Dear New and Returning Residents:

On behalf of the New Hanover Regional Medical Center (NHRMC) and the faculty of our Graduate Medical Education Programs, I want to welcome you. All of us look forward to working with you during your training. We remain committed to supporting your professional development and preparing you to become a successful, independent physician. Our faculty strives to ensure that every Resident has the opportunity to develop the knowledge, skills and abilities expected from an attending physician.

This is an exciting time. The transition from medical student to Resident can be one of tremendous growth and, at the same time, can be equally challenging. With this in mind, we have developed many systems to help you achieve your fullest potential during your training.

One of the resources the Graduate Medical Education (GME) Committee has created to assist you in this transition is our House Staff Manual. Within this manual, you will find the policies and procedures and support services available to you as a Resident of NHRMC. Additionally, you will find a summary of your benefits. After reviewing this manual, if you have any questions that remain unanswered, you may contact your Program Director, Program Administrator or the GME Administration Office for further information.

Again, I wish to welcome you to our team! Should you have any questions or concerns please do not hesitate to contact me at the Graduate Medical Education Office.

Best Regards,

Joseph Pino, MD, MHA
Designated Institutional Official
Vice President Graduate Medical Education, NHRMC
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1 Introduction

New Hanover Regional Medical Center (NHRMC)

History

The NHRMC network is licensed for a total of 855 beds; 628 on the NHRMC campus (including 62 at the Behavioral Health Hospital and 60 at the Coastal Rehabilitation Hospital), 141 at NHRMC Orthopedic, Cape Fear Campus, and 86 at Pender Memorial.

Early in its history, NHRMC sought to partner with teaching hospitals and offer Graduate Medical Education (GME). The hospital has been affiliated with the University of North Carolina School of Medicine at Chapel Hill since 1970. As the State of North Carolina established teaching centers to support the development of physicians, the South East Area Health Education Center (SEAHEC) was established at NHRMC in 1973. SEAHEC provides support to the mission of Graduate Medical Education (GME). In 2015, SEAHEC and NHRMC completed an integration for the purpose of aligning their respective educational missions and to maximize resources.

NHRMC offers:
- Internal Medicine – Three-year residency program and one-year preliminary program
- Family Medicine – Three-year residency program
- Obstetrics/Gynecology – Four-year residency program and one-year preliminary program
- General Surgery – Five-year residency program and one-year preliminary program

An all-volunteer Board of Trustees governs NHRMC. The Board’s 18 members include the current, past, and incoming chief of the medical staff, the chief of Pender Memorial’s medical staff, a Pender County Commissioner, a New Hanover County Commissioner, and 12 members appointed by the New Hanover County Commission. The Board delegates authority for the implementation of medical policy to the medical staff and, for policy management, to the hospital’s chief executive officer.

Each member of the NHRMC team is ready to assist you in any way possible. Please feel free to call upon any team member at any time.

South East Area Health Education Center (SEAHEC) and the North Carolina Area Health Education Centers (NC AHEC)

South East Area Health Education Center

The South East Area Health Education Center (SEAHEC) is one of nine AHECs under the North Carolina Statewide AHEC program. The nine AHECs link the university health science centers, the community hospitals, and the health agencies of North Carolina. With state and local funding, the network helps attract, retain and maintain high quality healthcare professionals in all areas of the state.

SEAHEC is an educational non-profit organization aligned with the University of North Carolina at Chapel Hill to conduct AHEC programs in New Hanover, Brunswick, Columbus, Duplin, and Pender Counties. SEAHEC and NHRMC work together to facilitate graduate medical education. Full-time Faculty have appointments from the University of North Carolina School of Medicine and are permanently based in Wilmington. Additional faculty, consisting of private practicing
physicians, hold clinical appointments with the University of North Carolina School of Medicine and participate actively in the teaching programs.

For practicing health professionals, SEAHEC offers continuing education programs, which are developed according to the needs of the region, a specific agency, or healthcare discipline. The healthcare educators of SEAHEC conduct a variety of health education and training programs in allied health, dentistry, medicine, nursing, mental health, pharmacy and public health.

SEAHEC is actively involved in quality improvement and research. SEAHEC assists the faculty and Residents in conducting research and in procuring research funding when possible. In addition, SEAHEC offers student research internships, and provides technical assistance on research-related issues to healthcare professionals working on research projects in the region.

North Carolina Area Health Education Centers

North Carolina (NC) Area Health Education Centers (AHEC) is a unique partnership between university health science centers and communities. The focus of the partnership is twofold:

1) To improve the supply, (geographic and specialty) distribution, retention and quality of health and human service professionals.

2) To support professionals in meeting the primary health needs of the citizens of North Carolina. Nine regional AHECs serve the health workforce development needs of North Carolina.

The Board of Governors of the University of North Carolina oversees NC AHEC. The program office is based in the Office of the Dean of the School of Medicine at the University of North Carolina at Chapel Hill (UNC-CH).

North Carolina AHEC Map
Graduate Medical Education

The Graduate Medical Education Administration office is located at 2511 Delaney Avenue.

The GME office provides ACGME and AOA oversight of the four residency programs to ensure that Residents experience a high quality learning environment while at NHRMC.

The GME office handles matters related to training licenses, MedTraining modules, and Resident Workroom and Call Room issues as well as acts as a liaison between different departments whether at SEAHEC or NHRMC.

GME Office Contacts:

Joseph Pino, MD, MHA
Designated Institution Official
joseph.pino@seahec.net

Ryan Barclay, MS
Director, GME
ryan.barclay@nhmrc.org

Lindsay Whitaker
GME Office Administrator
lindsay.whitaker@nhrmc.org

Designated Institutional Official

The Designated Institutional Official (DIO) for the GME programs at NHRMC also serves as Vice President for GME, NHRMC and Chair of the Medical Education Committee (GMEC). The DIO, in collaboration with the GMEC, has authority and responsibility for the oversight and administration of the residency programs. Responsibilities include:

- Ensuring compliance with the ACGME institutional, common and specialty-specific program requirements.
- Reviewing and co-signing correspondence that impacts the GME programs, including all documents submitted to the ACGME by the program directors.
- Presenting an annual GME report to the Medical Executive Committee.

In the absence of the DIO, SEAHEC’s Director, Graduate Medical Education, will fulfill the responsibilities of the DIO.

The American Osteopathic Association (AOA)

The American Osteopathic Association (AOA) is a member association representing approximately 82,000 osteopathic physicians (DOs). The AOA serves as the primary certifying body for DOs and is the accrediting agency for all Osteopathic Medical Colleges and healthcare facilities. The AOA’s mission is to advance the philosophy and practice of osteopathic medicine by promoting excellence in education, research, and the delivery of quality, cost-effective healthcare within a distinct, unified profession.
Recognizing the need for a new system to structure and to accredit osteopathic graduate medical education, the American Osteopathic Association established the Osteopathic Postdoctoral Training Institution (OPTI) in 1995. Each OPTI is a community-based training consortium comprised of at least one college of osteopathic medicine and one hospital. The Program at New Hanover Regional Medical Center is a member of the Osteopathic Medical Network of Excellence in Education (OMNEE). This is an OPTI consortium based at the Virginia College of Osteopathic Medicine.

**AOA Approved Program**

In July of 2006, the Family Medicine Residency Program received full approval from the American Osteopathic Association (AOA). As an AOA accredited program, osteopathic Family Medicine Residents completing three years of residency training will be eligible to take both the American College of Osteopathic Family Medicine and American Academy of Family Medicine board certification examinations.

As GME approaches a single accreditation system in 2020, programs may apply for Osteopathic Recognition and may designate the entire program as osteopathic-focused or designate a portion of the program as an osteopathic-focused track.

Osteopathic Recognition is a designation conferred by the ACGME’s Osteopathic Principles Committee upon ACGME-accredited programs that demonstrate, through a formal application process, the commitment to teaching and assessing Osteopathic Principles and Practice (OPP) at the graduate medical education level. In September 2017, the Family Medicine Residency Program was granted Osteopathic Recognition status for their program.
2 Benefits

Salary

Academic Year: 2019–2020

PGY1 - $53,558  
PGY2 - $55,197  
PGY3 - $56,787  
PGY4 - $58,449  
PGY5 - $59,990

On-Call Meal Stipend

Residents are provided a meal allowance to offset the cost for meals while on-call in the hospital. Each Resident receives a meal card to use when on-call, which is administered by each Program Director, and is intended to defray a portion of each Resident’s on-call meal expense.

Core Benefits

NHRMC offers employees the opportunity to enroll in a benefits package that best meets their needs. The Residents choose the medical, dental, long-term disability, and life insurance plans that make the most sense for them and their eligible dependents. You can review eligible benefit options on our comprehensive NHRMC website.

Open enrollment takes place in early November each year for you to re-elect or change your benefits package which will become effective January 1st of the upcoming year. There will also be an annual health risk assessment performed in January of each year. Should you choose to participate, you must complete a non-fasting blood draw. *Fasting is only required for staff enrolled in the Healthy Lifestyles Plan or have diabetes. Fasting must be for at least 9 hours.

NOTE: Benefit coverage will begin the first of the month following your hire date (i.e., if employment starts in June, NHRMC benefits are effective July 1). Please make arrangements for current benefits to remain in effect until this date. Should you require information about supplemental insurance for the interim period until your benefits begin on July 1, you may contact:

George Chadwick Insurance  
3301 Wrightsville Avenue  
Wilmington, NC 28403  
Attn: Claude Bridger  
910-762-2489 x 308
2.1.1 Health

NHRMC pays the bi-weekly premiums (payroll deductions) for the NHRMC Plan for Residents and their eligible dependents. The coverage is effective the first of the month following your date of hire. The plan is a Preferred Provider Organization (PPO) and in-network benefits are provided through a comprehensive national network. Residents are responsible for any co-pays, deductibles, co-insurance, or any other charges incurred when using the coverage. The NHRMC Plan does require certain services to be performed at an NHRMC facility in order to be covered and also does not offer out-of-network benefits outside the United Healthcare provider network. Please refer to our comprehensive NHRMC Benefits website or call the Benefits HOTLINE at 667-6000 for more specific plan information.

2.1.2 Dental

NHRMC offers dental insurance coverage that helps pay for preventive, basic, and major dental care for Residents and their eligible dependents. The percentage of co-insurance depends on the type of service and the benefit year of enrollment. You can seek services with both in-network and out-network Providers. Bi-weekly deductions (26 pay periods per year) are taken on a pre-tax basis. For more specific information, please refer to the comprehensive NHRMC Benefits Website.

2.1.3 Life Insurance

NHRMC provides Residents with Basic Life and AD&D insurance in the amount of $10,000 up to age 65. (Coverage after age 65 is based on percentage reductions as defined in the Plan Summary). In addition, Residents may purchase one to five times their base annual salary in Supplemental Life and AD&D insurance. NHRMC also offers Dependent Life insurance and/or Spousal life insurance.

2.1.4 Long-term Disability

NHRMC provides full-time employees who are regularly scheduled to work at least 32 hours per week with Long Term Disability (LTD) insurance at no charge. LTD provides 60% replacement of base salary, not to exceed $20,000 per month, beginning on the 91st day of an approved disability. Residents may choose a Buy-Up Option that provides a benefit beginning on the 61st day of an approved disability.

2.1.5 Vision

Residents may elect to participate in NHRMC's optional Vision Care Plan at the following coverage levels: (1) employee only, (2) employee plus one dependent, or (3) family coverage. This plan offers both in-network and out-of-network coverage. The vision plan provides for one annual eye exam with a $10 co-pay and a contact lens fitting with a $10 co-pay. Participants also receive up to $150 of eyewear coverage (glasses and contact lenses) per calendar year.
2.1.6 Professional Liability

Professional liability coverage is provided by NHRMC for all Residents. Coverage includes Resident training sponsored programs both in and out of NHRMC. Residents are provided with the basic information regarding the policy during orientation. The professional liability insurance program does not extend to activities outside the scope of employment or the scope of the residency training program (moonlighting). Residents are advised to contain their practice of medicine to their assigned duties if they do not have their own personal malpractice insurance coverage and permanent medical licensure. Coverage includes legal defense after they have left their respective programs should a claim or suit be brought against them as a result of their Resident training at NHRMC. All occurrences or suspected claims/suits should be reported to the Risk Management Department at 910-667-5309 as soon as possible.

Retirement

403(b) and 457(b) Retirement Savings (Defined Contribution Plan)
NHRMC Residents can authorize a payroll contribution of either a percentage or flat dollar amount to a 403(b) or 457(b) Retirement Savings Plan, and participation can begin at any time through our vendor, VALIC. Contributions are made on a pre-tax basis each pay period (up to 26 times per year). Because the savings are tax-deferred, Residents do not pay state and federal taxes on their contributions until they actually receive money from their account. IRS regulations also govern how much Residents will be able to contribute to these plans. In 2019, the limit is $19,000 for each account. Employees who are age 50 or older may contribute an additional $6,000. There is no employer matching contribution at this time.

Personal contributions always belong to the Resident. However, those who leave NHRMC after graduation and do not remain employed by NHRMC until retirement age have the following options:

a) Receive the full value of their account less applicable taxes, or,
b) Rollover their account into an Individual Retirement Account (IRA) or another employer's qualified retirement savings.

2.1.7 Leave/Vacation/Sick

Each first year Resident will receive 22 working days of paid leave, 12 sick days* and 10 vacation days, at the beginning of the year. All other Residents will receive 27 days of paid leave (12 sick days and 15 vacation days). Unused sick leave may be carried over to subsequent years, but there is no cash value for unused sick or vacation time. Vacation time may not be carried over to subsequent years. Any days off over the number of days available will be without pay. In the event that FMLA leave is taken, the order of leave should be as follows: vacation, sick, unpaid.

Residents must also be made aware of the respective department's Residency Review Committee requirements. These requirements specify the number of days annually that Residents are allowed to be absent from the program without having their training extended. If training is extended, Residents will be given information on the effect this leave may have on respective board certifying exams. *Sick leave must be taken in accordance with FMLA.
2.1.8 Holiday

NHRMC designates 7 days during the year as employee holidays. For purposes of Resident scheduling, these are treated like weekend days.

2.1.9 Bereavement/Funeral Policy

In the event of a death in the immediate family, an employee will be entitled to take off up to three 8-hour (3 days) or two 12-hour (2 days) consecutive scheduled shifts (maximum 24 hours) within a one week period beginning with the date of death of the family member. Additional time off may be granted if approved however, it would be unpaid or employee will be allowed to use PDO. The employee shall be paid for these days lost from work at his/her regular straight-time rate of pay. The immediate family shall be defined as spouse, child, stepchild, parent, stepparent, legal guardian, mother and father-in-law, sister, brother, grandparents or grandchildren of the employee. More information about the policy can be found here.

2.1.10 FMLA

In compliance with the Family and Medical Leave Act (FMLA) of 1993, eligible Residents are entitled to a leave of absence (LOA) for up to 12 weeks on a rolling calendar year.

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

Reasons for FMLA
1. Care of a newborn, a newly adopted child, or a child placed with Resident for foster care.
2. Care of a child, parent or spouse with a serious health condition.
3. The Resident's own serious health condition that renders him/her unable to perform the functions of his/her position.

Eligibility for FMLA
Eligible Residents must satisfy the following:
1. Have been employed at NHRMC for at least 12 consecutive months.
2. Have worked at least 1250 hours during the prior, consecutive 12-month period.

2.1.11 Confidential Counseling, Medical and Psychological Support Services

Balancing family, work, relationships and finances can be overwhelming, especially during residency. When problems build and begin spilling over into other parts of life (ability to sleep, work performance, mood, etc.), it's important to be able to access support services. To promote a healthy work environment and the highest level of well-being, Residents have access to the wellness resources listed in section 8 of this document.
2.1.12 Technology Stipend, Professional Development, Book Funds & Medical Meetings Leave

**Technology Stipend**
To enhance efficiency and communication, each Resident is required to use a mobile device that provides access to web-based tracking applications, management of schedules, PerfectServe and email communications. Funding has been allocated for a reimbursement towards the purchase of a web-enabled mobile device (e.g., Smartphone, iPod Touch, Tablet, not including laptops), and during your residency you will be issued a $300 stipend. Residents will be responsible for any associated monthly expenses; however, your program will also provide you with a $300 annual reimbursement to be applied toward your plan service fees.

Preliminary Residents will be required to submit the request for the device stipend to your Program Administrator by December 31. Categorical Residents are eligible to receive the device stipend any time during your residency, but it should be requested no later than July 1st of your last year of residency.

**Professional Development (books, meetings, etc.)**
Each Resident is allocated a professional development fund (amounts vary based on the discretion of the Program Director), which can be used for Resident expenses to attend professional meetings and/or toward the purchase of hard copy materials, electronic readers (iPads, Kindles, etc.) and digital books. Residents are encouraged to check the AHEC Digital Library for the availability (at no cost) of any given book prior to purchasing a digital book.

It is hospital policy that any device used to access work email must also have a Mobile Device Management (MDM) software solution manually installed. This software will have the ability to REMOTE wipe the device if it is lost or stolen. The MDM software is simply to provide additional security features to safeguard protected health information (PHI). It does not have functionality that allows the data on your phone to be viewed. You will be required to have a have a 4-digit PIN code at all times for accessing the device. This MDM software allows the NHRMC IS to follow best practice, meet our external auditor guidelines as well as HIPAA requirements for protection of PHI.

**Medical Meetings Leave**
Up to 5 working days may be allocated to each Resident each academic year for the purpose of attending medical meetings or other approved medical activities.

2.1.13 Uniforms/Laundry

**Lab Coats**
Each Resident is issued two lab coats at the beginning of his/her training. Laundering of these lab coats is done at no cost to the Resident through NHRMC’s laundry service. Laundering pickup and delivery happens every Tuesday and Friday each week from the Resident Lounge. Residents receive one replacement lab coat per year and have the option of purchasing additional lab coats at any time by contacting the GME Office Administrator.
Obtaining Scrubs
Scrubs should be checked out using the scrub distribution machines. You may use your badge or pin number in order to obtain a scrub suit. Restrictions are placed on the number of sets of scrub wear that any authorized user can have at any time. Each Resident receives 3 credits for scrub suits.

Returning Scrubs
In accordance with current infection control policies and procedures, all used scrubs must be returned to a receiving scrub machine. Badly soiled and/or contaminated scrub wear is to be securely sealed in a plastic bag prior to depositing into a receiving machine. Scrubs should not be discarded in the lounge as there is no scheduled pickup.

Your account will be credited when you return your scrub wear in the appropriate location. If you have a dispute with the amount of credits you have, please contact Lindsay Whitaker, GME Office Administrator, at 910-667-9222 or by email at Lindsay.Whitaker@seahec.net.

System abusers are subject to disciplinary action and will be reported to their Program Director.

NHRMC scrubs are not to be worn outside or removed from NHRMC property. You can access the full NHRMC scrubs policy [here](#).

2.1.14 Off-campus Housing Allowance

Each Resident who, at the discretion of the Program Director, is required to participate in an off-campus rotation, will receive a stipend of $550 each month for housing. This stipend will be prorated for rotations shorter or longer than one month.

2.1.15 NHRMC Outpatient Pharmacy Services

The NHRMC Outpatient Pharmacy hours of operation are Monday-Friday 8:00 am to 7:00 pm and Saturday & Sunday 9:00 AM - 5:00 PM. Our primary scope of service includes providing dispensing services to discharge patients, pharmacist-led bedside medication education for patients and patient assistance program services. To facilitate discharge, a patient discharge support liaison is available to assist with the discharge prescription process and can be reached by paging 341-9222 during normal business hours. The pharmacy also provides a variety of OTC medications and supplies for our staff and patients’ needs.

The Outpatient Pharmacy also provides services to employees seen in the Employee Health Clinic who require medications from their visit. Our Outpatient pharmacists are also actively involved in providing education and therapy recommendations for employees through our NHRMC sponsored Diabetes Health Plan.

For information on any of these services, please contact the Outpatient Pharmacy at 910-815-5180 or visit our [Outpatient Pharmacy](#) web page on Capslive. A patient discharge support liaison is available to assist with the discharge prescription process and can be reached by paging 341-9222 M-F 8:00 a.m. to 4:30 p.m.
Equal Opportunity Employer

New Hanover Regional Medical Center will hire the most qualified applicants for positions and provide equal employment opportunities for all applicants and employees without regard to race, color, religion, gender, sexual orientation, national origin, age, marital status, disability, genetic information, amnesty, or status as a covered veteran in accordance with applicable federal, state and local laws. New Hanover Regional Medical Center complies with applicable state and local laws governing non-discrimination in employment in every location. This policy applies to all terms and conditions of employment, including, but not limited to, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training.

Standards of Performance

Ownership: Each employee is responsible for the outcome of his or her efforts and actions. Our work is a reflection of ourselves as caring professionals.
Teamwork: We have a common purpose, which is serving our patients and community. Our co-workers are our teammates. With everyone contributing, our job performance will excel.
Communication: We listen to our customers and teammates to fully understand their needs. Our message should be delivered with courtesy, clarity and care.
Compassion: Our desire is to meet our customers’ needs with the utmost compassion, care and courtesy.

Employment Requirements

Each applicant must meet one of the following qualifications to be eligible for appointment, subject to additional qualifications as may be specified in the specialty/sub-specialty specific program requirements:

- Graduation from a medical school in the United States or Canada and accredited by the Liaison Committee on Medical Education (LCME)
- Graduation from a college of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA), or,
- Graduation from a medical school outside the United States and Canada and meeting one of the following conditions:
  - Holds a currently valid certificate from the Education Commission for Foreign Medical Graduates (ECFMG) prior to appointment, or,
  - Holds a full and unrestricted license to practice medicine in a United States licensing jurisdiction in which he or she is training, or,
  - Has graduated from a medical school outside the United States and completed a Fifth Pathway program provided by an LCME accredited medical school.

All graduates’ applications which are non-LCME or non-AOA must come through the GME Office for review before a contract is offered. NHRMC does not sponsor any visas. Applications from Resident applicants who will be legally able to begin employment by the effective date of the Agreement of Appointment will be considered. Citizenship documentation must be provided to the GME Office for verification.
All candidates who interview for a position in any residency program will be directed to the House Staff Information page on the Residency Program section of the NHRMC website for details about:

- Eligibility for employment
- Benefits and salary information
- Application procedures

Successful candidates will be required to provide or complete the following prior to the first day of employment:

1. International Medical Graduates must have legal documentation of citizenship by the time employment begins.
2. North Carolina Training License (obtained through GME Administrator, SEAHEC)
3. Verification of credentials (obtained by the Program Director)
4. Background checks (obtained by both NHRMC and the North Carolina Medical Board)
5. Physical examination including toxicology screen, breath analysis, and immunization updates as required (completed at the NHRMC Employee Health and Clinic prior to orientation)

Recruiting (MATCH)

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

Match Commitment
The listing of an applicant by a program on its certified rank order list or of a program by an applicant on the applicant’s certified rank order list establishes a binding commitment to offer or to accept an appointment if a match results. Each such appointment is subject to the official policies of the appointing institution in effect on the date the program submits its rank order list. It is contingent upon the matching applicant meeting all the eligibility requirements imposed by those policies. These requirements must be communicated to the applicant in writing prior to the rank order list certification deadline. You will be required to acknowledge this communication by signing and returning it to the program office.

Employment of Relatives

New Hanover Regional Medical Center will receive applications for employment from relatives of employees. However, to avoid unnecessary problems, NHRMC prohibits members of the same immediate family, or employees in an intimate personal relationship, from employment in a supervisory/subordinate role.

Procedure

- For interpretation of this policy, immediate family is defined as follows: parent, legal guardian, spouse, son/daughter, brother/sister, father/mothers in-law, brother/sisters in-law, grandparents, aunts, uncles.
- If one employee marries another employee or two employees are or become involved in an intimate personal relationship, both may retain their positions provided they meet the conditions of this policy.
• NHRMC believes it is common sense that managers do not “date” subordinates. For managers, this includes anyone in their chain of command.
• NHRMC cannot guarantee immediate family employees the same time off. Each employee has to be treated independently and not as a member of a family.
• A job applicant will be asked on the employment application if he/she has any immediate relatives employed with NHRMC. If he/she is a relative of an employee, employment can only be in accordance with this policy. If his/her application is falsified regarding the relationship with another employee, he/she will be subject to NHRMC’s disciplinary process up to and including discharge.

New Hanover Regional Medical Center Physician Group Principles of Professionalism
As A NHRMC Physician Group Provider, I am committed to:

• **Superior Clinical Quality** and will keep my professional knowledge and skills current and embrace innovation and continuous improvement in patient care and practice operation
• **Excellent Communication and Customer Service** and will ensure that the needs of the patients come first, and encourage patient involvement in care and treatment decisions
• **Compassion and Ethical Behavior** and will demonstrate the highest level of ethics in professional and personal conduct and respect the care given by others.
• **Medical Leadership** and will actively support the mission and vision of my practice and New Hanover Regional Medical Center to exceed national standards in quality and service and accept responsibility for welfare of patients, peers, and coworkers.
• **Teamwork** and will communicate with and influence those around me in a positive manner, teach and lead by example, listen to others and accept feedback gracefully.
• **Stewardship** and will manage resources wisely and support the career development of physicians and staff.

Licensure Requirements
The North Carolina Medical Board (NCMB) issues a training license to all Residents accepted into one of the four residency training programs. This license gives the Residents in training the legal right to issue prescriptions (including narcotics) and write orders within the scope of their professional activities within NHRMC educational programs. The application process is facilitated electronically on the North Carolina Medical Board’s (NCMB) website.

All Residents must have a Resident training license or a full license prior to the effective date of employment. If a license is not issued by the effective date of the Agreement of Appointment, the Resident will not be an employee of NHRMC, will not be paid, and will not be eligible for benefits, such as health and dental coverage.

Training License Application Process
• The GME Office Administrator, SEAHEC, will forward the instructions for obtaining a North Carolina Resident Training License to the Resident within 10 days after the Match. The Resident will be directed to the NCMB’s website to complete the online application as instructed.
• It is imperative that the application be completed online as soon possible. The turnaround time for the NCMB to issue a license after it is submitted by the GME Coordinator is approximately four weeks, provided information on the application and supplemental documentation is complete and accurate. The Resident may follow the progress of the application on the NCMB’s website. Any additional required documentation will be indicated.

• Once initiated, the online application will be sent electronically to the GME Office. After all required documentation is received, the GME Office will submit the online application and mail the paper credentials and documents to the North Carolina Medical Board for processing.

• The GME Administration Office will coordinate the application process and act as a liaison between the Resident and the NCMB. Unless otherwise indicated during the application process, all supporting paper credentials and documents should be sent directly to the GME Office. Any questions regarding the application should be directed to the GME Administration Office. Please do not contact the NCMB. Due to the large volume of applicants seeking a Resident training license, the NCMB will not be available to speak with individual applicants and can only correspond with the GME Administration Office regarding the status.

• NHRMC is responsible for payment of fees for the original training license application as well as annual training license renewals. Residents are required to have a valid credit card (Visa or MasterCard) and access to a printer to complete the original license application. Residents will be reimbursed for the initial training license application fee during the first week of orientation provided a training license is issued.

• The GME Office Administrator and the Resident will be notified by the NCMB by email when the license is issued. The GME Office Administrator will in turn notify the respective Program Director and Program Administrator.

Resident Training License Annual Renewal
Residents are responsible for keeping their license current. All licenses must be renewed annually on or before the Resident’s date of birth. The GME Coordinator, SEAHEC, will send the renewal form via email to the Resident for completion. The form must be returned by the specified date. The license renewal will be completed online by the GME Coordinator, SEAHEC, and paid for by NHRMC.

Permanent License
Payment for permanent licenses and renewals is the responsibility of the Resident and not NHRMC unless the Resident transferred to NHRMC from another program with a permanent North Carolina license. In this instance, NHRMC will reimburse the Resident $125 toward the renewal fee for the permanent license. The Resident will present the receipt for the permanent license to the GME Coordinator for reimbursement.

Sanctions and Litigation
Any Resident who receives notice from the North Carolina Medical Board that may result in possible sanctions or who may be involved in a malpractice suit or any other litigation related to his/her profession is to immediately notify their Program Director and the Risk Management Department. In turn, the Program Director will notify the Vice President of GME, NHRMC. If any action is taken by any regulatory agency toward a Resident that limits his/her ability to prescribe medication or practice his/her profession, the Resident must notify his/her Program Director immediately.
Drug Enforcement Agency (DEA) Numbers
Residents are assigned a DEA number through NHRMC which serves as authorization to write prescriptions while in training at the institution. The NHRMC Pharmacy and all pharmacies in the surrounding five county regions are given signature lists of all Residents in training and their DEA numbers. This number can only be used in association with formal training program activities. The DEA cannot be used for nonofficial and nonaffiliated purposes, including personal moonlighting. When a Resident completes training at NHRMC, the DEA number is no longer valid.

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

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

Accommodation for Disabilities
When a Resident requests an accommodation due to a disability which limits or restricts his/her performance of the essential job responsibilities, a reasonable accommodation analysis will be performed by an HR Business Partner with assistance from Employee Health. The HR Business Partner is responsible for documenting the interactions with the Resident, the basis for any decision reached, and communications to the Resident and the Program Director about accommodation decisions.

Dress Code
Attire, grooming, and personal hygiene standards contribute to the morale of all employees and affect the business image presented to customers and visitors.

It is the policy of NHRMC that each employee’s dress, grooming, and personal hygiene should be appropriate to the work situation. During business hours, employees are expected to present a professional image to customers and visitors. Identification badges must be worn at all times.

The Resident must be immediately identifiable as a physician and appearance or manner of dress must not diminish professional effectiveness.

Under no circumstances are scrub suits to leave NHRMC premises.

The full policy on dress code is located here.

Promotion and Retention of Residents
Promotion to the next post-graduate year of training is contingent upon satisfactory completion of the requirements for the current training level. This promotion will be based on evidence of progressive scholarship and professional growth of the Resident, as demonstrated by his/her ability to assume greater and increasing responsibility for patient care. This determination will be the responsibility of the Clinical Competency Committee (CCC). If performance has been deficient at one or more levels, the Resident may be asked to repeat a portion of the year or the
annual Resident contract may not be renewed. In such cases, Residents will be notified four months prior to the completion of their current Agreement of Appointment, at which time they may choose to implement the Institution’s Grievance Procedure.

Internet Use & Social Media
Social and business networking websites (e.g., LinkedIn, Facebook, Twitter, Instagram) are increasingly being used for communication by individuals, as well as, businesses and universities. As such, it has become necessary to outline appropriate individual and New Hanover Regional Medical Center (NHRMC) Residency Programs’ sanctioned use.

Guiding Principles:
• Privacy and confidentiality between physician and patient is of the utmost importance.
• Respect among colleagues and co-workers must occur in a multidisciplinary environment.
• The tone and content of all electronic conversations should remain professional.
• The individual is responsible for the content of his/her own blogs/posts.
• Material published on the web should be considered permanent.
• Any information you post on the internet is public information.
• All healthcare providers have an obligation to maintain the privacy of patient health information as outlined by the Health Insurance Portability and Accountability Act (HIPAA). Consequences for violation could be severe.
• Residents should adhere to all principles outlined in the NHRMC House Staff Manual and Code of Conduct for Residents when interacting on the internet.
• Internet use must not interfere with the timely completion of job duties.
• Personal blogging or posting of updates should not be done during work hours or with work computers.
• It is always inappropriate to “friend” patients on any social networking site or to check patient profiles.
• Avoid discussing any sensitive, proprietary, confidential, private, and PHI or financial information about NHRMC or any affiliated hospital.
• Refrain from posting any material that is obscene, defamatory, profane, libelous, threatening, harassing, abusive, hateful or embarrassing to another person or any other entity. This includes, but is not limited to, comments regarding NHRMC or any other affiliated hospitals or employees of them.
• Be aware that you may be held responsible for any personal legal liability imposed for any published content.
• Social networking sites can be the source of cyber bullying, harassment, stalking, threats or unwanted activity.

Patient Protected Health Information (PHI)
Identifiable protected health information (PHI) should NEVER be published on the Internet. This applies even if only the patient is able to identify him/herself from the posted information. Residents must adhere to all Health Insurance Portability and Accountability Act (HIPAA) principles.

Communication Regarding Hospitals or the University
Unauthorized use of NHRMC or the Residency Programs’ information or logos is prohibited. No phone numbers, email addresses, web addresses or the name of the hospital or clinic may be posted without permission from an authorized departmental individual. For identification purposes, Residents may list their affiliation with their residency program. In all
communications where Residents are listed as being affiliated with NHRMC or a residency department, a disclaimer must be attached such as: “All opinions and views expressed in my profile (on my page) are entirely personal and do not necessarily represent the opinions or views of anyone else, including other faculty, staff, Residents, or students in (name of your residency program) at the New Hanover Regional Medical Center. Neither New Hanover Regional Medical Center nor (name of your residency department) have approved and are not responsible for the material contained in this profile (on this page).”

**Offering Medical Advice**
It is never appropriate to provide medical advice on a social networking site.

**Privacy Settings**
Residents should consider setting privacy at the highest level on all social networking sites.

**Disciplinary Action**
Residents’ discipline follows the House Staff Policy. Disciplinary action will be determined by the Program Director and will vary, depending on the nature of the policy violation.

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

NHRMC expects all vendors, contractors, and other agents to comply with applicable laws and regulations when providing their services to and/or for us. Failure to comply with NHRMC’s Code of Conduct may result in suspension of the privilege to conduct business at NHRMC, and/or other penalties.

NHRMC will not extend any business courtesies that might jeopardize compliance with billing and coding and any other regulations and policies. NHRMC employees will neither accept nor receive offers of money or gifts from patients or their families in exchange for furnishing healthcare services. Holiday gifts of cookies, cakes, pies, candies, fruit, popcorn and other similar food items offered by patients, physicians, contractors, subcontractors, suppliers and vendors are permitted as long as such gifts are motivated by personal relationships, not business considerations, and are shared with the entire department.

Because NHRMC is a public hospital, it is a violation of North Carolina law for any Medical Center employee to accept any gift or favor, other than advertising items or souvenirs of a nominal value ($100 or less) from any vendor, contractor or subcontractor. Employees are not permitted to accept food or meals from vendors unless it is part of a formal educational program and is not solely for the benefit of NHRMC employees. The Medical Center will select suppliers and vendors based on the quality and price of products or services provided and our satisfaction with those services.

Residents, faculty and staff should be aware of and follow the AMA Council on Ethical and Judicial Affairs (CEJA) opinion for assistance in identifying appropriate industry interaction. To read the CEJA guidelines, please visit the American Medical Association website [here](#). For more information on the Vendor Relations policy please go [here](#).
Medical Treatment of Employees
Residents shall not discuss personal physical problems or prescribe medications for NHRMC or SEAHEC employees. The Resident should refer these employees to the Employee Health Service, the Emergency Department, or to the employee's physician. Residents should not prescribe medications for themselves, their spouse or family members.

Communicable Diseases – Healthcare Workers
All healthcare workers who perform surgical or obstetrical procedures or dental procedures and who know themselves to be infected with HIV or Hepatitis B shall notify the State Health Director. Healthcare workers who assist in these procedures in a manner that may result in exposure of patients to their blood and who know themselves to be infected with HIV or Hepatitis B shall also notify the State Health Director (10A NCAC 41A.0207). The notification shall be made in writing to the Chief, Communicable Disease Control Branch, 1902 Mail Service Center, Raleigh, NC 27699-1902.

Immunization Requirements and Hepatitis Immunization Program
New Hanover Regional Medical Center ("NHRMC") and its affiliates which include NHRMC Physicians Group, Pender Memorial Hospital and NHRMC Home Care (referred to as "Affiliates") require specific immunizations for all Healthcare Workers (HCWs) to assist in preventing or safeguarding against diseases that may be encountered in NHRMC and its Affiliates or community. The following requirements are based on recommendations of the Centers for Disease Control (CDC) Advisory Committee on Immunization Practices (ACIP) located here.

Immunity to the following diseases is required:

1. **Measles (Rubeola)**
   a. Laboratory evidence of measles immunity, or
   b. Laboratory confirmation of disease, or
   c. Two doses of live measles-containing vaccine on or after the 1st birthday

2. **Mumps**
   a. Laboratory evidence of measles immunity, or
   b. Laboratory confirmation of disease, or
   c. Two doses of live mumps-containing vaccine on or after the 1st birthday

3. **Rubella (German Measles)**
   a. Laboratory evidence of measles immunity, or
   b. Laboratory confirmation of disease, or
   c. Two doses of live rubella-containing vaccine on or after the 1st birthday

   Note: MMR Vaccine

4. **Varicella Zoster (Chicken Pox)**
   a. Laboratory evidence of varicella immunity, or
   b. Two doses of varicella vaccine

5. **Pertussis**
   Vaccination with acellular pertussis (Tdap) vaccine, one dose or documentation

6. **Tetanus/Diphtheria (Td)**
   After primary immunizations given, a Td booster is every 10 years. If a HCW has never received the primary immunizations, the following schedule will be used:
7. **Hepatitis A Vaccination**
   Requirement for food service workers as a preventative measure for Hepatitis A
   Two doses of Hepatitis A vaccine

8. **Influenza (Annually)**
   a. Vaccination – One dose, or
   b. Nasal Inhalant – One dose (if meeting eligibility requirements for administration), or
   c. Written documentation of contraindication from primary healthcare provider, or
   d. Written documentation verifying a bona fide religious belief

The following vaccines are not required, but are strongly encouraged for staff with direct patient contact and/or high risk for potential exposure to blood and or body fluids.

**Hepatitis B Vaccination Series**
The Hepatitis B series consisting of three vaccinations, given over a 6-month period, is federally mandated to be offered to all HCWs who have direct contact or may have direct contact with patients or any blood, body fluid or other potentially infectious material as a routine part of their job duties. The HCW is highly encouraged to receive the vaccinations but may decline by signature on a declination statement. A HCW that has declined may, at any time during their employment, receive the series at no cost upon their request.

If the Hepatitis B vaccination is declined, the employee will be counseled on the risks and ways to prevent exposures in or out of NHRMC and its Affiliates. If at any time the employee requests to receive the vaccination, it will be provided at no cost.

**Contraindications to the Above Vaccinations**
Refer to the packaging insert regarding contraindications for administration of the vaccine.
If there are any questions, the employee should consult with their primary healthcare provider and provide documentation of the recommendation.

Immunizations that are required may be received in the Employee Health and Clinic at no cost to the HCW. The HCW may also have a healthcare provider of choice, at his/her own expense, administer the immunizations.

**References:**
- MMWR June 14, 2013/roc/62/No.4
- MMWR 2011:60 (RR07): 1-45
- MMWR 2011:60 (RR02): 1-60
- MMWR 2013:62 (RR 04): 1-40

**Physician Impairment**

Annually, all Residents will receive education on physician impairment, to include substance abuse and sleep deprivation.
Substance Abuse
NHRMC is committed to maintaining a work environment in which the use of illicit drugs and alcohol is prohibited and that performs testing to ensure compliance. There are four (4) instances in which substance abuse testing will be conducted on Residents. They are Post Employment Offer Testing, Random Testing, Post Accident Testing, and Reasonable Cause Testing.

If a Resident is believed to be impaired and is under the influence of alcohol or drugs based on reasonable evidence, he/she will immediately be removed from duty by the Program Director and informed of the reason. Residents who take call from home must also adhere to this policy in the event that he/she may be called into work. The Vice President of Human Resources and Employee Health and Clinic must be consulted immediately and prior to any requests for alcohol and/or drug testing. The Program Director will escort the Resident to Employee Health and Clinic. If it is after Employee Health and Clinic operating hours, the on-call Employee Health and Clinic pager is called. The nursing supervisor on duty will assist in contacting the on-call nurse. The teaching programs encourage any Resident or student with a substance abuse problem to contact a member of the faculty so that appropriate interventions can be initiated. The faculty, with assistance from Employee Health and Clinic, will make every effort and explore all available options to resolve the issue as satisfactorily as possible with the emphasis on rehabilitation. Any Resident is subject to alcohol and drug testing as mentioned above and to appropriate disciplinary action in accordance with the Due Process Procedure set forth in the House Staff Manual and with NHRMC’s policies.

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

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

When physical disabilities develop while training, efforts will be made to provide the Resident with schedule modifications or special equipment to continue in the program. However, it is recognized that disabilities can develop that are incompatible with pursuing a career in certain areas. If this should happen, the faculty will work with the Resident to provide any needed counseling and other help to find a position in another appropriate area. Human Resources and Employee Health and Clinic must also be notified to assist in this process.
Teaching Faculty
If concerns about substance abuse, mental impairment, or physical disability arise in reference to members of the teaching faculty, these should be brought to the attention of the Program Director, the Associate Program Director, or the Vice President for GME, NHRMC. Much the same approach as that for Residents will be utilized. Intervention will be directed at overcoming the disability. However, no faculty member will be permitted to remain in a position of responsibility for either patients or Resident trainees if they cannot discharge their responsibilities appropriately.

Harassment

Harassment, including sexual harassment, is prohibited by federal and state laws. This Policy prohibits harassment of any kind, and NHRMC will take appropriate action swiftly to address any violations of this policy. The definition of harassment is: verbal or physical conduct designed to threaten, intimidate or coerce. This also includes verbal taunting (including racial and ethnic slurs) which, in the employee's opinion, impairs his or her ability to perform his or her job.

Examples of harassment are:

1. Verbal: Comments which are not flattering regarding a person's nationality, origin, race, color, religion, gender, age, or disability.
2. Non-verbal: Distribution, display or discussion of any written or graphic material that ridicules, denigrates, insults, belittles, or shows hostility or aversion toward an individual or group because of national origin, race, color, religion, age, gender, disability, or other protected status.

Retaliation

No hardship, no loss of benefit, and no penalty may be imposed on an employee as punishment for:

a) Filing or responding to a bona fide complaint of discrimination or harassment;
b) Appearing as a witness in the investigation of a complaint; or
c) Serving as an investigator.

Retaliation or attempted retaliation is a violation of this Policy and anyone who does so will be subject to disciplinary action up to and including termination. Please refer to the Harassment and Discrimination Policy for further information and Appendix G of this document for information on how to report harassment.

Discrimination

New Hanover Regional Medical Center strives to create and maintain a work environment in which people are treated with dignity, decency and respect. NHRMC will not tolerate unlawful discrimination or harassment of any kind. Through enforcement of this policy and by education of employees, NHRMC will seek to prevent, correct and discipline behavior that violates this Harassment and Discrimination Policy.

All employees, regardless of their position, are covered by and are expected to comply with this policy and to take appropriate measures to ensure that prohibited conduct does not occur. Appropriate disciplinary action will be taken against any employee who violates this policy.
a) It is a violation of this Policy to discriminate in the provision of employment opportunities, benefits or privileges, to create discriminatory work conditions, or to use discriminatory evaluative standards in employment if the basis of that discriminatory treatment is, in whole or in part, the person’s race, color, national origin, age, religion, disability status, or gender.

b) Discrimination of this kind may also be strictly prohibited by a variety of federal and state laws including Title VII of the Civil Rights Act 1964, as amended; the Age Discrimination Act of 1975, as amended; and the Americans with Disabilities Act of 1990. This Policy is intended to comply with the prohibitions stated in these anti-discrimination laws.

c) Discrimination in violation of this Policy will be subject to severe sanctions up to and including termination.

Please refer to the Harassment and Discrimination Policy for further information.

Due Process (Discipline, Suspension, Dismissal)

All NHRMC employees are expected to comply with the Medical Center’s Standards of Behavior and Performance, and any noncompliance with these standards must be remedied. The Medical Center endorses the policy of progressive discipline described herein, which provides Residents with notice of deficiencies and an opportunity to improve. Conduct, which can result in progressive disciplinary action, includes, but is not limited to, unacceptable performance of duties, unacceptable personal conduct, and academic underachievement.

In addition, actions by a Resident which are considered to be serious violations of NHRMC and SEAHEC rules and regulations, or other actions of misconduct, may result in immediate suspension or dismissal from the program.

At the time training begins, each Resident is informed by the Program Director of the program objectives, standards, and criteria for advancement. The responsibility for monitoring and evaluating the performance of a Resident and for imposing disciplinary actions rests with the director of the Resident’s training program. Disciplinary decisions may be subject to review by the Vice President for GME, NHRMC and the Vice President for Human Resources, NHRMC.

Procedure

1. **Verbal Counseling:** If the Resident is not meeting the Medical Center’s Standards of Behavior or Performance, the Program Director or designee shall meet with the Resident to clearly inform him/her of the nature of the problem, determine why or how it occurred, and provide assistance in identifying corrective action to prevent reoccurrence.

2. **Written Warning (to include Probation):** This is the first formal step in the procedure that is normally taken when a second and/or serious violation of behavior or performance occurs. The Program Director or designee shall meet with the Resident and inform him/her of the seriousness of the problem and issue a written warning (to include probation).

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

The one exception to the 120-day time requirement for notification of the program extension shall be when major academic failure occurring in the final two months of the academic year may justify extension. In such cases, failure must be considered by faculty to overshadow satisfactory performance in the first ten months of the year.

3. **Suspension**: Serious violations of NHRMC Standards of Behavior or Performance or repetition of violations usually warrant suspension from duty without pay. Suspension in the progressive discipline process serves as a final warning to the Resident to modify his/her behavior or face the consequences of possible dismissal. When the Program Director believes that a Resident merits suspension from duty, he/she normally consults with the Vice President for GME, NHRMC, prior to counseling the Resident privately to inform him/her of the seriousness of the infraction or misconduct and the corrective action to be taken.

4. **Dismissal**: Resident will be given a written notice of intent not to renew the Agreement of Appointment no later than four months prior to the end of the current Agreement of Appointment. However, if the primary reason(s) for non-renewal occurs within the four months prior to the end of the Agreement of Appointment, Resident will be provided as much written notice of intent not to renew as the circumstances will allow, prior to the end of the Agreement of Appointment. When in the judgment of the Program Director or an authorized designee, he/she determines that immediate action is necessary, a Resident may be suspended pending further investigation. In either case, the Resident may then invoke the residency program grievance procedure. The Program Director must first consult with the Vice President for GME, NHRMC, and/or the Vice President for Human Resources, NHRMC, before dismissal proceedings may begin.

**Grievance/Adjudication**

It is recognized that Residents should be given the opportunity to appeal certain actions that may be imposed by the Program Director. Questions concerning performance of duties, personal conduct, or academic underachievement shall be discussed initially by the Resident and the Program Director. The following is a description of the appeal process. In exercising these appeal rights, the Resident waives and releases any and all claims whatsoever against NHRMC/SEAHEC and individuals who participate in the grievance process in good faith and without malice. It should be noted that attorneys will not be allowed to be present during any level or step of the grievance procedure. The only exception being that an attorney who does not generally represent NHRMC/SEAHEC may serve as the Hearing Officer should a grievance proceed to that level.

**Procedure**

**Level I:**
If a Resident receives a written warning and he/she disagrees with the warning, the following appeal process may be followed:

**Step 1**  Discussion Between Resident and Program Director:
All questions concerning the written warning shall be discussed initially by the Resident and his/her Program Director within five (5) calendar days of receipt of the written warning. If the grievance cannot be resolved at this level, the Resident may request a conference with the Vice President of GME, NHRMC.

Step 2 Discussion Between Resident and Vice President for GME, NHRMC:
The Resident should, within seven (7) calendar days of the Program Director’s decision, submit to the Vice President for GME, NHRMC, a written request for a conference outlining the substance of the grievance. Upon receipt of this request, the Vice President for GME, NHRMC, will arrange a conference with the Resident, normally to occur within seven (7) calendar days. Within seven (7) calendar days following the conference, the Vice President for GME, NHRMC, will notify the Resident and the Program Director, in writing, of his/her decision. The Vice President for GME, NHRMC’s, decision is final.

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

Step 1 Discussion Between Resident and Program Director:
A Resident who is suspended or receives a notice of recommended dismissal has ten (10) calendar days after receiving written notice of such action to appeal the decision to the Program Director or his/her designee. Upon receipt of the appeal, the Program Director or his/her designee will arrange to meet with the Resident normally within five (5) calendar days. The Resident will be informed in writing within five (5) calendar days following the meeting of the decision regarding the appeal.

Step 2 Discussion Between Resident and Vice President for GME, NHRMC:
Same as Step 2 in Level I above except that the Vice President for GME, NHRMC’s, decision may be reviewed according to Step 3.

Step 3 Hearing Before Hearing Committee or Hearing Officer:
If the decision of the Vice President for GME, NHRMC, is not deemed satisfactory, the Resident may then request a hearing by filing a written request with the Vice President for GME within seven (7) calendar days after receiving a copy of the decision of the Vice President for GME, NHRMC. Upon receiving the request for a hearing, the Vice President for GME, NHRMC, will appoint a Hearing Committee or a Hearing Officer to conduct the hearing. If a Hearing Committee is appointed, the Vice President for GME, NHRMC, will appoint a Chairperson for this Committee.

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

At the conclusion of the hearing, it will be the responsibility of the Chair of the Hearing Committee or the Hearing Officer to inform the Vice President for GME,
NHRMC, and the Resident in writing of the recommendations. This will normally be done within seven (7) calendar days following the hearing. If there is no appeal, this decision is final.

**Step 4 Review of Recommendations by the President and CEO, NHRMC:**

If the Resident is not satisfied with the written recommendations of the Residency Hearing Committee or the Hearing Officer, the Resident is entitled to request a review of the recommendations by the President and CEO, NHRMC, who acts as an agent of the Board of Trustees of NHRMC. A written request for review should be submitted to the President and CEO, NHRMC, within seven (7) calendar days of receipt of the Residency Hearing Committee or Hearing Officer’s recommendations. The President and CEO, NHRMC, will review the information and notify the Vice President for GME, NHRMC, the Resident’s Program Director, and the Resident of the decision within seven (7) calendar days. The decision of the President and CEO, NHRMC, will be final.

**Termination of Employment**

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

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

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

Upon termination, the Resident must present evidence that all medical and financial obligations to the Medical Center have been completed before receiving a final paycheck. A checkout form is available in the GME Administration Office that must be signed by all departments and returned to the GME Office Administrator.

Further information regarding termination of employment can be found in the House Staff Agreement of Appointment (Appendix A), the Due Process and Grievance Policies under the Institutional Policies Section 3, and the Process for Resident Hearing (Appendix B) of this manual.
Responsiveness

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

Communication with Patients

One of the most important features of residency training is the continuous development of interpersonal communication skills. The Resident's approach with the patient influences the patient's attitude and perception of NHRMC. Residents should communicate with patients amicably and adequately. Residents are reminded that the family of a very ill patient is alert to chance remarks made concerning the patient's condition. Therefore, all statements should be guarded. In no way should a conversation reflect upon the attending physician or other attendant's ability. Conversations over the bedside are ill-advised. Also, each patient must have an identifiable, appropriately credentialed and privileged attending physician (or licensed independent practitioner as approved by each Residency Review Committee (RRC)) who is ultimately responsible for that patient's care. This information should be available to Residents, faculty members and patients. Residents and faculty members should clearly explain their respective roles and responsibilities with each patient.

Inter-Professional Teams

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

Perfect Serve

PerfectServe is NHRMC's selected form of communication among clinical professionals. Therefore, you are required to install and use PerfectServe on your mobile device in your work. PerfectServe enables physician-to-physician conversations and secure, HIPAA compliant messaging through the smartphone app. This application provides a single point of contact for all NHRMC credentialed staff providers.

Personal Device Apps Support

NHRMC Information Systems is available to assist Residents by configuring Microsoft Office Outlook and other approved applications on individual devices by emailing service.request@nhrmc.org or calling 667-7855. A list of approved applications is available through the NHRMC Information Systems Office. Additional work-related applications can be purchased using the Resident's professional development fund if approved by the respective Program Director or Chair.

Clarification of specific approved devices can be obtained through the GME Office and NHRMC Information Systems. NHRMC Administration, Business Office, and Information Systems collaborate to continuously monitor evolving technologies so that Residents benefit from advancements.
The policy for the use of cell phones and other electronic devices that have a potential to produce electromagnetic interference risk with medical equipment is outlined in the Cell Phone & Electromagnetic Interference Policy located [here](#).

**Pagers**

Pagers, if used by the program, are issued by the Program Administrator of each GME Department. If a pager malfunctions and needs to be repaired, it is the Resident's responsibility to take the pager to his/her Program Administrator. If the pager cannot be fixed on site, a replacement will be issued and programmed to the Resident's pager number. If a malfunction occurs with a Resident’s pager during the evening or weekend hours, NHRMC Telecommunications Operator must be notified of the Resident’s whereabouts by calling (910) 343-7000.

**Mail**

A mailbox is provided for each Resident in his or her respective department. Absolutely no personal items are to be shipped to NHRMC or SEAHEC. Please use the following address for correspondence to be delivered at work:

Internal Medicine, Obstetrics/Gynecology and Surgery Residents  
Resident Name  
Department of _________ Residency  
NHRMC  
P.O. Box 9000  
2131 South 17th Street  
Wilmington, NC 28402-9000

Family Medicine Residents  
Resident Name  
Coastal Family Medicine  
2523 Delaney Avenue  
Wilmington, NC 28403

**Email**

All Residents are provided with an email account through NHRMC. Residents must use this address for business purposes. Residents are required to actively read, monitor, and manage email mailbox contents, periodically deleting messages no longer needed for reference, and emptying trash routinely. Further security guidelines for email usage are located [here](#).
5 Graduate Medical Education Policies

Commitments of Faculty

Resident House Staff are here for the primary purpose of receiving education and training in their respective specialties. It is the responsibility of staff physicians with appropriate clinical privileges involved in the residency training programs to ensure that the educational quality of these programs is maintained at a high level and that the patient care delivered by house staff, pursuant to their education and training, is appropriate in content and of consistently high quality. Commitments of faculty include (from the Association of American Medical Colleges):

1. As role models for our Residents, we will maintain the highest standards of care, respect the needs and expectations of patients, and embrace the contributions of all members of the healthcare team.
2. We pledge our utmost effort to ensure that all components of the educational program for Resident physicians are of high quality, including our own contributions as teachers.
3. In fulfilling our responsibility to nurture both the intellectual and the personal development of Residents, we commit to fostering academic excellence, exemplary professionalism, cultural sensitivity, and a commitment to maintaining competence through life-long learning.
4. We will demonstrate respect for all Residents as individuals, without regard to gender, race, national origin, religion, disability or sexual orientation, and we will cultivate a culture of tolerance among the entire staff.
5. We will do our utmost to ensure that Resident physicians have opportunities to participate in patient care activities of sufficient variety and with sufficient frequency to achieve the competencies required by their chosen discipline. We also will do our utmost to ensure that Residents are not assigned excessive clinical responsibilities and are not overburdened with services of little or no educational value.
6. We will provide Resident physicians with opportunities to exercise graded, progressive responsibility for the care of patients, so that they can learn how to practice their specialty and recognize when, and under what circumstances, they should seek assistance from colleagues. We will do our utmost to prepare Residents to function effectively as members of healthcare teams.
7. In fulfilling the essential responsibility we have to our patients, we will ensure that Residents receive appropriate supervision for all of the care they provide during their training.
8. We will evaluate each Resident’s performance on a regular basis, provide appropriate verbal and written feedback, and document achievement of the competencies required to meet all educational objectives.
9. We will ensure that Resident physicians have opportunities to partake in required conferences, seminars and other non-patient care learning experiences and that they have sufficient time to pursue the independent, self-directed learning essential for acquiring the knowledge, skills, attitudes, and behaviors required for practice.
10. We will nurture and support Residents in their role as teachers of other Residents and of medical students.
Evaluations (Program, Faculty, Residents)

Institution
Annually, Residents and faculty are requested to complete an ACGME survey to provide feedback that can be used to identify and improve various components of the work and learning environment. The Graduate Medical Education Committee (GMEC) also facilitates an annual House Staff Questionnaire to capture additional details regarding the Resident experience at NHRMC for continuous improvement purposes.

Annual Program Evaluation (APE)
Annually, each program evaluates its overall effectiveness against standard metrics. Goals and objectives are reviewed and effectiveness in achieving them are assessed. Review of Resident evaluations and faculty evaluations of the program are a mandatory part of the process.

Evaluation of Faculty and Program
Residents evaluate the rotations, faculty (program and private), and overall educational experiences on an ongoing basis. Specific protocols and processes are outlined in the respective department’s policy manuals. Residents are given the opportunity to confidentially evaluate all aspects of the program on an annual basis through an internal program evaluation.

Program Evaluation of Faculty
Each Program Director must evaluate its faculty annually. These evaluations will focus on teaching, clinical knowledge and scholarly activities. Resident feedback is incorporated into the process.

Evaluation of Residents
The GMEC ensures that each residency program provides evaluations that lead to measurable achievement of educational outcomes in alignment with the ACGME competencies as outlined in the specialty/subspecialty-specific program requirements. Performance will be evaluated using multiple methods, including:
- Assessment following each rotation
- Semi-annual review by each program’s Clinical Competency Committee
- Performance on in-training and USMLE/COMLEX Step III exams
- Overall review at the completion of the program
- Performance on board certification exams

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

USMLE/COMLEX Step III Exam
All new and transfer Residents are required to pass the USMLE/COMLEX Step III exam prior to promotion to the next program year level, according to the following schedule:
- Family Medicine and Internal Medicine Residents must pass the exam by the first of March of their second year
- Surgery and Obstetrics/Gynecology Residents must pass the exam by the first of March of their third year

Multiple non-pass scores on the Step III exam may result in non-renewal of appointment.
Final Resident Evaluation
A final written evaluation for each Resident who completes the program will be completed by the program director. This summative evaluation will focus on whether the Resident has demonstrated sufficient professional ability to practice competently and independently.

Resident Forum

NHRMC must maintain an organization council or other forum that allows Residents/Fellows from across the programs to communicate and exchange information relevant to their programs and clinical learning environment.

The Resident Forum is used by Residents to communicate and exchange information about their environment, programs and issues in a confidential, protected manner. All Residents have the opportunity to raise a concern to the forum. Peer elected representatives from each program attend forum meetings and provide updates to all the Residents in their program as needed.

Residents have the option to invite the DIO, faculty members, other administrators, and a GME representative to the forum meetings.

Resident Committees

Residents are encouraged to participate on committees, councils, and other activities related to their areas of interest and/or whose actions affect their education and/or patient care, including quality assurance activities. Residents appointed, assigned, or selected to serve on committees must make every effort to participate in and attend meetings. Alternates selected to attend committees, when a primary Resident cannot attend, must make every effort to participate in and attend the meeting.

Patient Safety & Quality Improvement

New Hanover Regional Medical Center’s patient safety strategy is designed to reduce healthcare errors and hazardous conditions by utilizing a systematic, coordinated and continuous approach that centers on:

• The establishment of mechanisms that support effective responses to actual occurrences and hazardous conditions
• Ongoing, proactive risk assessments to reduce healthcare errors
• Integration of patient safety priorities in the design and redesign of all relevant organizational processes, functions and services

NHRMC’s residency programs are committed to promoting patient safety and Resident well-being in a supportive educational environment. Residents are exposed to the specific professional responsibilities of physicians, to appear for duty appropriately rested and fit, and to provide patient services through mandatory participation in educational initiatives, including:

• Resident Orientation
• Annual Safety Tour (online module and test)
• Interdisciplinary Grand Rounds
• Didactic sessions within programs
• Simulation activities
Residents will participate on inter-professional root cause analysis teams when a retrospective review of systems and/or processes is required.

Senior level Residents are required to contribute and actively participate in interdisciplinary clinical quality improvement, patient safety, or LEAN initiatives within NHRMC or on a state/national initiative.

Residents and faculty members must demonstrate an understanding and acceptance of their personal role in the following:

- Assurance of the safety and welfare of patients entrusted to their care
- Provision of patient and family centered care
- Reporting of patient safety events or variances
- Active participation in clinical quality improvement
- Management of their time before, during, and after clinical assignments
- Recognition of impairment, including illness and fatigue, in themselves and in their peers
- Monitoring their patient care performance improvement indicators
- Honest and accurate reporting of duty hours, patient outcomes, and clinical experience data

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

Resident Supervision (Clinical Capabilities/Responsibilities)

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

Faculty members functioning as supervising physicians should delegate portions of care to Residents based on the needs of the patient and the skills of the Residents. Depending on the program, monthly Attending/Resident schedules are listed on the hospital intranet. If any question arises regarding a Resident’s capabilities to provide patient care, the level of that care, or the ability to perform specific procedures, the Procedure Logger can be accessed via EPIC by using the Weblinks dropdown and selecting Privileges and then Resident Privileges.

Supervision of Residents is the responsibility of faculty members including staff physicians holding part-time appointments/affiliations or serving as preceptors. Faculty supervision assignments should be designed to allow for sufficient assessment of individual knowledge and skills resulting in delegation of the appropriate level of patient care authority and responsibility. A variety of supervision methods may be exercised as long as an appropriate level of supervision is in place for all Residents. Specific Resident capabilities are determined and documented by
the respective programs using detailed performance assessment systems described in departmental manuals.

Guidelines for circumstances and events in which Residents must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit or end-of-life decisions, are also outlined.

**Levels of Supervision**
To ensure oversight of Resident supervision and graded authority and responsibility, the programs must use the following classifications of supervision:

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

**Indirect Supervision:** There are two types of indirect supervision:
- with Direct supervision immediately available means the supervising physician is physically within the hospital or other site of patient care and is immediately available to provide direct supervision.
- with Direct supervision is available means the supervising physician is not physically present within the hospital or other site of patient care but is immediately available by telephonic and/electronic modalities and is available (within 30 minutes) to provide direct supervision.

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

Note: PGY1 Residents should be supervised either directly or indirectly with direct supervision immediately available.

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

**Private Attendings as Supervisors**
Supervision of Residents extends to private attendings with clinical privileges in the Medical Center. In these cases, the private attending will coordinate with the faculty Physician in supervising the Resident. However, those private attendings who do not want to participate in the teaching programs may have their patients admitted to their service without teaching responsibilities and without Residents involved in their care. Patients may also request that Residents not be involved in their care.

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

General Responsibilities of House Staff
• Must have a North Carolina state training license.
• May issue prescriptions (including narcotics). The Medical Center Pharmacy, as well as all
pharmacies in the surrounding five county areas, is given signature lists of all residents in
training and the residents receive their DEA number through the Medical Center.
• May write orders within the scope of their professional activities within the Medical Center's
educational programs.
• May do H&P's as indicated
• May assist in surgery
• May assist in the Emergency Department with procedures as appropriate with training and as
approved by the Program Director. The attending physician or the emergency medicine physician
may provide supervision.
• May perform initial and ongoing assessment of patient's medical, physical, and psychosocial
status
• Develop assessment and treatment plan
• Perform rounds
• Record progress notes
• Order tests, examinations, medications and therapies.
• Arrange discharge and aftercare
• Write/dictate admission notes, progress notes, procedure notes and discharge summaries
• Provide patient education and counseling covering health status, test results, disease
processes and discharge planning
• Perform procedures
• At least on a daily basis (or more often as the needs of the individual patient may dictate), the
resident house staff and the admitting/attending physician will review the progress of the
patient, make the necessary modification in the care plan, plan family conferences as needed,
and agree on the type and scope of documentation for the medical record.

You may view the Resident Supervision policy in its entirety here.

Transitions in Care
Clinical assignments must be designed to minimize the number of transitions in patient care.
Programs are responsible for ensuring that Residents are competent in communicating with
team members in the hand-over process. Effective, structured hand-over processes that
facilitate both continuity of care and patient safety must be in place and monitored. Schedules
that inform all members of the healthcare team of attending physicians and Residents currently
responsible for each patient's care must also be available. The full Transitions of Care policy is
Appendix F of this document.

Duty Hours
The GMEC of NHRMC ensures that all GME programs are in compliance with Resident duty hours
and work environment requirements. The GMEC recognizes that duty hours and work
environment must be carefully planned and monitored to ensure sound academic and clinical
education, patient safety, and Resident well-being.
Maximum Hours of Clinical and Educational Work per Week
Clinical and educational work hours must be limited to 80 hours per week, averaged over a 4-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting.

Maximum Duty Period Length
• Clinical and educational work periods for Residents must not exceed 24 hours of continuous scheduled clinical assignments and must encourage Residents to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m. is strongly suggested.
• It is essential for patient safety and Resident education that effective transitions in care occur. Residents may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional 4 hours.
• Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.
• In unusual circumstances, Residents, on their own initiative, after handing off all patients to the team responsible for their continuing care, may remain beyond their 24-hour-plus-up-to-4-hour period of responsibilities to continue to provide care to a single patient. Justification for such extensions of duty are limited to reasons of continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family. Another justification is to attend educational events on the Resident’s own initiative. These additional hours of care or education will be counted toward the 80-hour weekly limit.

Maximum In-House On-Call Frequency
PGY2 Residents and above must be scheduled for in-house call no more frequently than every 3rd night (when averaged over a 4-week period).

Minimum Time Off Between Scheduled Duty Periods
Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.

In-House Night Float
Night float must occur within the context of the 80 hour and 1-day-off-in-7 requirements. (The maximum number of consecutive weeks of night float and maximum number of months of night float per year may be further specified by the Review Committee.)

Mandatory Time Free of Duty
Residents must be scheduled for a minimum of 1 day free of duty every week (when averaged over 4 weeks). At-home call cannot be assigned on these free days.

At-Home Call
Time spent in the hospital or at home performing clinical responsibilities by Residents or at-home call must count toward the 80-hour maximum weekly limit. The frequency of at-home call is not subject to the every 3rd night limitation but must satisfy the requirement for 1 day in 7 free of clinical work and education when averaged over 4 weeks.
Duty Hour Exceptions
- A Review Committee may grant exceptions for up to 10% or a maximum of 88 hours to individual programs based on a sound educational rationale.
- In preparing a request for an exception, the program director must follow the duty hour exception policy from the ACGME Manual on Policies and Procedures.
- Prior to submitting the request to the Review Committee, the program director must obtain the approval of the Vice President for GME, NHRMC.
- Time spent in the hospital or at home performing clinical responsibilities by Residents on at-home call is not subject to the 3rd night limitation but must satisfy the requirement for 1 day in 7 free of duty when averaged over 4 weeks.

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

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

Moonlighting
The activities in NHRMC are sufficient to keep the Resident fully occupied and outside employment is generally not permitted. However, there are some occasions when outside activity may be beneficial to the community and Resident (PGY2 and above only) as long as the activity does not interfere with a Residents ability to achieve the program goals and objectives. In such instances, written permission must be obtained from the Program Director, who will document all requests, including the number of hours per week. This information will be included in the Resident’s file. Should notification and approval not have occurred before a Resident engages in outside employment (moonlighting), disciplinary action may result. This action may include loss of outside employment privileges, suspension, or dismissal from the residency program.

NHRMC professional liability does not cover Residents in work situations other than those directly related to their training program. Time spent by Residents in internal and external moonlighting must be counted toward the 80-hour maximum weekly hour limit. In the event that moonlighting is approved, the Resident’s performance will be monitored by the Sponsoring Institution and the respective Program Director for the effect these activities have on his/her performance.

Graduate Medical Education Committee
Formed in 1991, the Graduate Medical Education Committee (GMEC) has the responsibility to oversee all of the residency programs at NHRMC. Oversight of the quality of education and work environment, along with establishment, review, and revisions of policies that affect the GME programs are the committee’s primary focuses.
The committee will be chaired by the Designated Institutional Official/Vice President GME, NHRMC. Voting members will include:

- Director, GME and Office Administrator, GME
- All Program Directors and Program Administrators
- One peer-elected Resident from each program
- Manager, Outpatient Clinics, NHRMC
- Director, Osteopathic Medical Education
- Patient Safety/Quality Improvement Officer

The committee is ultimately responsible to the President/CEO, NHRMC, acting on behalf of the Board of Trustees. The GMEC will meet monthly and written minutes will be distributed to the Medical Staff Office, GMEC, and all Residents. The DIO presents a monthly GMEC Report to the Medical Executive Committee, NHRMC, and every other month to the NHRMC Board of Trustees.

The GMEC will annually monitor compliance with all those responsibilities as required by the ACGME Institutional Requirements (effective: July 1, 2015). ACGME Institutional Requirements.

GMEC will review all institutional and program “Letters of Notification” received from the ACGME. Citations will be noted in the minutes, potential corrective actions will be discussed by committee members, and a follow-up status report by the program or GME Office will be scheduled six months following receipt of the letter. Citations and action plan status reports will also be reviewed during Annual Program Reviews and prior to ACGME site visits.

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

Salary Review
Each year the GME Office will conduct a salary and benefits survey of the AHEC Residency Programs and the University Medical Center’s Residency Programs in North Carolina. The purpose of this survey is to ensure that the GME programs for NHRMC remain competitive for both salaries and benefits.

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

Away Rotations
When the situation arises in which a Resident at NHRMC requests a rotation for any length of time away from NHRMC, a formal request must be made in writing to the Program Director with a rationale for the request stated. The request will be presented by the Program Director for approval at a GMEC meeting 90 days prior to the beginning of the rotation. Also, all clinical departments affected by an “Away Rotation” are to be notified 90 days in advance of the rotation. While on rotation, the Resident will receive full pay and benefits plus a housing stipend of up to $550 per month. The stipend will be prorated for rotations shorter or longer than one month. Transportation expenses are not covered and are the responsibility of the Resident.
6 Facility

New Hanover Regional Medical Center Medical Staff
The New Hanover Regional Medical Center Medical Staff is comprised of more than 500 physicians and dentists who have been granted privileges to practice at NHRMC by the Board of Trustees.

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

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

Further information regarding the Medical Staff and its organization can be obtained from the Medical Staff Office at (910)343-7289, or your Program Director.

Medical Staff Leaders FY October 1, 2018–September 30, 2019
President ........................................................................................................ William Hope, MD
President-Elect................................................................................................ Mary Rudyk, MD
Secretary/Treasurer....................................................................................... Mesha Chadwick, MD

Identification
Special Police Services will issue each Resident an identification badge. This badge is used for security/identification and must be worn at all times in the Medical Center. The identification badge must be worn conspicuously with the front of the badge (picture side) facing out on the front of the upper outer garment. The badge also is needed as identification to receive discounted meals in the cafeteria and to gain access to specific areas in the Medical Center. All identification badges will be returned to the GME Office Administrator, SEAHEC, upon resignation/termination of employment with the Medical Center.

Parking
Designated free parking is provided by NHRMC at specific locations on campus. Parking decals must be obtained from Special Police Services. The decal must be displayed on the left rear window (behind the driver side) of the vehicle. Parking decals are used by Special Police Services to control parking and the identification/notification of vehicle owners in the event of observed vehicle problems (lights left on, flat tires, etc.). Residents are requested to refrain from parking other than in designated areas on campus. Tickets will be issued and repeat violators will be subject to disciplinary action.
Sleep Quarters
When the Resident is on call, the Medical Center will provide the Resident with a sleep room equipped with a telephone and sleeping provisions. Private shower facilities will be available. Residents are expected to remain in NHRMC for call as specified by their departmental policies.

Resident Lounge and Workroom
Residents are provided with a lounge and workroom for house staff, equipped with a television, multiple workstations, 24-hour coffee, daily food delivery, refrigerator, and individual lockers. It is the responsibility of the Residents to clean up after themselves, to dispose of their garbage in the bins, to remove printed materials off of the printer and to empty their personal items out of the refrigerator every Friday.

Eating Facilities
NHRMC offers several cafeterias and cafés throughout the main campus:

- The Main Cafeteria located on the ground floor of NHRMC.
  Daily hours are:
  o Breakfast    6:15 a.m. – 10:00 a.m.
  o Lunch       11:00 a.m.– 2:00 p.m.
  o Dinner      4:30 p.m. – 8:00 p.m.

- Au Bon Pain located on the first floor, at the intersection of the concourse and ICU entrance.
  o Opens 6:00 a.m. – 2:00 a.m. Monday - Friday
  o Opens 11:00 a.m. - 2:00 a.m. Saturday & Sunday

- Lighthouse Café located on the ground floor of the Betty H. Cameron Women's and Children's Hospital.
  o Opens 7:00 a.m. – 6:00 p.m. Monday - Friday

- Starbucks kiosk located in the Surgical Pavilion.
  o Opens 6:00 a.m. – 4:00 p.m. Monday - Friday

- The Resident Lounge provides 24-hour food and beverage options

- Vending machines accessible 24 hours a day

Tobacco Free at NHRMC
New Hanover Regional Medical Center is committed to the promotion of quality healthcare, which includes the prevention of disease. With this commitment comes the responsibility of providing a safe and healthy environment. To establish and maintain the highest possible environment in which to deliver such care, New Hanover Regional Medical Center Campus buildings, property, parking lots and operated vehicles are tobacco-free. New Hanover Regional Medical Center is dedicated to maintaining a tobacco-free campus environment. This policy is established to minimize adverse health effects to patients, visitors, physicians, volunteers and employees; to reduce risk of fire for all of the above; to promote health and serve as a community role model; and to enhance employee productivity and reduce healthcare costs. Please refer to the Tobacco Free section of Capslive for more information.
• This policy applies to all employees, patients, physicians, students, contracted personnel, volunteers, visitors, vendors, and tenants of New Hanover Regional Medical Center.
  
  o Employees, physicians, students, contracted personnel, volunteers, and vendors found to be in violation of this policy will be subject to disciplinary action up to and including termination and/or loss of privilege to provide service at New Hanover Regional Medical Center.

• This policy applies to all tobacco products including cigarettes, cigars, pipes, herbal tobacco products, chewing tobacco and electronic nicotine delivery systems, none of which will be sold on campus or at any facility owned, leased, or operated by New Hanover Regional Medical Center.

• The use of tobacco products and other forms of electronic nicotine delivery systems (i.e., electronic cigarettes) is prohibited at all facilities used by the hospital including leased buildings, vehicle parking spaces, parking garages, and hospital owned, leased or operated vehicles. The use of tobacco and other forms of electronic nicotine delivery systems (i.e., electronic cigarettes) is prohibited anywhere on hospital property, whether leased or owned, including personal vehicles parked on New Hanover Regional Medical Center owned or leased property. There are no designated tobacco or other forms of electronic nicotine delivery systems (i.e., electronic cigarettes) use areas on the campus.

• Employees wishing to leave campus to smoke will be required to clock out. Any clock out requires the approval of the manager and will be for a minimum of 30 minutes.

Disaster Preparedness
In the event of a disaster or impending disaster, Residents must remain in Wilmington to either work in the hospital or relieve those Residents on duty. There are always extenuating circumstances that may have an impact on this policy, so it is highly recommended that the Residents have a dialogue with their program director prior to making any decision regarding their availability.

Hurricane Protocol for GME Departments
• Program Directors, the DIO, the Director, GME, and the GME Office Administrator, SEAHEC, will be invited to attend the original planning meeting by NHRMC.
• Program Directors and/or Supervising Physicians of Residents will attend follow-up meetings/conference calls to keep up to date on latest developments as well as to keep the Command Center aware of staffing, etc.
• Resident call schedules are posted on the NHRMC Intranet and will be printed out for use in the Command Center.

The GME Office will send an email to the Program Directors and Program Administrators asking them to remind their Residents about the Disaster Preparedness Policy and the Hurricane Protocol in this manual.
Emergency Plans
The NHRMC Environment of Care Safety Manual is located here. A hard copy of the manual is available in the SEAHEC Administration Office and in all departments. Residents should become familiar with their assignments in these emergency response plans.

Reduction of Services or Closure Due to Disaster
North Carolina AHEC based and sponsored residencies will provide mutual aid should a disaster render a residency incapable of providing an adequate educational experience for a period of longer than 10 business days.

Procedure
The affected AHEC will contact the Directors of the other North Carolina AHECs to request assistance in temporarily (or permanently) transferring Residents. The initial information provided will be:

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

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

- Type and number of Residents that can be received
- Whether temporary housing will be available (through ORPCE housing or another source of free subsidized housing)
- Estimation of need for faculty to accompany Residents

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

The Designated Institutional Official will notify the Accreditation Council for Graduate Medical Education (312-755-5003) and, if applicable, the American Osteopathic Association (800-621-1773) with the above information. These agencies will be requested to officially declare a disaster. Approval for a hardship transfer will be requested to comply with the requirements that PGYs 2 and 3 are served at the same accredited program.

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

All transfers will occur as expeditiously as possible after receiving ACGME/AOA approval to implement the transfer. The AHEC will notify their Residents of the transfer options and estimated duration of the reassignment. As much as possible, the Residents’ preferences for sites will be accommodated when assigning transfers. If a Resident does not express a preference, he/she will be assigned to the closest available AHEC residency program.

The affected residency program will then provide information on the transfers to:
- The North Carolina Medical Board
• Their professional liability coverage carrier
• Specialty Board, i.e., ABFM

The affected residency will provide the receiving residency program with as much of the following information as possible for each Resident:
• Medical License number
• DEA number
• Social Security number
• Verification of professional liability coverage
• Procedure logs
• Previous evaluations and competency assessments

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

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

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

The affected program will continue their Residents’ salary stipend and benefits for the duration of the temporary assignment. Should the need for the transfer become permanent, the receiving program will assume this responsibility at that time.

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

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

Health Information Management

Deficient/Incomplete Medical Records
Resident physicians will be held to the same level of responsibility as members of the Medical Staff in regard to medical record chart completion. Residents should be familiar with the NHRMC Deficient Medical Records Policy. This policy encourages physicians to complete medical charts in accordance with Medical Records Rules and Regulations, as well as relinquishment of privileges if there is non-adherence to the rules and regulations.

Health Information Management (HIM)
Health Information Management (HIM) is a centralized department which provides functional support to all components of NHRMC and various departments with respect to health information services:

• Patient identification and numbering systems
• Creation and monitoring of medical record documentation
• Release of information
• Dictation/transcription
• Statistical abstracts and indexes (coding)
• Storage and retrieval system, including chart tracking
• Analysis of records
• Assembly/prepping
• Scanning and indexing
• Assistance in complying with legal and regulatory provisions and accrediting agency standards concerning healthcare data
• Data security, privacy, and confidentiality processes
• Educational programs for students under contractual and/or affiliation agreements.

The HIM Department’s hours of operation are 24/7. The department is open to the public Monday through Friday from 8:30 a.m. until 5:00 p.m. for release of information. The HIM Department is located at 3151 South 17th Street, in the New Hanover Regional Business Center.

Providers are responsible and have specific guidelines to complete a chart as outlined in the Medical Records Rules and Regulations. If a provider is delinquent in his/her records and the delinquency results in voluntarily relinquishment of privileges, the HIM Department will report these incidences to the North Carolina Medical Board. The report will be made when a provider has had 3 incidents in a calendar year. For more information, please refer to the NHRMC Deficient Medical Records Policy.

Communicable Diseases

Reporting cases of communicable disease is necessary to assure appropriate medical therapy and detect common source outbreaks. You are required to report to the local health department cases and suspected cases of reportable communicable diseases and conditions in persons who have consulted them professionally. You are required to give control measures to a patient reasonably suspected of being infected or exposed to a communicable disease or condition. For further information on reporting communicable diseases to health authorities please view the full policy here.

Management of Blood & Body Fluids

HBV, HCV or HIV Exposure
Contact - Direct exposure with blood or body fluids from an infected person through needle puncture, open cuts, open wounds, into eyes or mouth or other mucous membranes.

Instructions for Reporting an Exposure and Post-Exposure Protocol
All Residents/staff/volunteers sustaining a parenteral/mucus membrane exposure to blood or other body fluids will report the incident immediately to their Program Director and report to Employee Health and Clinic within 15 minutes of exposure. Hours of operation are 6:00 a.m. to 6:00 p.m. Monday through Friday. If Employee Health and Clinic is closed, the Resident/staff/volunteer will contact the Nursing Supervisor within 15 minutes and follow up in Employee Health and Clinic the next day it is open.

Baseline post exposure prophylaxis screening should be performed on the employee as soon as possible after the exposure. CDC guidelines are followed for post-exposure management. Residents will be counseled regarding potential exposure risk for HIV, HBV, and HCV (if indicated). An Informed Consent must be signed by the Resident for confidential laboratory work. If the Resident consents to blood collection but does NOT consent at that time for HIV serology
testing, the sample will be preserved for 90 days. During that 90-day period, the Resident may elect to have a baseline sample test for HIV. If the Resident declines testing, a declination form must be signed. The Resident's HIV laboratory results will be filed in the Resident's Employee Health record in the Employee Health and Clinic. If any of the test results of the source patient are positive, Resident follow-up testing will continue six months post exposure to determine if transmission has occurred.

**Source Patient Testing**
The source patient, if known, will be tested for HBV, HCV and HIV and results will be maintained in the Employee Health and Clinic. Results of the source individual’s labs will be made available to the exposed Resident, and the Resident will be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

If the source refuses to be tested, the Employee Health and Clinic will contact the appropriate County Health Director to obtain permission for testing. When the source individual is already known to be infected with HBV, HCV or HIV, testing need not be repeated.

If the patient has a parenteral or mucous-membrane exposure to blood or other body fluids of a healthcare worker, the patient will be informed of the incident and the same procedure outlined above for management of exposures will be followed for both the source healthcare worker and the exposed patient.

Positive test results of the source patient or Resident will be reported to the New Hanover County Health Department as required by law. Residents having reactive HIV antibody status will be immediately referred for evaluation and counseling.

**Resident Follow Up**

*Hepatitis B*

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

**Contact** – Direct exposure with blood or body fluids from an infected person through percutaneous, mucous membrane or open cuts.

**Treatment** – Prophylaxis for exposure is provided based on the Hepatitis B vaccination status of the exposed person and according to the source of exposure.

1. Exposed person not previously vaccinated
   a. Source known, HBsAG positive
      - HBIG 0.06 ml/kg IM within seven days of exposure
      - Initiate the Hepatitis B Vaccine within seven days of exposure
      - Complete vaccination one month, and six months later
      - For persons not given the Hepatitis B vaccine, a second dose of BIG should be given one month after the first dose
   b. Source known, HBsAG status unknown
      - High risk or intermediate risk HBsAG positive
      - Screen source person for HBsA
      - If reactive, treat the exposed person with HBIG 0.06 ml/kg IM within seven days of exposure
      - Initiate the Hepatitis B vaccine within seven days of exposure
      - Complete vaccination one month and six months later
   c. Source unknown
      - Initiate the Hepatitis B Vaccine within seven days of exposure
• Complete vaccination one month and six months later

* Individuals included in the high risk group for Hepatitis B virus include: immigrants (refugees), homosexually active men, IV drug users, patients in institutions for the intellectually challenged, hemodialysis patients, and household contacts of Hepatitis B virus carriers.

* The intermediate risk group includes: healthcare workers who have frequent blood contacts, male prisoners, and staff members of institutions for the intellectually challenged.

2. Exposed person previously vaccinated against Hepatitis
   a. Source known, HBsAG positive
      • Screen exposed person for anti-HBs unless they have been tested within the last 12 months. If adequate antibody, no additional treatment is required
      • If the exposed person has inadequate antibody on testing, give a booster dose of Hepatitis B vaccine (1 ml) and recheck HBsAG status in 6 weeks
   b. Source known, HBsAG status unknown
      • Known source, high risk or intermediate risk HBsAG positive
         o If the exposed person is known non-responsive to the Hepatitis B vaccine, screen the source person for HBsAG
         o If HBsAG positive, give exposed person one dose of HBIG 0.06 ml/kg IM immediately and a booster dose of Hepatitis B vaccine.
      • Known source, low risk HBsAG negative
         o No treatment necessary

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

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

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

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

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

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

Personal Protective Equipment
If personal protective equipment is needed and cannot be found, please contact Distribution at extension 2489 or the nursing supervisor. For more information on the personal protective equipment program please view the full policy here.

Reporting Occupational Injury or Illness
Any Residents who are involved in an accident, exposure, or injury on the job are required to complete the Report of Employee Occupational Injury or Illness Form, EMH-005, within 24 hours of the incident. Employee Health Service must be contacted and a copy of the completed form brought to Employee Health and Clinic.

Report of Employee Occupational Injury or Illness Form, EMH-005, must be completed by the Resident. You may obtain this form by contacting the NHRMC Human Resources department.

The Resident notifies their respective Program Director of injury and is referred to NHRMC Employee Health and Clinic with the Report of Employee Occupational Injury or Illness Form. If Employee Health and Clinic is closed, the Emergency Department is available. If treated by the Emergency Department, the Resident is to contact Employee Health on the next business day. Also, the report of Employee Occupational Injury or Illness Form is to be left under Employee Health and Clinic’s door after treatment by the Emergency Department.

If an outside referral for treatment is needed, the request must be approved by Employee Health. Employee Health and Clinic is responsible for coordinating and authorizing any treatment which may be necessary outside of the Medical Center. Therefore, it is important for the Resident to follow up with Employee Health after any accident, exposure, or injury on the job. After visits to the Employee Health and Clinic for follow-up, a Recommendation to Supervisor Form will be sent regarding work restrictions, if indicated. A copy of the report will be kept in Employee Health and Clinic. You may view the full policy here.
Clinical Support Services

Pharmacy
The Central Pharmacy is open 24 hours a day, 365 days a year. Satellite pharmacists are located throughout certain designated areas of NHRMC and can be found in the business centers or satellite pharmacies (ICU, 10th floor, OR, W&C, Zimmer). These staff members are available to assist you with any formal consults, medication dosing recommendations or drug therapy questions you may have. In addition, certified pharmacy technicians are available to perform full medication histories in the Emergency Department as patients are being admitted.

NHRMC has a formulary system in which you may find this information on "Available Links" within EPIC or on the Pharmacy Webpage on Capslive. NHRMC Pharmacy Department. If a non-formulary agent is prescribed, the prescriber will be contacted with a recommendation of a formulary agent. Selected agents are available only through restricted criteria and can only be prescribed by the specialty service to which it is restricted.

When the patient is discharged, NHRMC has a Readmissions Initiative for high risk patients which includes having a pharmacist perform a discharge medication reconciliation review, providing patient education, and having the patient's prescriptions filled at our Outpatient Pharmacy so the patient leaves the hospital with medications in hand. This initiative has led to reduced readmission rates for these patients, with the most recent data showing a readmission rate of 8.11% in December 2014, compared to 16.9% for high risk patients with no intervention.

Spiritual Care
The Spiritual Care Department is staffed with a Director, two Clinical Pastoral Education Supervisors, and an Administrative Associate. The department offers a Clinical Pastoral Education program which is accredited by the Association for Clinical Pastoral Education, Inc. and recognized by the US Department of Education. In addition to the permanent staff, the Department has ten full-time CPE chaplain Residents each year in this program, as well as seven on-call chaplains, who supplement coverage.

At NHRMC there is a chaplain available in-house 24 hours a day, and at the NHRMC Orthopedic Hospital, Cape Fear Campus, there is a chaplain in-house during regular work hours Monday through Friday and available by pager 24 hours a day. Chaplains respond to all Code Blues, Traumas, Rapid Response Team activations, deaths and crises in addition to providing routine pastoral visits to parents and families. Chaplains are also available to support the staff.

Autopsy
An autopsy will not be performed until the pathologist has, in hand, a properly signed autopsy permit and Physician Autopsy Request Form. It is the responsibility of the physician to obtain permission for the autopsy from the next-of-kin. In all cases, except medical examiner’s cases, it is the responsibility of the private physician to complete the death certificate. The on-call pathologist can be called anytime if needed, e.g., discussion of case with clinician, etc. A signed, valid, faxed copy of the autopsy authorization form is acceptable. Telephone permission is not generally acceptable. In rare circumstances where the next-of-kin is not able to appear onsite, a telephone authorization is acceptable when the clinician and an additional witness verify the authorization and sign the autopsy authorization form. For more information on Autopsy, please go here.
Patient Placement Service
Patient flow at NHRMC is driven by physician orders. For information on requesting a bed for a patient please visit the Patient Placement policy here.

Library
The Robert M. Fales Health Sciences Library offers electronic databases as well as a large selection of print books and DVDs. Additionally, the library makes the electronic content of the Health Sciences Library at UNC-Chapel Hill available to Residents.

The Digital Library contains:
- e-Books
- e-Journals
- The Cochrane Database of Systematic Reviews
- OVID Medline
- Dynamed
- Up-To-Date

The online catalog is available here.

Books and DVDs circulate for two weeks and may be renewed for two additional weeks. Reference books and journals do not circulate. Books and articles from journals not owned by the library are obtained from other libraries through interlibrary loan. The library is staffed from 8:00 a.m. to 5:00 p.m. Monday through Friday, although Residents have access afterhours by swiping their badge at the library’s main entrance. One of the librarians serves as the liaison to each of our residency programs.

Behavioral Health Hospital
The Behavioral Health Hospital is a 62-bed psychiatric facility that provides a continuum of services to adults. Services include secure acute inpatient units for acute psychiatric disorders and dual diagnosis.

The Behavioral Health Hospital is open 24 hours a day, 7 days a week. The facility serves adults 18 years and older. The inpatient units are secure and provide care for voluntary and involuntary patients.

Scope and Complexity of Patient Care Needs

Inpatient Treatment
Comprehensive inpatient care is provided for those adults needing a 24-hour inpatient care in a structured environment. The multi-disciplinary treatment team consists of the psychiatrists, PhD Psychologist, nurses, social workers, recreational therapists, nurses’ aides, nurse practitioners, physician assistants and psychiatric technicians. A comprehensive array of treatment modalities is available to accomplish the goals and objectives of each individual treatment. They include medications, ECT, individual and group therapies, and psycho educational groups. The patients that meet admission criteria come from varied backgrounds, but all are experiencing Behavioral Health and emotional conditions. Treatment includes process groups, skills training, introduction to DBT, medication education, and Case Management. Discharge planning includes referrals to appropriate outpatient services.
Methods Used to Assess and Meet Patient Care Needs

Patient Services are planned, coordinated, provided, delegated, and supervised by professional healthcare providers. Patient care encompasses the recognition of the illness from a broad spectrum and the use of multiple treatment modalities. Members of the multi-disciplinary team conduct a comprehensive assessment of the patient, which includes the psychiatrist, RN, Social Worker, and other professionals as needed. Upon completion of the assessment, the treatment team, in collaboration with the patient, will develop a treatment plan. The plan will identify issues, steps to achieve goals and objectives, and establish criteria for discharge. The treatment modalities include, but are not limited to, group therapy, individual therapy, psycho educational groups, medications, and self-help groups.

Utilization management staff coordinates a comprehensive array of treatment procedures that effectively respond to patient needs, referral sources, payers, and external Utilization Review Organizations. The utilization management system and processes recognize that each patient, family, community support system, and payer environment is unique and, as such, requires our individually tailored plan to meet their specific needs. The Utilization Management staff reviews patient care on an ongoing basis to ensure that services provided are medically necessary and rendered in the appropriate clinical setting. Determinations are based on currently accepted standards of medical practice and, therefore, final decisions regarding issues of medical necessity of service and appropriateness of clinical care are only made by a physician.

Availability of Necessary Staff

A staffing plan is developed for each program and is reviewed and revised quarterly, or more frequently as warranted, by changing patient care needs or outcomes associated with established standards (i.e., Performance Improvement, Risk Management, Utilization Review, staff feedback, or acuity). The implementation of the plan is reviewed daily and includes consideration of patient care requirements and acuity; namely, admissions, discharges, patients on special observations, restraints/seclusion patients and patients with concurrent medical problems, and patients with high medical needs. When additional staff is needed, the PRN pool or staff working overtime is used.

Support Services

Other hospital services are available and provided to ensure that direct patient care and services are maintained in a seamless and continuous manner by coordinating identified organizations' functions such as Information Services, Human Resources, Environmental Services, Infection Control, and Organizational Performance Improvement. Their services support the comfort and safety of the patient and the efficiency of services available.

Recognized Standards or Guidelines for Practice

- American Nurses Association
- American Nurses Association of Psychiatry
- National Association of Private Psychiatric Hospital Systems
- Centers for Medicare and Medicaid Services
- American Psychiatric Association
- JCAHO
Well-Being

NHRMC and the Office of Graduate Medical Education is committed to ensuring that residents and fellows remain physically, mentally, emotionally, and spiritually healthy while completing their training program. Residency can be an inherently stressful time, and it is important to know about resources so you can take care of yourself to ensure you get the most out of your educational experience.

In the current health care environment, physicians are at increased risk for burnout and depression. Self-care is an important component of professionalism and is a skill that must be learned.

If you find yourself in need to speak to someone with a different perspective, we offer FREE and CONFIDENTIAL counseling services through the Employee Assistance Program. The Graduate Medical Education Office also encourages residents and faculty members to alert a program director and/or the GME Office, when you are concerned that another Resident, Fellow, or Faculty Member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence.

NHRMC’s Responsibility to Well-Being

- Enhancing the meaning that the Resident finds in the experience of being a physician, including protecting time with patients, minimizing non-physician obligations, providing administrative support, promoting progressive autonomy and flexibility, and enhancing professional relationships
- Attention to scheduling, work intensity and work compression that impacts Resident well-being
- Evaluating safety data and addressing the safety of Residents and faculty members in the learning and working environment
- Creating policies and programs that encourage optimal Resident and faculty member well-being
- Residents must be given the opportunity to attend medical, mental health and dental care appointments, including those scheduled during their working hours
- Attention to Resident and faculty member burnout, depression and substance abuse
  - NHRMC must educate faculty members and Residents in identification of the symptoms of burnout, depression and substance abuse, including means to assist those who experience these conditions
  - Residents and faculty members must also be educated to recognize those symptoms in themselves and how to seek appropriate care.
  - NHRMC, through its programs, must encourage Residents and faculty members to alert the program director or other designated personnel or programs when they are concerned that another Resident or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence.
  - Programs must provide access to appropriate tools for self-screening and provide access to confidential, affordable mental health counseling and treatment, including access to urgent and emergent care 24 hours a day, 7 days a week.
• Because there are circumstances in which Residents may be unable to attend work, including, but not limited to, fatigue, illness and family emergencies, each program must have a policy and procedures in place that ensure coverage of patient care in the event that a Resident may be unable to perform his/her patient care responsibilities.

Graduate Medical Education Office
The NHRMC/SEAHEC Office of Graduate Medical Education is here to help. Please feel free to contact us if you need more information regarding the following:
• Description of policies and procedures
• Benefits information
• Wellness Resources
• Anonymous Feedback/Grievance Form

GME Resident Mental Health Plan
1. Individualized wellness plan
2. The information will be maintained in the GME office.
3. Each department provides a wellness activity quarterly for their Residents
4. GME will provide a resident wellness activity bi-annually organized by the Resident forum representatives.
5. The GME provides an updated wellness resource list on the GME SharePoint site.
6. Our Family Medicine Residency program hosts Wellness Wednesdays. Information about these events will be posted in various areas and sent electronically.
7. Ongoing systems improvements including EPIC efficiency and optimization committee’s will meet to determine how to meet the needs of our physicians.
8. In house counselor through Employee Health.

GME Office Contacts
Joseph Pino, MD, MHA, Designated Institution Official
joseph.pino@seahec.net
910.667.9223

Ryan Barclay, Director, GME
ryan.barclay@nhrmc.org
910.667.9331

Lindsay Whitaker, GME Office Administrator
lindsay.whitaker@nhrmc.org
910.667.9222
Resident Mental Health Resources

Compassion Fatigue Resources

The capacity for our team members to interact with our community with compassion is one of the standards that sets us apart from other organizations. However, sometimes caring for others can take its toll on those involved in providing care.

Maintaining this high level of care - often under stressful conditions - can lead to burnout. Unless you take time to care for yourself as well, it can be difficult to care for others.

This can lead to compassion fatigue, also known as second-hand shock and secondary stress reaction. This is a type of stress that results from helping or wanting to help those who are traumatized or under significant emotional duress.

Common symptoms of compassion fatigue include:

- Chronic physical and emotional exhaustion
- Depersonalization
- Feelings of inequity toward the therapeutic or caregiver relationship
- Irritability
- Feelings of self-contempt
- Difficulty sleeping
- Weight loss
- Headaches

NHRMC has a number of resources for employees to help counteract and decrease the incidence of compassion fatigue.

Employee Assistance Program (EAP)
- EAP is fully confidential! EAP providers do not use EPIC for records.
- EAP provides services free of charge for you, your spouse, and your dependents.
- EAP is specifically designed to quickly assess your needs and help you access resources.
- For more information, go here or contact 1-800-822-4847

Spiritual Care
- Chaplains are trained clinicians who can provide comforting presence and non-judgmental listening.
- They can serve as a safe harbor for residents and fellows who are struggling with the moral, ethical and spiritual issues that can arise in health care.
- If you or a colleague is in crisis, help is immediately available. Call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), go to the Emergency Room, or call 911.
Additional NHRMC Benefits/Resources

- Employee Discounts
- The Jack Barto Center for Employee Fitness
- Nutrition Services
- Southeast Area Health Education Center (SEAHEC)
  SEAHEC provides continuing education and professional development for health providers. Among the classes and events offered through SEAHEC are some that address compassion fatigue.

Online Mental Health Resources

- Preventing Physician Burnout
- Physician Wellness: Preventing Resident Burnout
- Improving Physician Resiliency
- Preventing Physician Distress and Suicide
A. House Staff Agreement of Appointment
B. Process for Resident Hearing
C. Responsibilities of the Graduate Medical Education Committee
D. NHRMC Resident Benefits
E. Special Review Process
F. Transition in Care Policy
G. Website/Phone #’s Directory
HOUSE STAFF AGREEMENT OF APPOINTMENT

____________________ is hereby appointed to the House Staff of New Hanover Regional Medical Center (NHRMC) in the capacity of PGY ___ at an annual stipend of $______________ to be paid biweekly by NHRMC. This appointment shall last from ____________ through ______________ and is based on the following conditions:

The House Staff Physician

1. Agrees to abide by all applicable rules, regulations, and policies of NHRMC and its clinical departments and those of the North Carolina Medical Board (NCMB), and those of other appropriate governmental agencies and departments.

2. Agrees to perform diligently and conscientiously those responsibilities that may be reasonably required to the best of his or her ability and to the satisfaction of NHRMC. These responsibilities are outlined in the department policy and procedure manual as well as the House Staff Manual.

3. In reference to outside employment (moonlighting), agrees to the conditions set forth in the policy outlined in the House Staff Manual.

4. Agrees to submit proper documentation to the South East Area Health Education Center (SEAHEC) GME Administration Office to obtain a resident training license from the NCMB prior to the effective date of this appointment. Understands that if a training license is not issued by the effective date of this Agreement of Appointment, he/she will not be an employee of NHRMC and will not receive any pay or associated benefits until the training license is obtained. Will be responsible for timely completion and submission to GME Administration Office of the renewal application for training license annually by his/her date of birth for the duration of the appointment. Permanent license renewals will be submitted and paid annually by the Resident directly through the NCMB on his/her date of birth. If the Resident is transferring to NHRMC and has a permanent North Carolina license, NHRMC will pay for the annual renewals up to the amount allowed for the annual renewal of a Resident Training License ($125).

5. Has received, understands, and agrees to abide by the Graduate Medical Education policies and procedures as outlined in the respective department policy and procedure manual and the NHRMC House Staff Manual.
6. Has received and understands the Due Process and Grievance/Adjudication Procedure as outlined in the House Staff Manual. (The Grievance/Adjudication Procedure set forth in the House Staff Manual shall be the exclusive NHRMC Administrative grievance procedure available to the Resident).

7. Agrees that his/her contract is contingent upon the successful completion of a background check as well as a pre-employment physical examination, which includes passing a toxicology screen, breath analysis, and immunization updates as required. This will be administered by Employee Health at the NHRMC.

8. Agrees to adhere to the Duty Hours Policy as outlined in the House Staff Manual.

9. Acknowledges that he/she is participating in an academic training program and that the evaluation and progress reports of training are an integral part of the training program. The Resident acknowledges and agrees that information resulting from such evaluations may be furnished by the residency program (without further consent by the Resident) to certification boards and to any institution or organization to which he/she may apply for training, employment, or privileges.

10. Agrees to provide legal proof of citizenship or legal immigrant status, and proper employment authorization document by the effective date of this agreement. Documentation will be provided to the GME Office Administrator. No visas will be sponsored by NHRMC.

11. Will be required to pass Part III of the USMLE/COMLEX exam as stipulated by the policy in the House Staff Manual.

12. Agrees to participate in any Institutional committees or councils to which the Resident is appointed, assigned, or selected.

New Hanover Regional Medical Center

1. Agrees to meet the Commitments of Faculty in terms of overall responsibilities and supervision as outlined in the House Staff Manual.

2. Agrees to provide professional medical liability insurance to include tail coverage, with a summary of pertinent information regarding the basics of the coverage; disability insurance; uniforms and laundering of same; meals in the hospital cafeteria at employees’ cost and reimbursable while on call; and sleeping quarters for Residents taking formal night call. (The Resident understands that NHRMC shall not cover him or her for professional liability for activities not directly associated with the training program authorized by the Program Director.)

3. Agrees that appropriate medical and family leave may be authorized by the Program Director as outlined in the House Staff Manual.

4. Agrees to provide health insurance benefits in accordance with the medical center’s health insurance plan. The health insurance premium for both individual and dependent coverage will be paid by the medical center. The Resident will be responsible for deductibles and co-insurance on services provided. Insurance benefits will be effective the first day of the month following the date of employment.
5. Agrees to provide sick leave and vacation each year and time off for medical meetings as described in the House Staff Manual under Vacation/Sick Leave. Vacation time is to be scheduled through the Program Director.

6. Agrees to provide life and dental insurance that are optional and are further explained in the House Staff Manual.

7. Will pay for the Resident’s initial training license application and annual renewals but not for the Resident’s permanent license and renewals. If the Resident transfers from another program and has a permanent North Carolina license, NHRMC will pay for the annual renewals up to the annual cost of renewing a Resident Training License ($125).

8. Will administer appropriate policies in place that deal with harassment and exploitation as outlined in the House Staff Manual.

9. Agrees, in accordance with the Physician Impairment Policy as described in the House Staff Manual, to be provided confidential, professional counseling service through the Employee Assistance Program also outlined in the House Staff Manual. Residents may also utilize the North Carolina Physician’s Health Program that is also explained in the House Staff Manual.

10. In the event that this residency program will have to reduce the complement of Residents in training or close, Residents will be informed as soon as possible and current Residents can complete their training year and/or assistance will be given in finding a suitable position in another training program.

11. Agrees not to require Residents to sign a noncompetitive guarantee (Restrictive Covenant).

12. Agrees to provide Residents with access and eligibility information relating to Board certification in the event that the length of the training program is extended.

13. Agrees to provide disabled Residents with such reasonable accommodations as are necessary for the performance of their duties.

Termination of Employment

1. Employment during the term of this contract is expressly conditional upon your satisfactory performance as judged by the Program Director. In the event that the Program Director judges that you have not performed satisfactorily at any point during the term of this contract at the option of NHRMC and the SEAHEC GME Administration Office you may not be promoted to the next level or may be terminated in accordance with the terms of the Due Process Procedure as set forth in the House Staff Manual.

2. In the event that the Program Director judges that the Resident has not performed satisfactorily and that promotion to the next level or future employment shall be terminated during the term of the contract presently in effect, notification will be given 4 months prior to the end of this current agreement and this contract and any renewal contract at the NHRMC shall be void.

3. The Parties further agree that the Grievance/Adjudication Procedure set forth in the House Staff Manual shall be available according to its terms for the review of stated grievances.
The Parties have entered into this agreement in good faith and acknowledge their respective legal and ethical obligation to fulfill this agreement contingent upon satisfactory performance by the Resident until its expiration date, except in the case where the Resident is unable to do so because of incapacitating illness.

This agreement verifies the information on salary, benefits, and working conditions in place at the time you begin employment. These may change in the future based on performance evaluations, benefit changes, and/or other changes necessary to fulfill the mission of the Medical Center.

DATE: ___________  SIGNED: ______________________________________________________________________
Resident

DATE: ___________  APPROVED BY: __________________________________________________________________
Program Director

DATE: ___________  SIGNED: ______________________________________________________________________
Vice President for Graduate Medical Education
New Hanover Regional Medical Center
Designated Institutional Official (DIO)
PROCESS FOR RESIDENT HEARING

The process below is to be employed as a means of carrying out the hearing procedure when a Resident has properly and timely requested a hearing as provided in Policy 3.23, Grievance/Adjudication, of the NHRMC House Staff Manual.

Appointment of Hearing Officer or Committee – Neither a Hearing Officer nor any members of a Hearing Committee shall be individuals who are in economic or academic competition with the Resident who requested the hearing (“Resident”). Such individuals should not be attending physicians in the Resident’s program; however, they may have supervised the Resident during rotations on other services. If a Hearing Committee is selected, one member shall be the chairperson and that person shall act as the Presiding Officer. The Presiding Officer shall act to maintain decorum and to assure that all participants in the hearing have a reasonable opportunity to present relevant oral and documentary evidence. He/she shall determine the order of procedure during the hearing and shall make all rulings on matters, procedure, and admissibility of evidence. The hearing need not be conducted according to rules of law relating to the examination of witnesses or presentation of evidence.

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

Pre-Hearing Conference – At least three days prior to the hearing, the Presiding Officer shall have a Pre-Hearing Conference. The Presiding Officer may receive advice from the Medical Center attorney. The purpose of the Pre-Hearing Conference is to simplify the issues, stipulate or agree to the facts that are uncontested by the Parties, determine the procedure and schedule for presenting evidence, and consider any other matter which may expedite and streamline the hearing.

The Presiding Officer shall do the following at the Pre-Hearing Conference:

1. Receive a list of witnesses from the Program Director (or other individual representing the program) and the Resident (henceforth the “Parties”). If the Resident does not testify on his/her own behalf, the Resident may be called to testify and be examined by the Program Director or other individual representing the Program or the Hearing Officer or Hearing Committee members. Witnesses at the hearing may, in the Presiding Officer’s discretion, be required to take an oath or affirmation that the testimony and evidence he/she is about to present is the truth, the whole truth, and nothing but the truth.

2. Receive any and all documentation and information the Parties intend to present. The Parties will be allowed to present only evidence determined to be relevant by the Presiding Officer, regardless of its admissibility in a court of law.

3. Any objections to the process, witnesses, or evidence shall be raised by the Parties at the Pre-Hearing Conference and shall be determined by the Presiding Officer. Any objections which can be made and are not made at the Pre-Hearing Conference may be deemed waived at the hearing.

4. The Presiding Officer shall set time limits for the presentation of evidence by the Parties. Unless the Presiding Officer determines otherwise, the time limits shall be set at two hours for the Resident to present his/her evidence and two hours for the Program Director or other individual representing the Program to present his/her evidence. The Resident shall go first.
At the conclusion of all the evidence, the Resident shall have 15 minutes for a conclusion statement, if so desired. The Program Director or other individuals representing the Program will then have 15 minutes for a conclusion statement.

5. The Hearing Officer or Chairperson shall act upon the request of either Party to have a record made of the hearing. The record may be by electronic recording and/or note taker.

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

 Call and examine witnesses
 Introduce exhibits
 Cross-examine (question) any witness on any matter relevant to the issues
 Discredit (impeach) any witness
 Rebut any evidence

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

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

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

Close of Hearing – At the conclusion of the hearing, the Presiding Officer shall close the proceedings and no additional information or communication shall be accepted by the Hearing Officer or Hearing Committee until after a decision has been rendered.

Confidentiality – All information reviewed for, or presented at, the hearing is confidential. Neither the parties nor the witnesses are to discuss or otherwise disclose this information.

Conflict – In the event of a conflict between these procedures and Policy 3.23, Grievance/Adjudication, in the NHRMC House Staff Manual, the House Staff Manual will supersede.
RESPONSIBILITIES OF GRADUATE MEDICAL EDUCATION COMMITTEE (GMEC)

The GMEC reviews and approves:

- Annual recommendations to NHRMC’s administration regarding Resident/Fellow stipends and benefits, and the number of funded positions in each ACGME accredited program (Core)
- Institutional GMEC policies and procedures (Core)
- All applications for ACGME accreditation of new programs (Core)
- Requests for permanent changes in Resident/Fellow complement (Core)
- Major changes in ACGME-accredited programs’ structure or length of training education (Core)
- Additions or deletions from each ACGME-accredited program’s list of participating sites (Core)
- Appointments of new program directors (Core)
- Progress reports requested by any Review Committee (Core)
- Responses to all proposed adverse actions
- Responses to interim Clinical Learning Environment Review (CLER) site visit reports (Core)
- Requests for exceptions of Resident to duty hours requirements (Core)
- Voluntary withdrawal of ACGME program accreditation (Core)
- Requests for an appeal of an adverse action by a Review Committee (Core)
- Appeal presentations to an ACGME Appeals Panel (Core)

GMEC Process 1: Annual Institutional Review (AIR)
The GMEC must demonstrate effective oversight of NHRMC’s accreditation through an Annual Institutional Review (AIR).

- Institutional performance indicators:
  - ACGME notification of institutional accreditation
    - Results of most recent CLER visit
    - Results of institutional self-study
    - Aggregate results of ACGME surveys
      - Faculty
      - Residents
    - Aggregate results of program performance indicators
  - Monitor procedures for action plans
  - Executive summary to the governing body and the Senior Institutional Executive (SIE)

GMEC Process 2: Annual Program Review (APR)
The GMEC must demonstrate effective oversight of ACGME program accreditation through an Annual Program Review (APR) process.

- Components of an APR protocol and template should include:
  - The ACGME Common, specialty/subspecialty specific Program, and Institutional Requirements in effect at the time of the evaluation
  - The most recent accreditation letters of notification from previous ACGME reviews and progress reports sent to the respective Review Committees
  - The most recent APR report
  - Reports from previous GMEC Special Reviews of the program
  - Results from internal or external Resident/fellow, faculty, and patient surveys; and,
  - Annual performance data provided by the ACGME

- The APR protocol should outline the reporting structure and monitoring procedures after the APR is completed
GMEC Process 3: Special Review
The GMEC must provide evidence of quality improvement efforts by maintaining a GMEC Special Review process for programs that warrant intervention beyond the APR.

- Minimum components of a GMEC Special Review protocol and template must include:
  - Criteria for initiating a GMEC Special Review (Core)
  - Committee membership from within NHRMC but not from within the department of the ACGME-accredited program under review that is comprised of:
    - At least one faculty member (Core)
    - At least one Resident/fellow (Core)
    - Additional internal or external reviewers
    - Administrators which may include the DIO, as determined by the GMEC
  - Interviews with:
    - The program director (Core)
    - At least two core faculty members (Core)
    - At least one peer-selected Resident/fellow from each PGY-level in the ACGME accredited program (Core)
    - Other individuals as deemed appropriate by the GMEC Special Review committee, depending on the circumstances of the review
  - Specific outcome measures (Core)

The GMEC Special Review protocol must outline a reporting structure, monitoring procedures, and a timeline, including written recommendations and procedures for follow-up to improve ACGME-accredited program performance in specified areas (Core).

Institutional GME Infrastructure and Operations
NHRMC must ensure that the DIO has sufficient financial support and protected time to effectively carry out his or her educational and administrative review.

NHRMC must ensure sufficient salary support and resources to allow for effective administration of the GME Office.

NHRMC, in collaboration with each ACGME-accredited program, must ensure that the DIO and the program directors pursue continuing professional development education applicable to their roles as educational leaders.

NHRMC, in collaboration with ACGME-accredited program, must ensure that:
- Program directors have sufficient financial support and protected time to effectively carry out their educational and administrative responsibilities as designated in the Institutional, Common, and specialty/subspecialty-specific Program Requirements
- Resources, including program coordinators, time, space, technology, supplies, are available to allow for effective administration of ACGME-accredited programs
NHRMC RESIDENT BENEFITS

Call Rooms
- Sleeping provisions
- Private shower facilities
- Computers, printers and telephones

Allowances
- Annual fund for book purchases
- Personal Digital Assistant reimbursement
- On-call meal cards
- Off-campus housing allowance for required off campus rotations

Resident Lounge
- Large screen television
- Variety of coffee, tea and soda selections
- Complimentary Refreshments

Lab Coats
- Two personalized, embroidered lab coats in the first year
- One lab coat provided as requested annually

Campus
- Tobacco-free grounds
- Three on-site dining facilities with discounted healthy options
- Physician designated free parking
- Employee Pharmacy located in main concourse

Electronic Medical Record System
- Efficient reporting for research studies
- Eliminates illegible medical records
- Increases consistency in the hand-off process

Library Resources
- Access to the statewide AHEC Digital Library
- Access to UNC Chapel Hill’s Health Sciences Library
- Librarians assigned to specific residency programs
- Hard copy resources available for check-out and reference

Travel
- Opportunities for formal away rotations to supplement learning experiences
- Funding for research presentations at regional and national conferences
- Medical mission trips available in some programs
Retirement Savings
- Authorized payroll deduction
- 403(b) and 457(b) options
- Transferable upon graduation

Confidential Counseling, Medical, and Psychological Support Services
- Employee Assistance Program (EAP) managed by independent, off-site counseling service
- Access to individual counseling sessions with the Director of Behavioral Medicine
- Employee Health and Clinic for health assessments, immunizations and illnesses

Career Planning Resources
- Professional development seminars (CV writing, employment contracts, etc.)
- Access to regional hospital recruiters

Core Benefits
- Dental Insurance to help pay for preventive, basic and major care
- Long-term Disability Insurance to replace 60% of base salary
- Life Insurance up to $10,000 with the option of purchasing additional coverage
- Vision Insurance that includes a $150 annual expenditure for eyewear
- Health Coverage effective the first of the month following the hire date
- First-year Residents receive 22 paid days off; all other Residents receive 27 paid days off
- For salary information, visit FREIDA

Employee Fitness Center
- Open 24-hours, seven days a week exclusively for employees and their eligible dependents
- Equipped with a variety of cardio, strength and conditioning machines
- Includes an indoor walking/running track and group exercise classes
- Drop-in childcare

Additional Benefits
- Good For You Initiative
- Employee Discounts
- Children’s Learning Center – a Five-Star rated facility for hospital employees
- Adoption Assistance – Receive up to $3,000 to apply to adoption fees
- LegalShield
- College Savings Plan
Appendix E

Graduate Medical Education Committee Special Review Policy

**Purpose:** The Graduate Medical Education Committee (GMEC) provides oversight for the quality of the GME learning and working environment with the Sponsoring Institution, each of its ACGME accredited programs, and its participating sites. The quality of educational experiences in each ACGME-accredited program must lead to measurable achievement of educational outcomes as identified by the ACGME. It is the responsibility of GMEC to identify programs which are underperforming or are at risk for underperformance and develop a process to oversee the improvement of these programs.

**Scope:** This policy applies to Graduate Medical Education Programs accredited by the ACGME.

**Definition**

a. A Special Review Process (SRP) is conducted by the institution with oversight by the DIO (designated institutional Official) and the GMEC that:
   
i. Assists new programs and programs in states of transition to be in compliance with ACGME program standards as stated in the ACGME Institutional and Program Specific Program Requirements. These programs are deemed Category 1 programs.
   
ii. Reviews programs that meet criteria for underperformance and develops a plan for program improvement to correct these areas of underperformance. These programs are considered Category 2 programs.

b. The Special Review Process is a fact-finding process designed to engage program directors, faculty and residents in improving the quality of their educational program. The GMEC provides oversight of this process to assure compliance with the quality improvement plans developed. As part of our due process, the DIO and Director of GME will meet and discuss if the special review process is warranted. If after review of the situation the GME Director and DIO believes that the plan in place is appropriate, the DIO and the Director of GME will bring this information back to the GME Committee to review the issue to determine if things have improved or a SRC (Special Review Committee) needs to be formed to investigate further.

c. The Special Review Committee (SRC) is the committee that conducts and records the findings of the Special Review. The committee will be appointed by the DIO and will consist of the following members:

   i. Two faculty members from within the institution not from the program being reviewed, one of whom will be designated by the DIO as the Chair of the SRC.

   ii. At least one resident or fellow from within the institution not from the program being reviewed.

   iii. The Director of Graduate Medical Education or designee.
iv. Other internal members may be appointed at the discretion of the DIO and may include members of Professional Development or other hospital departments with a role in resident education or support.

v. External Consultants from outside the institution may be appointed at the discretion of the DIO

**Procedure**

a. There are 2 main types of review:
   i. Focused Review to GMEC: A verbal report provided to GMEC regarding areas of concern that need further explanation for the SRC to determine the appropriate action to be recommended.
   
   ii. Full internal review of a program. This would consist of reviewing aspects of a program against compliance of their ACGME standards for that individual program (institutional, Common Program, and Specific Program Requirements.)

b. The DIO will appoint the SRC and determine the level of review required for the program
   i. Category 1 programs will require a comprehensive review of the program.
   
   ii. Category 2 will require a focused review to address the identified deficiency.

c. Category 1 Programs
   i. Newly accredited programs
      1. Programs will be reviewed within the second six months of the first year of the program accepting residents or fellows.
      2. Programs with a significant decrease in core faculty as interpreted by the Program Director, DIO or department chair.

d. Category 2 Programs
   i. Programs with poor performance as measured by the following “may” trigger a SRC.
      1. ACGME status of Accreditation with Warning
         a. Focused review based on citations
      2. ACGME status of Probationary Accreditation
         a. Focused review based on citations
      3. Notification from ACGME of pending “focused” review.
      4. Rolling Board Pass rate not achieving ACGME thresholds as defined in the specialty specific program requirements over two consecutive years.
      5. Twenty-five (25) percent of the program’s trainees showing a downward trend in their in-training exam scores compared to their national peers in the same year of training.
      6. Downward trend over a two-year period of greater than or equal to 50% of the categories on the ACGME faculty surveys.
      7. Low production of scholarly activity by the residents or faculty as defined by the specialty or subspecialty program requirements.
8. Overall lack of progression on the Milestones of the trainees within the program.
9. Lack of compliance and documentation in webADS.

e. Additional Criteria for Initiating a Special Program Review
   i. Internal Criteria:
      1. At the request of hospital, department or program administration.
      2. Concerns identified on internal surveys.
      3. Concerns identified and communicated to the GME office by residents or faculty in a particular program.
      4. Failure to submit GMEC required data on or before identified deadlines.
      5. Program-specific issues identified by the GMEC or its subcommittees.

   ii. External Criteria:
      1. Board pass rate below the minimum required by the supervising RRC.
      2. A pattern of resident and/or faculty attrition.
      3. Case log data from the ACGME of recent graduates indicating that minimum requirements are not being met.
      4. Concerns identified on the annual ACGME resident survey.
      5. A pattern of significant downward trends since the last survey.
      6. Survey completion rate below the 70% required by the ACGME.
      7. Concerns identified by the ACGME faculty survey.
      8. A pattern of significant downward trends since the last survey.
      9. ACGME request for progress report related to concerns identified on the Resident or Faculty Survey.
     10. Failure to submit ACGME required data on or before identified deadlines.
     11. Inability to demonstrate success in the CLER focus areas.
         a. Patient safety
         b. Health Care Quality
         c. Care Transitions
         d. Supervision
         e. Duty Hours, Fatigue Management and Well-being
         f. Professionalism

f. Document Review: The SRC may review the following documents during the review process. Category 1 reviews will require review of all the following documents. Materials for category 2 reviews will be determined by the SRC.
   i. Accreditation standards to include the ACGME Institutional Requirements, Common Program Requirements, and the specialty or subspecialty Program Specific Requirements in effect at the time of the review for the program under review.

   ii. The most recent and immediate past accreditation letters from the ACGME with attention to previous citations and concerns.

   iii. Program correspondence to the ACGME with attention to progress reports from previous citations.
iv. The program’s most recent and immediate past Annual Program Evaluation report.

v. Competency-based goals and objectives for required educational rotations.

vi. Duty hour compliance reports.

vii. Results from internal or external resident surveys, if available.

viii. Results from ACGME faculty surveys.

g. Interview Process

i. A date for the Special Review process will be set by the GME office acceptable to the Program Director, SRC and other members invited by the DIO.

ii. The entire SRC will be present for all interviews as scheduling allows.

Interviews will be conducted with:
1. Program Director
2. Associate Program Director
3. Key Faculty Members
4. At least one resident from each level of training

Special Review Report

At a minimum, the Special Review Report will contain the following information:

- The findings of the SRC.
- The Quality improvement goals determined for the program.
- The corrective actions the program will take to achieve these goals. with a timeline for implementation.
- The Process the GMEC will follow to monitor for these outcomes.

a. The report will be completed by the Chair of the SRC and will be based on the findings of the review with the input from the committee members.

b. The completed initial report will be distributed to the DIO and the PD for review and comment. If the PD or DIO identify factual errors in the report, they may ask for the report to be amended prior to further distribution and presentation of the report to the GMEC.

c. The Chair of the SRC will make final determinations on all requested corrections and amendments prior to distribution and presentation of the final report to the GMEC.

d. After the initial Special Review Findings are developed, the chair of the SRC will meet in with the PD to review the committee’s findings.

e. The PD will develop the Special Review Action Plan to address the noted areas in need of improvement. This plan will include the specific steps to address the deficiencies and target dates of completion.
f. The SRF and the SRAP will be presented to the GMEC by the SRC chair and the PD.
g. The report by the SRC and the Special Review Action Plan will constitute the final Special Review Report.

The Program Director will be required to report to the GMEC at least every six months on the program’s progress. The GMEC will monitor the progress of the program in achieving correction of the cited areas of deficiency noted in the Special Review Report. The GMEC will stop monitoring the program once all deficiencies have been corrected.
New Hanover Regional Medical Center Graduate Medical Education Transition In Care Policy

Objective: To establish protocol and standards within the New Hanover Regional Medical Center residency and fellowship programs to ensure the quality and safety of patient care when transfer of responsibility occurs. Transitions in care includes, but is not limited to, shift to shift, specialty to specialty, unit to unit, and institution to institution patient handovers.

Accreditation Council for Graduate Medical Education Institutional Requirement

Transitions of Care: The Sponsoring Institution must:

III.B.3.a) facilitate professional development for core faculty members and residents/fellows regarding effective transitions of care; and, (Core)

III.B.3.b) in partnership with its ACGME-accredited program(s), ensure and monitor effective, structured patient hand-over processes to facilitate continuity of care and patient safety at participating sites.

POLICY: Clinical assignments must be designed to minimize the number of transitions in patient care. Programs are responsible for ensuring that Residents are competent in communicating with team members in the hand-over process. Effective, structured hand-over processes that facilitate both continuity of care and patient safety must be in place and monitored. Schedules that inform all member of the healthcare team of attending physicians and Residents currently responsible for each patient’s care must also be available.

1. The transition process must involve either a face-to-face interaction or phone conversation with both verbal and written/computerized communication, with an opportunity for the receiver of the information to ask questions or clarify issues. The transition process should include, at a minimum, the following information in a standardized format:
   a. Identification of the patient, including name, medical record number, and age.
   b. Identification of the admitting/primary/supervising physician and their contact information.
   c. Diagnosis and current status/condition (level of acuity) of patient
   d. Recent events, including changes in condition or treatment, current medication status, recent lab tests, allergies, anticipated procedures and actions to be taken
   e. Outstanding tasks – what needs to be completed in the immediate future
   f. Outstanding laboratories/studies – what needs follow up during the shift
   g. Changes in patient condition that may occur requiring interventions or contingency plans

2. Each residency program must develop a program specific policy on Transitions in Care specific to the specialty, and consistent with the setting of patient care. Programs are required to develop scheduling and transition procedures to ensure that:
   a. Residents comply with specialty specific/institutional work hour requirements.
   b. Faculty and/or senior residents are scheduled and available for training level appropriate supervision of transitions.
c. All parties (including nursing) involved in the care of patients in a transitions process have access to one another’s contact information. All parties are required to update schedule changes in Perfect Serve.
d. Patients are not inconvenienced or endangered by frequent transitions in care.
e. All parties directly involved in the patient’s care before, during, or after the transition have the opportunity for communication, consultation and clarification of information.
f. Safeguards exist for coverage when unexpected changes in patient care may occur due to circumstances such as resident illness, fatigue or emergency.

3. The program will ensure that residents and core faculty are educated on program specific Transitions in Care.
   a. Resident education must occur on an annual basis.
   b. Core faculty development must occur at least every other year.

4. Residents must demonstrate competency in the performance of Transitions in Care. There are a number of ways for the program to determine the competency of trainees in handoff skills and communication. These may include direct observation by faculty, direct observation by senior residents, evaluation of written handoff materials, didactics on handoff communication skills, survey of adverse events and relationship to sign out quality through reporting tools and chart review.

5. Programs must ensure:
   a. There is a standardized process in place that is routinely followed.
   b. Necessary materials are available to support the handoff. For most programs, this will be a written or electronic handoff.
   c. A quiet setting free of interruptions is consistently available for handoffs that include face-to-face communication.
   d. Patient confidentiality and privacy are ensured in accordance with HIPAA guidelines.
   e. There are consistent opportunities for questions.
<table>
<thead>
<tr>
<th>WEBSITES / PHONE #'S DIRECTORY</th>
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<td><strong>NHRMC Benefits Website</strong></td>
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| **GME Office**               | Joseph Pino, MD, MHA, Designated Institution Official
|                             | joseph.pino@seahec.net
|                             | 910.667.9223
|                             | Ryan Barclay, Director, GME
|                             | ryan.barclay@nhrmc.org
|                             | 910.667.9331
|                             | Lindsay Whitaker, GME Office Administrator
|                             | lindsay.whitaker@nhrmc.org
|                             | 910.667.9222 |
| **Employee Assistance Program** | Phone: 800.822.4847
|                             | http://www.lifeserviceseap.com/
|                             | Username and password (contact Employee Health and Clinic) |
| **Supplemental Insurance**    | George Chadwick Insurance
|                             | 3301 Wrightsville Avenue
|                             | Wilmington, NC  28403
|                             | Attn: Claude Bridger
|                             | 910.762.2489 ext. 308 |
| **Risk Management**           | Laura Festa
|                             | laura.festa@nhrmc.org
|                             | 910.815.5315 |
| **Director of Behavioral Health** | Joseph Kertesz, MA, LPC
|                             | 910.332.3606
| **Employee Health and Clinic** | 910.667.7445
|                             | http://www.nhrmc.org/EmployeeHealthandClinic |
| **NC Physicians Health Program** | 919.881.0585
|                             | http://www.ncphp.org/ |
| **NC Medical Board**          | http://www.ncmedboard.org/ |
| **Health Insurance Portability and Accountability Act** | http://www.hipaa.com/ |
| **State Health Director**     | Chief, Communicable Disease Control Branch
|                             | 1902 Mail Service Center
|                             | Raleigh, NC 27699-1902 |
| **Patient Safety Hotline**    | 910.642.3416 |