation Center and VA Simulation Center, role playing during the annual Bioethics Retreat and Education Through Theater Arts (ETTA) program, and the standardized patient encounters during the Learning to TALK (Treat All Like Kin) sessions.

ABIM-Required Procedures

The ABIM requires knowledge of and proficiency in the following procedures in order to be eligible for the ABIM certifying examination (the number in the parentheses indicating how many are needed): ACLS, arterial puncture (3), venipuncture/phlebotomy (3), peripheral hep-lock placement (3), and pap/pelvic exam (3). Failure to achieve competency in these procedures will lead to an inability to graduate from the program (which leads to Board Ineligibility).

Additional Program-Required Procedures

Our residency program additionally requires that you have knowledge of and proficiency in the following procedures in order to graduate: central line placement (5 from the same site: IJ, Subclavian, or Femoral), arterial or venous central line removal (3), arterial line placement (5), lumbar puncture (3), moderate sedation (5), nasogastric tube placement, either Keofeed or non-Keofeed (3), thoracentesis (3), and abdominal paracentesis (3). Failure to achieve competency in these procedures may or may not preclude you from graduating, but will certainly impact your ability to receive privileges when applying for a job.

For any procedure listed above, you must log the procedure into MedHub; the supervising proceduralist will be notified that procedure verification/sign-off is requested. You can log in to our Upstate Blackboard site (<http://blackboard.upstate.edu/webapps/login/>) which provides a written description of each required procedure as well as, where available, a video tutorial.

M. ANNUAL BOARD REVIEW

The Chief Residents coordinate an annual Board Review series in which invited faculty will present high-yield, essential information relevant to their specialty in preparation for the ABIM certifying exam. The Board Review series is conducted in May and June each year and is specifically designed for the graduating residents. Interns and 2nd year residents are, of course, welcome to attend.

EPO will not provide coverage for this or external board review courses.

N. ONLINE MALPRACTICE COURSE

All housestaff (preliminary interns included) are required to complete by June 1st of each academic year the annual online malpractice course sponsored by the Academic Group (the faculty's malpractice carrier) in conjunction with Education in Legal Medicine (ELM). Failure to complete this annual requirement will lead to Academic Probation and delay in promotion or graduation. When you arrive as a PGY-1, you should register at the following website: <http://ahpia.elmexchange.com/ccc/intro.asp>.

7. BENEFITS

A. EDUCATIONAL STIPEND

The program provides an annual \$300 educational stipend that may be used for anything relating to your residency education; however, the Department will not reimburse for phone/PDA combinations (i.e. I-Phone or Smartphone); PDAs alone (i.e. no phone) are reimbursable. Items purchased at the on-campus book store can be directly charged to the Department. For items purchased anywhere else, you must submit your original receipt to the Business Office (c/o Barbara Murphy, 550 East Genesee Street, 2nd Floor; phone number 464-4525) for reimbursement.

Unused money does not carry over to the following year (i.e. use it or lose it).

B. REGIONAL/NATIONAL CONFERENCES

Any potential submission requires EPO approval prior to sending to a journal or society; there are no exceptions to this rule.

To be eligible to present at an EPO-approved regional/national conference, you must be the lead/first author of the accepted work and you must have first received EPO approval allowing for the submission (the presentation/publication request form can be found at the following website: <http://www.upstate.edu/medicine/pdf/research/abstract-poster-submission-req.pdf>). **There are no exceptions to this; submissions to publish/present without first receiving EPO approval to submit will absolutely be denied.** The Department provides an annual Presentation stipend of \$1200; expenses beyond \$1200 annually are the house officer's responsibility and all expenses must be approved by EPO (i.e. don't assume the \$1200 is automatic as EPO will not reimburse for any expense deemed inappropriate or excessive). EPO will provide six (6) days of coverage (with no time-off penalty) per academic year; anytime beyond this requires that you arrange coverage and seek approval of EPO as well as subtract this time out of vacation time.

You are eligible for a one-time per academic year Presentation stipend (not Education stipend) increase of \$300 should your first-author manuscript (except for "Letters") be accepted for publication in a peer-reviewed journal. You may have more than one manuscript published each academic year (we encourage it!), but the \$300 increase will only occur for the first publication of each academic year. The stipend can be utilized until the end of your PGY-3 year, but is forfeited if not used by the end of your core training in Internal Medicine at Upstate.

The annual \$300 Educational stipend can be put towards the annual Presentation stipend (can't be rolled over year to year, however), but the Presentation stipend can never be put towards the Educational stipend.

No coverage and/or funding (of any kind) will be provided for any scholarly activity conducted prior to your employment at Upstate.

C. LIBRARY SERVICES

As a member of the Upstate community, you have full access to the institutions library in Weiskotten Hall. Please see the Upstate website for library hours (www.upstate.edu).

The Department of Medicine also has a library located on the 5th floor of University Hospital (room 5342; code 5342). Computers with on-line capability, institutional library access, UpToDate, and printing capability are available for your use. Your mailboxes are also located here; the staff will organize and sort your mail for you. The Department's library, however, is not your personal locker; as such, no personal items should be stored here and any

such items found will be delivered to Lost and Found. The Department is not responsible for any lost/stolen items left in this room (or any area that is not your locker for that matter).

D. COMPUTER SERVICES

Computers are available throughout the hospital, most of which have on-line access as well as UpToDate subscriptions. Additionally, you will be assigned an Upstate e-mail account that can be accessed from within or outside the institution. The username is typically the first 7 letters of your last name plus your first name initial. The password will be assigned upon arrival to Upstate. Please be advised that e-mail is the most utilized form of communication at this institution; therefore, you should be checking your Upstate e-mail account daily. It is not an acceptable excuse to indicate you didn't know something because you didn't check e-mail.

E. PAGERS

The program provides you with a text pager when you arrive. You must turn in your text pager at the end of your training at Upstate. Failure to do so will prohibit you from graduating.

F. WHITE COATS

The program provides you with two (2) white coats free of charge in your intern year, and one (1) coat per year thereafter. You will be measured during the Intern Orientation Week. Your name and department will be embroidered. As the white coats don't become available until a few weeks after your training begins, it would be advisable to bring a white coat when you first arrive. Laundry service is also provided free of charge. Drop off and pick-up are in UH 6701 and the code to enter the room is 44503.

G. LOCKERS

The program provides you with an on-campus locker to store your personal belongings. Personal belongings should not be kept in public areas as there is no guarantee of their safety.

H. CALL ROOMS

For those services that require 24-hour call or night-service, call rooms are provided. Please make every effort to keep these rooms clean. At University Hospital, the rooms (E6416 A, D, and E) are located on the 6K wing and can be accessed via the following code: 123. There is an additional lounge with call rooms on the West Wing, 8th floor with card access; code 5342. The VA call rooms are located in the 9th floor of VA and can be accessed via an ID card reader. Crouse ICU call rooms are located near the waiting areas on the 3rd floor.

I. NOTARY PUBLIC

EPO provides free notary public services, but you may only use this service if your professional obligations have been met (i.e. no delinquent charts, dictations, signatures, etc.).

Residency Policy Manual Attestation

I have thoroughly read and understand the Residency Policy Manual and pledge to uphold and honor all that is contained within the document.

Your Signature

Date Signed