



College of Medicine

GME

**HOUSESTAFF
MANUAL**

**2019-2020
ACADEMIC YEAR**

**Office of Graduate Medical Education
University of Arizona College of Medicine-Tucson
Tucson, Arizona 85724
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INTRODUCTION

The University of Arizona is the Sponsoring Institution for the residency and fellowship programs at the University of Arizona College of Medicine – Tucson and the College of Medicine – Phoenix. The Offices of Graduate Medical Education (GME) at each College established this Manual for our residents and fellows. The manual sets forth your duties, responsibilities, rights and privileges. Please read it carefully.

This Manual is divided into three sections: the first deals with policies that are unique to residents and fellows; the second section outlines the due process guidelines afforded to each resident and fellow facing non-disciplinary and disciplinary action; and the third section excerpts policies from the Banner Health Employees' Handbook that are applicable to all residents and fellows

Throughout this manual, the term “resident” or “residency” is used to collectively refer to both residents and fellows participating in a residency or fellowship program.

SECTION I

RESIDENT/FELLOW POLICIES

BASIC DUTIES AND RESPONSIBILITIES

Residents and Fellows are expected to:

1. Develop a personal program of self-study and professional growth with guidance from the teaching staff.
2. Participate in supervised patient care as described by your program which is effective, safe, compassionate and commensurate with your level of training.
3. Take call as set forth by your program.
4. Participate fully in the educational activities of your program and, as required, assume responsibility for teaching and supervising other residents and students.
5. Participate in the programs and activities involving the medical staff and adhere to the established practices, procedures and policies at a Banner – University Medical Center facility and at any other institution through which you may rotate as an approved part of your program.
6. Participate in committees as requested at a Banner - University Medical Center facility and at any other institution through which you may rotate as an approved part of your program, especially those that relate to patient care review activities.
7. Apply cost containment measures in the provision of patient care.
8. Communicate immediately with your Program Director, Chief Resident, or appropriate faculty member if for any reason, you are sick or will be unable to fulfill your responsibilities. Remember that you will be asked to fill in for your colleagues when they are sick and as much advanced notice of absences as possible is greatly appreciated.

CERTIFICATION OF RESIDENCY OR FELLOWSHIP TRAINING

1. All residents satisfactorily completing their first year's training may receive a certificate of satisfactory completion of such training, if requested by the Program.
2. All residents and fellows will receive a certificate upon leaving The University of Arizona College of Medicine-Tucson's graduate medical education training that will detail the time they were a resident/fellow in a sponsored residency or fellowship (See UACOM Certificate Policy).
 - a. The dates on the certificate must match the actual start and end date for each resident/fellow. If the resident/fellow was on a leave of absence that extended his/her training, the actual end date will be reflected on the certificate.
 - b. Certificates will not be reprinted for a resident requesting a name change as the certificate must reflect the legal name at the time of graduation.
 - c. GME Administration will not change the medical degree that was originally bestowed (e.g., MBBS to MD). Each resident/fellow will have the option to include or exclude their professional degrees on their certificate.
3. Receipt of a certificate of satisfactory completion is contingent upon the recommendation of the Program Director and the resident's completion of the following responsibilities:
 - a. Completion of all medical records at each institution integrated and/or affiliated with the training program;
 - b. Return of all borrowed materials to each of the medical libraries;
 - c. Return of keys and other assigned material and items to appropriate training program office;
 - d. Completion of all program evaluations; and
 - e. Completion of graduation information on the Separation Form and/or Survey.
4. The Resident/Fellow is responsible for completing the Separation Information Survey in New Innovations from the Office of Graduate Medical Education (GME Office), obtaining the

necessary clearance signatures, and submitting the form to their respective training program office.

5. GME Administration will prepare and distribute all certificates to the appropriate program coordinator only after receipt of a completed Separation Information Survey and receipt of a copy of the final Summative Letter signed by the Program Director.
6. The Program Director will assume the responsibility of assuring that all of the above responsibilities are fulfilled. In certain circumstances the Program Director may apply for a waiver of these requirements, which may or may not be granted, to allow for receipt of certificates at the graduation ceremony. Any breach of this responsibility will result in subsequent denial of the waiver.
7. The residency or fellowship program office will respond to all inquiries to verify completion of training for hospital appointments, state licensure, and board certification.

CLINICAL AND EDUCATION WORK HOURS

All residency and fellowship programs sponsored by University of Arizona College of Medicine - Tucson and College of Medicine - Phoenix and Tucson must be in compliance with the Clinical and Educational Work per Week requirements established by the Accreditation Council for Graduate Medical Education (ACGME).

Clinical and Educational Work Hours

1. Clinical and Educational Work Hours are defined as all clinical and academic activities related to the training program: patient care (inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, scheduled academic activities such as conferences, clinical work from home and all moonlighting. Work hours DO NOT include reading and preparation time spent away from the work site.
2. Clinical and educational work hours must be limited to 80 hours per week when averaged over a four-week period, inclusive of in-house call activities AND ALL MOONLIGHTING (J-1 visa holders and PGY 1 residents are not permitted to moonlight).
3. Residents and fellows must be provided with 1 unscheduled day in 7 free from all educational and clinical responsibility, averaged over a 4-week period, inclusive of call. One day is defined as a continuous 24-hour period free from all clinical, educational and administrative activities. Home call cannot be assigned on free days.
4. Residents and fellows should have 8 hours off between scheduled clinical work and education periods. There may be circumstances when residents and/or fellows choose to stay to care for their patients or return to the hospital with fewer than 8 hours free of clinical experience and education. This must occur within the context of the 80-hour and 1 day off in 7 requirements.
5. Residents and fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
6. Clinical and educational work periods for residents and fellows must not exceed 24 hours of continuous scheduled clinical assignments. Up to 4 hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident/fellow education. Additional patient care responsibilities must not be assigned to resident/fellow during this time.
7. In some circumstances, residents or fellows may remain beyond their scheduled work hours to continue to provide care to a single patient. Justifications for such extensions of work hours are limited to reasons of required continuity for a severely ill or unstable patient, academic

importance of the events transpiring, or humanistic attention to the needs of a patient or family. Under these circumstances, the resident or fellow must:

- a. Appropriately hand over the care of all other patients to the team responsible for their continuing care; and,
- b. Document the reasons for remaining to care for the patient in questions and submit that documentation in every circumstance to the Program Director.
- c. The Program Director must review each submission of additional service and track both individual trainee and program-wide episodes of additional work hours.

On-call Activities

1. The objective of on-call activities is to provide residents/fellows with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those work hours beyond the normal work day, when residents/fellows are required to be immediately available in the assigned institution.
2. Residents and fellows must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).
3. At Home Call: Time spent on patient care activities by residents and fellows on at-home call must count toward the 80-hour maximum weekly limit.
 - a. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for 1 day in 7 free of clinical work and education, when averaged over four weeks. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident or fellow.
 - b. When residents or fellows are called into the hospital from home, the hours spent in-house are counted toward the 80-hour limit but do not initiate a new “off-duty period.”
 - c. The Program Director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.
4. Any resident or fellow who feels unsafe to drive home after work may arrange for alternate transportation and, if applicable, request reimbursement from the program.
5. The GME Office will request action plans from individual programs that are suspected of non-compliance with work-hour standards. The GME Office encourages programs to involve residents and/or fellows in the preparation of these plans. The GME Office will request monthly progress reports at the Graduate Medical Education Committee (GMEC) concerning the program’s efforts at compliance.

CLOSURE/REDUCTION OF TRAINING PROGRAM

1. In the event of the closure of either of the University of Arizona Colleges of Medicine or one of its major affiliates, the closure of a residency/fellowship program, or a reduction in the size of a sponsored training program, the transition of trainees into other programs will be facilitated by the Dean, or designee, of the impacted College of Medicine. The Dean will inform the GMEC, DIO and trainees of a decision to close or reduce the size of a program as soon as practical.
2. Regardless of the reason for closure or reduction, the GMEC will have oversight of the process and the following procedures will apply:
 - a. The DIO and/or Program Director will inform the affected residents/fellows as soon as possible.
 - b. The DIO will notify the ACGME in writing of any decision on the part of the University to close or reduce the size of a program.

- c. Whenever possible, a phased closure will be implemented to allow the trainees in the program to continue until the end of the academic year.
- d. There will be no further recruitment into the program if the program or college is to close entirely.
- e. If necessary, the Program Director and DIO will work with the trainees and the ACGME to find positions in other accredited programs.
- f. Reasonable effort will be made to insure that trainees will not lose income through the course of the transfer to another program.
- g. If necessary, coordination with other programs/departments will be arranged to facilitate scheduling adjustments.

DISASTER AND EXTREME EMERGENT SITUATIONS POLICY

1. A disaster is an event or series of events that cause significant alteration to the residency/fellowship experience of one or more programs. The ACGME Chief Executive Office, with consultation of the ACGME Executive Committee and the Chair of the ACGME Institutional Committee, will make a declaration of a disaster.
2. In the event of a disaster, UACOM-Tucson GME has developed a partnership with the University of New Mexico (UNM) to provide information, support and communications in case such resources become unavailable due to the disaster.
 - a. In the case of a disaster requiring evacuation of the University, but in which services and communication are intact, we will communicate with residents/fellows through the GME website with up-to-date postings of information and resources, as well as responses to specific questions via our email network.
 - b. In case of loss of communication systems and evacuation, the University will partner with UNM, 505-272-6225 to post information on its GME website and residents/fellows will temporarily be accommodated in Albuquerque. A connected administrative structure will be set up in Albuquerque at the UNM.
3. An extreme emergent situation is a local event that affects resident/fellow education or the work environment but does not rise to the level of a disaster. Declaration of an extreme emergent situation may be initiated by a Program Director or by the DIO in collaboration with the affected hospital's CEO or designee, affected Program Directors, and Department Chairs.
4. After declaration of an extreme emergent situation:
 - a. The Program Director of each affected residency or fellowship program will meet with the DIO and other university/hospital officials, as appropriate, to determine clinical duties, schedules, and alternate coverage arrangement for each program sponsored by the University. ACGME's guidelines for development of these plans state:
 - i. Residents and fellows must be expected to perform according to the professional expectations of them as physicians, taking into account their degree of competence, level of training and context of specific situation.
 - b. Program Directors will remain in contact with the DIO regarding implementation of action plans and additional resources, if needed.
 - c. The DIO will notify the ACGME Institutional Review Committee Executive Director if the extreme emergent situation causes serious, extended disruption that may affect the University's or a program's ability to remain in substantial compliance with ACGME requirements.
 - d. The DIO and the GMEC will meet with affected Program Directors to establish monitoring to ensure the continued safety of residents, fellows and patient through the duration of the situation; to determine that the situation has been resolved; and to

assess additional actions needed, if necessary, to restore full compliance with each affected residents' or fellows' completion of their educational program requirements.

EDUCATION ON STRESS, SLEEP DEPRIVATION, FATIGUE AND SUBSTANCE ABUSE

The University of Arizona, as the Sponsoring Institution, ensures that each residency and fellowship program provides effective educational experiences for its residents and fellows. These experiences should lead to measureable achievement of educational outcomes in the specific sub-specialties and in the ACGME competencies with regard to personal health.

Each program must ensure that residents and fellows are educated on an annual basis on the identification and prevention of stress, sleep deprivation, fatigue and substance abuse.

ELIGIBILITY AND SELECTION OF RESIDENTS and FELLOWS

All ACGME accredited programs in the College of Medicine – Tucson and College of Medicine – Phoenix are required to participate and attempt to fill all entry-level positions through the NRMP Match or another national matching program. This policy applies to all programs for which matching services are available.

The selection of U.S. allopathic senior students is ONLY available through the NRMP Match or other national matching programs. When programs select residents from outside the national match, residents will be deemed eligible by the GME Office following eligibility standards as established by the ACGME.

1. Applicants are considered eligible if they meet one of the following:
 - a. Graduates of medical schools in the U.S. or Canada accredited by the Liaison Committee on Medical Education (LCME).
 - b. Graduates of colleges of osteopathic medicine in the U.S. accredited by the American Osteopathic Association (AOA).
 - c. Graduates of medical schools outside the U.S. or Canada who meet one of the following qualifications:
 - i. Holds a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) **PRIOR** to appointment, or
 - ii. Holds a full and unrestricted license to practice medicine in a U.S. licensing jurisdiction in which they are training.
 - iii. Has graduated from a medical school outside the U.S. and has completed a Fifth Pathway program provided by an LCME-accredited medical school.
 - d. Fellows entering an ACGME accredited fellowship program must be a graduate of an ACGME accredited or ACGME-I accredited residency or meet RRC-specific Fellow Eligibility Exception Requirements (if applicable).
2. Visas
 - a. UACOM programs will accept applicants eligible for a J-1 Visa status.
 - b. Requests for other visas will be reviewed on a case by case basis.
3. Resident/Fellow Selection

- a. All residents and fellows should be appointed only when their documented prior experience and attitudes demonstrate the presence of the abilities necessary to successfully master the clinical knowledge and skills required of all program graduates.
 - b. All residents and fellows must have demonstrated understanding and facility in using the English language.
 - c. The College of Medicine will ensure that its ACGME-accredited programs select from among eligible applicants on the basis of residency program related criteria such as their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. The University of Arizona does not discriminate with regard to sex, race, age, religion, color, national origin, disability, sexual orientation, veteran status, gender identity, genetic information or any other legally protected status.
 - d. If a selected resident or fellow cannot satisfy all eligibility requirements as of the start date of the program, employment will not commence or will be suspended immediately pending proof of eligibility with NO RIGHT TO REVIEW.
4. Falsification or Material Omission on Application Documents
- a. Any falsification or material omission on any application document will result in immediate Disciplinary Action up to and including dismissal, as outlined in Section II: Due Process Guidelines and Policies.

EVALUATIONS OF RESIDENTS AND FELLOWS

All residency and fellowship programs must demonstrate an effective plan for assessing performance throughout the program and for utilizing the results to improve resident/fellow performance.

This plan should include:

1. The use of methods that produce an accurate assessment of the resident/fellow's competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
 - a. Mechanisms for providing regular and timely performance feedback to residents and fellows that includes, at a minimum:
 - i. Faculty evaluations of the resident/fellow's performance during each rotation or similar educational assignment, and document this evaluation at completion of the assignment;
 - ii. Use of multiple evaluators. Appropriate sources of evaluation include faculty, patients, peers, self and other professional staff;
 - iii. Written semi-annual evaluation this is communicated to each resident/fellow in a timely manner;
 - iv. Document progressive resident/fellow performance improvement appropriate to educational level; and
 - v. The maintenance of a record of evaluation for each resident/fellow that is accessible to the resident/fellow.
2. The Program Director must provide a final evaluation for each resident/fellow who completes the program. The evaluation must include a review of the resident/fellow's performance during the final period of education and should verify that the individual has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice. The final evaluation

must be part of the trainee permanent record maintained by the Institution (See Summative Letter Policy).

FAMILY MEDICAL LEAVE (FML)

1. Any resident or fellow is eligible to request Family Medical Leave if the resident/fellow has been a Banner Health employee for at least one year and has worked at least 1250 hours in the 12-month period previous to the leave request. If eligible, the resident or fellow is entitled to take up to 12 weeks of unpaid leave during any 12-month period for one or more of the following reasons:
 - a. The birth of the resident/fellow's child and/or to bond with the newborn child within one year of birth;
 - b. The placement of a child with the resident/fellow for adoption or foster care and/or to bond with the newly placed child within one year of placement;
 - c. A serious health condition of the resident/fellow;
 - d. To care for the resident/fellow's spouse, child or parent who has a serious health condition; or
 - e. To address any qualifying exigency arising out of the fact that the resident/fellow's spouse, child, or parent is a covered military member on covered active-duty.
2. When a resident or fellow applies for a short-term disability benefit, it will be considered that the resident/fellow also applied for Family Medical Leave. The time period for which the resident/fellow is receiving a disability benefit will be counted toward the 12 weeks for which the resident/fellow may be eligible for Family Medical Leave.
3. To apply for Family Medical Leave call Cigna, the administrator of Banner's program, at (888) 842-4462 or contact Banner Human Resources.

FINGERPRINT CLEARANCE CARDS

1. All residents and fellows must obtain and maintain a valid Fingerprint Clearance Card, in accordance with A.R.S. §15-1881 and provide a copy of such card to the GME Office prior to the start of their training program.
2. Any resident or fellow who is unable to obtain or maintain a Fingerprint Clearance Card will be ineligible for participation in the training program.
3. Individuals apply for Fingerprint Clearance Cards through the Department of Public Safety (applications available in the GME Office or online at <https://www.azdps.gov/services/public/fingerprint>).
4. Residents will not be reimbursed for the expenses related to applying for or maintaining Fingerprint Clearance Cards.

GRIEVANCE PROCEDURES

Residents and fellows are encouraged to address any concerns/problems they encounter while participating in a training program. When possible, problems or concerns should be addressed informally. If the issue cannot be successfully handled informally, residents/fellows may file a formal written grievance, first with their Program Director, second with the ACGME Designated Institutional Official (DIO), and finally with the Graduate Medical Education Committee (GMEC).

These Grievance Procedures are not intended to address allegations of discrimination or sexual harassment. Complaints of that nature should be made directly to Banner Human Resources.

The process for responding to disciplinary action is outlined in Section II: Due Process Guidelines and Policies.

Informal Problem Solving

1. Residents/fellows encountering problems that they believe cause an undue personal burden or hamper education or patient care are encouraged to seek help from more senior residents/fellows, program faculty, and/or the Program Director.

Formal Grievance Procedure

1. Residents/fellows who are dissatisfied with the outcome(s) of informal methods may submit a written grievance to their Program Director. All grievances must be filed in writing and should include:
 - a. A description of the nature of the problem in sufficient detail that the Program Director can conduct an investigation;
 - b. A description of the steps taken by the resident/fellow to bring about resolution using informal methods;
 - c. An explanation why the informal steps were unsatisfactory; and
 - d. The resident/fellow's recommendation of suggested actions to bring about an appropriate remedy of the problem.
2. The Program Director will review the grievance and develop any factual information required for a decision on the matter. The Program Director will provide a written response within thirty (30) days of receipt of grievance.
3. Within ten (10) days after receipt of the Program Director's response, residents/fellows may appeal the decision to the DIO for review. This written grievance should include:
 - a. A copy of the formal grievance submitted to the Program Director.
 - b. A copy of the Program Director's written response;
 - c. An explanation of why the resident/fellow is dissatisfied with the outcome;
 - d. The resident/fellow's recommendation of suggested actions to bring about an appropriate remedy of the problem.
4. The DIO will investigate the matter and will provide a written response within thirty (30) days.
5. Residents/fellows who are dissatisfied with the outcome of the DIO's investigation and report may appeal the outcome to the Graduate Medical Education Committee (GMEC). This written grievance should include:
 - a. All documents submitted to the DIO and the DIO's written response;
 - b. An explanation of why the resident/fellow is dissatisfied with the outcome; and
 - c. The resident/fellow's recommendation of suggested actions to bring about an appropriate remedy of the problem.
6. The GMEC will hold an Executive Session to hear the grievance from the resident/fellow and to deliberate the matter. The GMEC will provide a written decision within thirty (30) days of the hearing. The GMEC's decision is final and not subject to further review.

The University of Arizona Colleges of Medicine and Banner Health are committed to preventing any retaliation against individuals who raise legitimate concerns about the terms and conditions of their participation in a University of Arizona training program or of their employment with Banner Health.

HOUSESTAFF COUNSELORS

Free and confidential mental health service are offered for residents and fellows.



Alison Sutton-Ryan
Director,
Mental Health Services
for GME and UME



Julie Demetree, MD
Housestaff Counselor



Mark Gilbert, MD
Housestaff Counselor

520-626-7200

For more information, please go to the website:

<https://mentalhealthservices.medicine.arizona.edu>

**In case of an Emergency, please contact the Crisis Response Center,
call 911, or go to your nearest Emergency Department.**

Additional Resources:

Aetna Resources for Living/Employee Assistance

Available at no cost to all Banner employees and their household members, services are free, confidential and available 24 hours a day, 365 days a year. Aetna Resources for Living can provide resources for all aspects of wellbeing helpful to make life easier including:

- Emotional Support – Talk to a counselor about what’s on your mind – stress, relationships, mood issues and more. You are able to meet over the phone, face-to-face or by online video stream.
- Legal – Speak with an attorney about basic legal rights like estate planning, tenant disputes, family issues and more.
- Financial – Discuss budgeting, credit and more with a financial expert.
- Daily Life Assistance – Let our specialists help you solve everyday issues and coordinate caregiving needs
- Website – Check out articles, quizzes, webinars and more.

Questions? Contact Resources for Living: 1-866-568-7554

www.resourcesforliving.com

INTERNATIONAL MEDICAL GRADUATES

An international medical graduate (IMG) is defined as any physician who received a medical degree from a medical school located outside the U.S. or Canada. The location of the medical school, not the citizenship of the physician, determines whether the graduate is an IMG.

Certification by the ECFMG is required for all IMGs to participate in any University of Arizona residency or fellowship program.

1. A copy of the resident/fellow's valid ECFMG certificate must be provided PRIOR to starting a training program.
2. If the resident/fellow is unable to obtain a valid ECFMG certificate prior to the start of the program, the resident/fellow will be ineligible to begin the program and may be terminated from the program with NO RIGHT TO REVIEW.

Any resident or fellow who is not a U.S. citizen is responsible for supplying documentation demonstrating the ability to work legally in the U.S. Employment will not commence or will cease immediately with NO RIGHT TO REVIEW should the individual's visa expire or should the resident/fellow be unable to document the ability to work legally in the United States.

LEAVES OF ABSENCE

1. Leaves of absence must be approved by the Program Director and will be granted in accordance with Banner Health policy. Because of each specialty board's requirements, sick time, vacation time and combined leave should not exceed the cumulative time allowed by the specific specialty. Should the allowed cumulative leave time be exceeded, the resident or fellow will be required to extend the length of the training program.
2. The Program Director must specify the make-up period, the educational goals and the requirements of the relevant specialty. The curriculum agreed upon by the Program Director and resident/fellow will be documented.
3. During any extension period, the resident/fellow will receive appropriate salary and benefits for the level of training.
4. A compelling personal issue may prompt the resident or fellow to request an extended Personal Leave of Absence (PLOA), which the Program Director may approve. PLOAs are available, with approval, for no more than 12 weeks; however, such leave will be limited to no longer than the resident/fellow's length of employment. Medical, dental and life insurance may continue if the resident/fellow pays the full cost.
5. A resident or fellow may qualify for leave under the Family Medical Leave Act (FMLA) to address their own medical issue or the medical issue of an immediate family member. The resident or fellow should discuss eligibility for this type of leave with the GME Office and Banner Human Resources.

MALPRACTICE (PROFESSIONAL LIABILITY COVERAGE)

1. Banner Health provides professional liability coverage for residents/fellows. Such coverage extends to professional acts occurring in the course of resident/fellow's responsibilities in the training program. This insurance provides coverage on an "occurrence" basis, or if claims made it will include unlimited extended claims reporting coverage (tail). *This insurance does*

not cover the resident/fellow for any activities performed outside the scope of training program responsibilities. (e.g., "External Moonlighting").

2. A resident/fellow must contact Banner Health's Risk Management department as well as the Program Director whenever the resident/fellow becomes aware of an event that may lead to a claim or if the resident/fellow receives a subpoena or claim. Risk Management is available 24 hours a day at 602-747-4799.

MEAL POLICY

1. Per ACGME requirements, all Banner – University Medical Center (BUMC) facilities offer residents and fellows access to food 24 hours a day while on call.
2. Residents and fellows will be given meal cards with a preset amount. The dollar amount is determined by the individual program according to its call schedule. There is a \$10 fee if a meal card is lost or destroyed. The meal cards are renewed at the beginning of each academic year.
3. The amount programmed for each resident or fellow is provided to cover those meals while on required call. It is not intended to provide meals or snacks for other workers or family members nor is it intended to provide for meals for those days when the resident/fellow is not on call.

MOONLIGHTING

External Moonlighting

1. Any resident/fellow who wants to engage in professional activities outside the educational program for remuneration ("moonlighting") must obtain prior written approval from the resident/fellow's Program Director and the DIO, if applicable.
 - a. This statement of permission will be included in the resident/fellow's file.
 - b. Residents and fellows are not required to engage in moonlighting.
 - c. Moonlighting must not interfere with the ability of the resident/fellow to achieve the goals and objectives of the educational program.
 - d. Time spent in external moonlighting must be counted towards the 80-hour maximum weekly hour limit.
 - e. J-1 visa holders and PGY-1 residents are not permitted to moonlight.
2. The Program Director will:
 - a. Require a prospective, written request to moonlight.
 - b. Monitor the resident/fellow's performance to assure that the work hour limits are not violated.
 - c. Make sure that resident/fellow fatigue is not contributing to diminished learning, performance, or interfering with patient safety. If work hours are exceeded, or resident/fellow's performance is noted to be suboptimal, the Program Director has the authority to revoke the resident/fellow's moonlighting privileges.
 - d. The resident/fellow will acknowledge by signature that, if required, the resident/fellow:
 - i. Has an independent medical license to participate in such activity
 - ii. Has the necessary DEA number (independent of the hospital's DEA number) to prescribe controlled substances, if applicable
 - iii. Has the necessary professional liability coverage separate and apart from the training program coverage, and

- iv. Will not depend upon hospital personnel, supplies, equipment, e.g., hospital operators, secretaries, etc. for providing assistance in fulfilling the duties and responsibilities of such activities.

Internal Professional Activities

3. Any resident/fellow who wants to engage in professional activities outside the training program for remuneration but within the Banner Health network (“additional work/shifts”) may be eligible to receive additional compensation, as set by the home department. These additional duties may include, but are not limited to, working additional on-call shifts or covering responsibilities which are not part of the resident’s/fellow’s normal scheduled scope of training, but within the course and scope of the resident’s/fellow’s work as a trainee. J-1 visa holders and PGY-1 residents are not permitted to participate in internal additional work duties for compensation. Any internal professional activities for which a resident/fellow receives additional compensation must:
 - a. Be voluntary
 - b. Be pre-approved by the Program Director
 - c. Be supervised; and
 - d. Count towards the 80-hour maximum weekly hour limit.
4. Each residency or fellowship program may add to the requirements or restrict moonlighting as it sees fit so long as the above basic elements are met.

ON-CALL AND HOLIDAYS

Holidays are treated as weekend days. Resident/fellow can be expected to be on call for some and off for others as determined by their program. Some holidays at the Veteran’s Administration (VA) hospital are not considered holidays at Banner Health.

ON-CALL FOR RESIDENTS/FELLOWS ROTATING BETWEEN DEPARTMENTS

In order to ensure that residents or fellows do not have back-to-back call nights when rotating from one department to the next, the involved programs will coordinate the call schedules.

ON-CALL ROOMS

Residents, fellows, and medical students will have access to on-call rooms. Each training program has specified sleep rooms. Please respect their assignments.

PAGERS

1. Each resident/fellow will be issued a pager. Resident/fellow is expected to keep their pager functional and turned on during work and on-call hours (including electives).
2. Resident/fellow is expected to respond to a pager call in an appropriate time frame.
3. Should a pager not work due to normal wear and tear it will be replaced at no charge by the resident/fellow’s program. If the pager is stolen, lost or damaged, the resident/fellow will be charged a \$25 replacement fee. The resident/fellow will be provided a new pager once the fee is received.

PARKING

Residents/fellows will be issued a name badge that will provide access to designated parking areas at BUMC-T and BUMC-SC. Residents and fellows will register their license plate number with Banner Security.

PATIENT RELATIONSHIPS

1. Residents/fellows should introduce themselves by name and ensure that the patient and family knows them by name.
2. Residents/fellows should explain their role in the care of each patient they attend.
3. It is appropriate to address patients by their surname preceded by Mr., Ms., Dr., etc. Residents/fellows are encouraged to ask patients how they wish to be addressed.
4. It is essential to explain to patients what is happening to them, what is recommended for them -- and the associated benefits and risks of the recommendations.

PAYCHECKS

1. The first paycheck for residents and fellows will be issued on the first payday following start date. Paychecks will be distributed every two weeks thereafter.
2. Direct or automatic deposit of your paycheck is available through Banner Health. After signing up for the program, it takes one to two pay periods for the direct deposit to begin. Resident/fellow can receive a receipt of deposit to verify that the money was transferred to their account through the Banner Health MyHR. Residents/fellows should contact their program coordinator for more information.

PROMOTION AND GRADUATION

1. All residents and fellows should be provided with direct experience in progressive responsibility for patient management.
2. Residents/fellows are advanced to positions of higher responsibility on the basis of evidence of their satisfactory progressive scholarship and professional growth.
3. Program Directors must provide annual letters of promotion to the GME Office.
4. All residents and fellows will receive a certificate upon leaving the University of Arizona College of Medicine-Tucson's graduate medical education program that will detail the time they were a resident/fellow in a sponsored residency or fellowship (See Certificate Policy).
5. Each Program Director must prepare a Summative Letter for each resident/fellow upon completion of the training program. This evaluation must document the resident/fellow's performance during the final period of education, become part of the resident/fellow's permanent record and, must be accessible for review by the resident/fellow.
6. The summative evaluation must assess to what extent the resident/fellow has mastered each component of clinical competence, including:
 - a. Patient care;
 - b. Medical knowledge;
 - c. Practice-based learning and improvement;
 - d. Interpersonal and communication skills;
 - e. Professionalism; and

- f. Systems-based practice.
7. In addition, the Summative Letter should verify that the resident/fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice.

SCRUBS

Residents and fellows will have access to ScrubEx vending machines at BUMC-T and outside various call rooms at BUMC-S.

A preset number of scrubs will be available as determined by the individual programs. Once that preset number has been dispensed, scrubs will need to be returned before another set is available. Should you encounter any problems please contact your Program Coordinator.

SECURITY ID BADGES

Residents and fellows must wear their issued Banner Health ID badge while on duty in a visible, conspicuous place with name and picture unobstructed.

If the hospital is on lock-down, access to the facility will require an ID Badge.

SUBPOENAS

A resident/fellow must contact Banner Health's Risk Management department as well as their Program Director whenever they become aware of an event that may lead to a claim or if they receive a subpoena or claim. Risk Management is available 24 hours a day at 602-747-4799.

SUPERVISION

1. The University of Arizona faculty have an ethical and legal responsibility for the overall care of their patients and for the supervision of students, residents and fellows involved in the care of their patients. A chain of command that allows for graduated authority and increasing responsibility as clinical experience is gained is essential for residents/fellows. Judgements regarding this delegation of responsibility must be made by the faculty member based upon their direct observation and knowledge of each resident/fellow's skill and ability according to the requirements of the program's ACGME Residency Review Committee.
2. All residents and fellows should be appropriately supervised, consistent with proper patient care, the educational needs of the residents/fellows, and the applicable ACGME RRC requirements.
3. The amount of supervision required for each resident/fellow shall vary according to the critical nature of each patient and be commensurate with the level of training, education and experience of the resident/fellow that is involved with the patient's care.
4. Residents and fellows directly report to the Program Director of their respective programs. Each Program Director will establish detailed, written policies for supervision which must include any and all ACGME specialty-specific program requirements related to resident/fellow supervision.
5. Programs are responsible to provide up-to-date supervision policies to the GME Office.
6. Each Program Director has the authority to assign the daily tasks and responsibilities of the residents/fellows within the program. Reassignment of duties is not considered disciplinary action; residents/fellows have no right to review reassignment of duties.

TRANSITION OF CARE

1. Each program will create its own method to accomplish transition of care that is based upon the needs of the patient, resident or fellow, and faculty that is safe, effective/efficient and protective of the patient's privacy.
2. Programs must design clinical assignments to minimize the number of transitions in patient care.
3. Programs must ensure that residents/fellows are competent in communicating with team members in the hand-over process.
4. There must be the availability of schedules that inform all members of the health care team of attending physicians and residents/fellows currently responsible for each patient's care.

VACATION LEAVE

1. A resident or fellow may use personal leave with the Program Director's approval and subject to the staffing needs of the program.
2. Residents and fellows are provided four one-week periods of vacation leave each academic year, to be used upon a mutually agreed upon time by the resident or fellow and Program Director.
3. Vacation leave cannot be carried over from one academic year to the next.
4. Residents and fellows do not participate in Banner Health's Paid Time Off (PTO) plan.

VISITING RESIDENTS/FELLOWS

1. All visiting residents/fellows interested in participating in elective rotations at the University's Colleges of Medicine must complete the Visiting Resident Application (available at <http://medicine.arizona.edu/education/graduate/graduate-medical-education/university/applicants/visiting>).
2. Participation in any elective rotation will be allowed on a space-available basis. Selection dates must have final approval from host Program Director.
3. The Colleges of Medicine require a completed Program Letter of Agreement (PLA) with the Home Institution prior to participation in a residency or fellowship program.
4. All visiting residents/fellows will check in with the GME Office at the start of their rotation.

WELLNESS

The UACOM is committed to addressing resident/fellow well-being and as it relates to the learning and working environment. As these efforts evolve, information will be shared with programs seeking to develop and/or strengthen their own well-being initiatives.

For more information, please contact, Dr. Mari Ricker, Director of Resident Well-being Program at GMEwellness@email.arizona.edu.

Banner University of Arizona Partners in Medicine provides support, connections, and resources to the spouses, partners, and families of Banner/University of Arizona resident and fellow physicians. Recognizing that residency and fellowship can be a uniquely challenging time for a physician and the physician's family, this network of spouses and partners offers a way to connect with others who are in the same stage of the medical journey. To learn more contact BUAPIMTucson@gmail.com or BUAPIMMembership@gmail.com.

SECTION II

DUE PROCESS GUIDELINES and POLICIES

PROCEDURES FOR DISCIPLINARY and NON-DISCIPLINARY ACTION

These procedures outline the due process rights of interns, residents and fellows (collectively “residents”) for non-disciplinary and disciplinary actions.

Residents/fellows participate in a Graduate Medical Education (GME) program sponsored by the University of Arizona College of Medicine-Tucson or College of Medicine-Phoenix. While participating in the academic program, residents/fellows are employed by Banner University Medical Group (BUMG) and are afforded privileges to practice medicine under specified conditions for a designated period of time. While participating in the residency/fellowship program, residents/fellows are afforded the procedural rights described below.

I. OVERVIEW

1. Residents/fellows are not entitled to procedural rights outlined in the Banner University Medical Staff Bylaws, the Human Resources policies of Banner University Medical Center or of BUMG, nor the Human Resources policies of the University of Arizona.
2. The sponsoring institution of the residency/fellowship program will make the final determination with regard to a resident/fellow’s participation or advancement in the program.
3. Incident reports, evaluations, and other information gathered or exchanged in the course of the resident/fellow’s education do not constitute non-disciplinary or disciplinary action.
4. These guidelines do not outline the processes in place to address violations of Banner Health or University of Arizona policies (e.g. delinquent medical records, HIPAA violations, substance abuse, discriminatory or harassing behaviors). However, non-disciplinary action or disciplinary action may result from findings or determinations provided to a GME Program following an external process, review, or investigation.
5. Notice of actions or decisions under these procedures are made in writing and delivered to the resident/fellow’s employee email address or other designated preferred email address. All deadlines are calculated beginning the calendar day after the date of the email.
6. Nothing in these procedures restricts the authority of the Program Director to assign the job duties and responsibilities of the resident/fellow at all times, including the decision to assign the resident/fellow to clinical, non-clinical, research, or other duties at specified locations as deemed appropriate by the Program Director.
7. These procedures are intended to guide the sponsoring institutions through a reasonable decision-making process that provides residents/fellows with notice of the action being considered, the opportunity to review and respond to the information in support of the action, and the opportunity for the Program Director and the resident/fellow to consider remediation when appropriate. Minor deviations from these procedures that do not deprive the resident/fellow of notice or the opportunity to respond will not render the decision invalid. All timelines may be reasonably extended for good cause.

II. Non-disciplinary Action

1. At any time, a Program Director may take non-disciplinary actions to address resident/fellow performance, including lack of medical knowledge, professionalism concerns, or failure to satisfy ACGME Core Competencies or licensure requirements.
2. The Program Director is encouraged to consult with the GME Office before taking non-disciplinary action.
3. Non-disciplinary action includes, but is not limited to: placing a resident/fellow on a paid administrative leave, issuing a letter of concern, requiring a resident/fellow to repeat a rotation, placing the resident/fellow on a performance improvement plan, assigning a mentor and requiring regular meetings, or referring the resident/fellow to occupational health or housestaff services.
4. The Program Director will give the resident/fellow written notice of the non-disciplinary action including the basis for the decision.
5. A resident/fellow has no right to appeal non-disciplinary action.
6. Non-disciplinary action is not required prior to disciplinary action.
7. Non-disciplinary actions will be reviewed and considered by the Program Director and the CCC when making a determination on recommended disciplinary action.

III. Disciplinary Action

1. Notice of Proposed Action and Opportunity to Respond
 - a. Disciplinary action falls within the sole discretion of the Program Director. Disciplinary action is warranted when a resident/fellow fails to meet the academic requirements of the residency/fellowship program. Academic requirements are guided by the ACGME Core Competencies; the policies and procedures of Banner Health, Banner University Medical Group, and the University of Arizona; and the codes, rules, and regulation of licensing agencies, including the Arizona Medical Board and the Arizona Board of Osteopathic Examiners.
 - b. If a Program Director concludes that a resident/fellow's performance warrants disciplinary action, the Program Director will consult with the GME Office to discuss disciplinary options and determine the appropriate next steps.
 - c. Disciplinary action includes the following: 1) Probation; 2) Retention or repeat of post-graduate (PG) year; 3) Suspension; 4) Non-renewal of contract; or 5) Dismissal.
 - d. Whenever possible, the Program Director will meet with the resident/fellow to discuss the proposed disciplinary action. The Program Director will notify the resident/fellow of the proposed disciplinary action in writing. The notice of proposed disciplinary action will include:
 - i. The disciplinary action being considered;

- ii. A summary of the basis for the disciplinary action, with all documentation or information in support of the decision included as attachments;
 - iii. The core competencies, rules, policies, or standards the resident/fellow is failing to meet;
 - iv. The resident/fellow's opportunity to respond to the proposed disciplinary action at the next Clinical Competency Committee (CCC) meeting.
- e. The resident/fellow has seven (7) days from the date of the notice of proposed disciplinary action to request, in writing, an opportunity to respond to the proposed disciplinary action.
- i. Failure to timely request an opportunity to respond results in a waiver of the opportunity and remaining due process rights.
 - ii. If the opportunity to respond is waived, the Program Director will confirm the disciplinary action in writing to the resident/fellow. The Program Director will note that all remaining due process rights were waived by the resident/fellow and that the disciplinary action is effective immediately.
- f. If the resident/fellow requests an opportunity to respond at a CCC meeting, the meeting will take place no more than fourteen (14) days from the date of the resident/fellow's request to respond.
- g. The resident/fellow will receive at least seven (7) days' notice prior to the CCC meeting. CCC meetings are an internal, academic process. The CCC meeting is the resident/fellow's opportunity to substantively respond to the proposed disciplinary action.
- h. Only the CCC members (or alternate faculty members when needed), the Program Director, the resident/fellow, and a support person of the resident/fellow's choosing may attend the CCC's discussion of the proposed discipline.
- i. If the resident/fellow chooses to bring a support person, that person may not speak on the resident/fellow's behalf or participate in the meeting in any manner.
 - ii. The resident/fellow must provide the name of the support person at the time of the request for a CCC meeting. If the support person is an attorney, the CCC may request the presence of University legal counsel.
- i. No less than three (3) days before the scheduled meeting:
- i. The Program Director will provide the CCC with a copy of the notice of proposed disciplinary action and all supporting documents previously provided to the resident/fellow.
 - ii. The resident/fellow will provide the Program Director and the CCC a copy of all documents and information the resident/fellow will rely on to support the resident/fellow's position at the CCC meeting.
- j. At the CCC meeting, the resident/fellow may make a statement, offer documentation, ask questions of the Program Director, and provide written statements from others that are relevant to the proposed disciplinary action.

- i. If the CCC decides additional information is necessary, the meeting will be postponed and reconvened at a later date.
 - ii. All information considered in the decision will be provided to the resident/fellow no less than three (3) days in advance to allow for adequate time to review and respond.
 - k. After presenting and responding to any questions, the resident/fellow will be excused from the CCC meeting. The Program Director and CCC members will consider the information presented at the meeting and discuss the proposed action. With the guidance of the CCC, the Program Director will make a final decision.
 - l. The Program Director will inform the resident/fellow of the final decision in writing. If the Program Director decides to impose disciplinary action, the notice of disciplinary action letter will include:
 - i. The disciplinary action;
 - ii. A summary of the basis for the disciplinary action, with all documentation or information in support of the decision included as attachments;
 - iii. When recommending dismissal or non-renewal, whether an opportunity for remediation was available, provided, or appropriate under the circumstances;
 - iv. Confirmation that the resident/fellow appeared before the CCC and responded to the proposed disciplinary action;
 - v. A summary of the CCC meeting.
 - vi. The resident/fellow's right to appeal the decision to the DIO within seven (7) days of the date of the notice of disciplinary action.
 - m. A copy of notice of disciplinary action, including all attachments, will be sent to the DIO or designee.
 - n. If the resident/fellow does not timely appeal the notice of disciplinary action the disciplinary action is immediately in effect and all remaining due process rights are waived.
2. Appeal of Disciplinary Action to the Designated Institutional Officer
- a. A resident/fellow may appeal a notice of disciplinary action to the DIO, in writing, within seven (7) days of receiving the written notice imposing disciplinary action. The basis for the appeal is limited to the following grounds:
 - i. A material deviation from written procedures;
 - ii. The discovery of new, material information that was unavailable to the resident/fellow and Program Director at the time of the Program Director's decision; or
 - iii. Evidence that the disciplinary action is overly severe or unwarranted under the circumstances.
 - b. To appeal, the resident/fellow must submit a written statement to the DIO outlining the basis for the appeal and attaching all documentation the resident/fellow believes supports the appeal.
 - c. The DIO will review the Notice of Disciplinary Action letter and supporting documents as well as the resident/fellow's written appeal and supporting documents

- d. If the resident/fellow's appeal presents new material information the DIO may request that the CCC reconvene and repeat the process of Section III, above.
 - e. The DIO may uphold, modify, or reverse the Program Director's decision to impose disciplinary action.
 - f. If the disciplinary action is modified, the DIO will provide additional details as needed. The DIO can reduce the disciplinary action but cannot increase the sanction.
 - i. When the recommended disciplinary action is dismissal or non-renewal the DIO will inform the GMEC Chair of the appeal and ask the GMEC Chair to appoint a three-member panel. No member of the panel should have prior involvement with the disciplinary action.
 - ii. The panel will review the Notice of Disciplinary Action, supporting documents, and all information submitted by the resident/fellow.
 - iii. Within seven (7) days of appointment, the panel will meet, discuss, and provide a written advisory opinion to the DIO addressing whether the decision is supported by the provided information or is otherwise arbitrary, overly harsh, or failed to follow process, including addressing whether the resident/fellow was given an opportunity to remediate when available and appropriate.
 - g. The DIO's decision will be communicated in writing to the resident/fellow, Program Director, Dean of the College of Medicine, and Banner Human Resources.
 - h. The DIO's decision is final and not subject to further appeal. The decision is immediately effective unless otherwise stated.
3. The record of the appeal process is confidential except to the extent authorized in writing by the resident/fellow and agreed to by the DIO or as otherwise required in response to a governmental or legal process.
 4. In the event the resident is placed on probation or dismissed, the GME Office will notify the appropriate medical board, the ACGME, the ECFMG, and/or Banner Human Resources as required.
 5. Dismissal from a residency program may result in termination of employment from Banner University Medical Group.

IMPAIRMENT

When a resident/fellow suspects that he, she, or another resident/fellow may be impaired, the resident/fellow should contact his or her Program Director and provide the details of the behavior or information leading to this concern. When information suggests that a resident/fellow may be impaired, the Program Director will take necessary steps to determine whether credible evidence of impairment exists. If, in the judgment of the Program Director, no such evidence exists, the matter is dropped.

If, in the judgment of the Program Director, credible evidence exists to suggest impairment, the Program Director will institute the Drug Testing Policy protocol (below) and one or several of the following:

1. Testing of bodily fluids for misuse of chemical substances according to the section on Drug Testing described below;
2. Referral to an appropriate health professional including a psychiatrist or other mental health professional;
3. Periodic sessions with the resident/fellow's faculty advisor, Program Director or both; and/or
4. Disciplinary action in accordance with the section on Procedures for Disciplinary Action previously described.

DRUG TESTING POLICY

Because chemical substance (including alcohol, illicit and licit drugs) abuse may impair a physician's performance, tests for alcohol and chemical substances will be required at the time of the initial employment physical. In addition, testing will be required whenever evidence suggests that a resident/fellow may be currently impaired or may have been impaired at any time during the performance of residency/fellowship duties ("for cause testing"). Residents/fellows who are on stipulation with AMB/OBEX or have signed a Stipulated Conditions of Employment Agreement will also be subject to random testing.

The Program Director or designee may require a resident/fellow to undergo for cause testing for drugs and/or alcohol. Cause for such testing shall include without limitation:

1. Evidence of misuse of prescribed or non-prescribed drugs
2. Evidence of use of alcohol or drugs while on duty
3. Evidence of impairment while on duty
4. Failure to meet duties and responsibilities that other residents regularly fulfill
5. Repeated absences which are inadequately explained
6. Repeated tardiness for scheduled responsibilities
7. Bizarre or disruptive behavior
8. Any performance which is overtly negligent
9. Physical or verbal abuse toward any colleague, hospital staff member, office staff member or patient
10. Any other circumstance which provides possible cause to believe that chemical substance abuse is present

All cases in which drug testing is required will be reviewed by the appropriate CCC.

Residents/fellows will be immediately placed on administrative leave pending the results of the drug test.

Any resident/fellow found to have tested positive will remain on administrative leave pending disciplinary action. All positive tests will be reported to AMB/OBEX. The resident/fellow will not be permitted to return to work until cleared by AMB/OBEX and Occupational Health and authorized by the Program Director and the DIO. Prior to such authorization, the resident/fellow must agree to comply with the conditions imposed by AMB/OBEX, Occupational Health, and the Program Director, including entering into and complying with the terms of the Banner Health Stipulated Conditions of Employment Agreement, which will include the conditions imposed by AMB and/or OBEX. Actions

taken by AMB/OBEX may be in addition to or concurrent with disciplinary action taken by the Program Director.

Continuation in the residency/fellowship program after a positive test is conditional upon compliance with the terms of reinstatement and at the discretion of the Program Director and the CCC.

Any resident/fellow who subsequently has a positive test for the misuse of drugs may be immediately terminated from the residency/fellowship program without appeal rights.

Any resident/fellow who refuses to take a urine test will be placed on administrative leave pending disciplinary action. All reports mandated by law will be made.

Performance and/or conduct issues suggesting evidence of impairment will be investigated and disciplinary action may be initiated as set forth above.

ADMINISTRATIVE LEAVE PROCEDURE

The DIO and the Program Director or their designee have the authority to place a resident/fellow on administrative leave from the residency/fellowship program or summarily impose limitations whenever such action must be taken in the best interest of patient care, in response to a positive drug screen, or to investigate a disciplinary matter. Administrative will be reported to the Program Director and the DIO and will become effective immediately upon notification to the affected resident/fellow. A resident/fellow who is on administrative leave will be promptly informed of the parameters of the leave in writing by the Program Director. The administrative leave will remain in effect until lifted at the discretion of the DIO or Program Director.

Banner may suspend a resident when such action must be taken in the best interest of patient care.

AUTOMATIC REVOCATION or SUSPENSION

Action by ABM/OBEX revoking a resident/fellow's training permit to practice medicine will automatically terminate the resident/fellow's contract. Residents/fellows subject to automatic revocation will not be entitled to any of the procedural or appeal rights set forth in this manual.

Action by AMB/OBEX suspending a resident/fellow's training permit to practice medicine will automatically result in suspension of the resident/fellow without pay and without appeal rights under these guidelines. The suspension will remain in effect for no more than one year. If the AMB/OBEX suspension remains in effect after one year, the contract will automatically terminate and the resident/fellow shall not be entitled to any of the procedural or appeal rights set forth in this manual. If within one year the resident/fellow's suspension is lifted and his/her training permit is reinstated, the affected resident/fellow has the right to appear before the CCC and request reinstatement into the residency/fellowship program and to appeal an adverse decision as set forth in the Procedures for Disciplinary Action.

SECTION III

BANNER UNIVERSITY MEDICAL GROUP (BUMG) POLICIES

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COMPLIANCE EDUCATION AND TRAINING PROGRAM

The purpose of the Compliance Education and Training Program is to facilitate the acquisition of these skills and knowledge to all Banner Health employees, medical staff members, directors and officers, and individuals not employed by Banner who, either directly or indirectly perform billing or coding functions for Banner Health or who provide direct patient care items or services on behalf of Banner (excluding vendors or suppliers whose sole relationship with Banner is the sale or lease of medical supplies and equipment to Banner Health).

In accordance with the Banner Health policy “Compliance Program Obligations”, all Banner Health employees (“Covered Persons”) are required to complete assigned compliance training by the due date assigned. New “Covered Persons” will be assigned compliance orientation training with a due date that is 30 days from the start of employment date. All “Covered Persons” will be assigned compliance training annually which must be completed before the “Covered Persons” annual evaluation or anniversary date with Banner Health.

These modules must be completed within the first 30 days of employment. Residents and fellows will have access to these modules as of the first day of orientation. An overview of how to access the mandatory compliance modules will be given during orientation.

Annual Mandatory Education for ALL Clinical - Patient Contact Employees: *(These modules are subject to change periodically)*

1. Compliance Code of Conduct
2. Early Heart Attack Care
3. Employee Handbook Acknowledgment
4. GHS Awareness – OSHA
5. HIPAA The Power of Privacy
6. Infection Control: Bloodborne Pathogen and TB Training
7. Patient Rights
8. Policy and Procedures End User Guide
9. Raising Compliance Issues
10. Safety – Employee Safety
11. Security and Workplace Violence
12. Stroke Alert

DELINQUENT RECORDS POLICY

Residents and fellows are responsible for ensuring that all applicable patient charts are completed, i.e. documented and authenticated, within their specified time period.

1. Residents/fellows are advised of incomplete documentation via their electronic physician inbox. A medical record is considered delinquent based on the time frames below.

Documentation Requirement	Timeframe	Exclusions
Emergency Room Report	Documented within 24 hours of discharge/disposition from the ED	
Admitting Progress Note	Documented within 24 hours of admission	
History & Physical	Documented within 24 hours of admission and before invasive procedure	
Consultation Reports	Documented within 24 hours of consultation	
Post op Progress Note	Documented immediately post-op when there is a delay in the availability of the full report	
Provider Coding Clarification	Completed within 7 days of notice.	
Operative Report	Documented immediately post-op and no later than 24 hours after the procedure.	
Special Procedures Report	Documented within 24 hours of notice.	
Discharge Summary Report	Documented at the time of discharge but no later than 24 hours after discharge.	Not required on all admissions less than 48hrs, or for normal vaginal deliveries and normal newborns
Discharge Progress Note	Documented at the time of discharge but no later than 24 hours after discharge for all admissions less than 48hrs or for normal vaginal deliveries and normal newborns.	
Death Summary	Documented at the time of death/disposition or within 24 hours of death.	
Death Pronouncement Note	Completed at the time the patient is pronounced or within 24 hours of death.	
Transfer Summary	Documented at the time of transfer no later than 24 hours.	

Signatures	Authentication of transcribed or scanned reports and progress notes, within 7 days from the date of notice.	
Verbal Orders	Dated, time and authenticated within the timeframe specified by state regulation Alaska = 72 hours Arizona = 72 hours California = 48 hours Colorado = 48 hours Nebraska = 48 hours Nevada = 48 hours Wyoming = 24 hours	
Psychiatric Evaluation	Documented within 24 hours of admission	

2. The Health Information Management Services (HIMS) Department will send a weekly notice, via email, to the applicable residents/fellows regarding their incomplete documentation; the Program Director and/or designee will also be copied in this communication.
3. The Program Director or designee in each residency/fellowship program will also receive a weekly delinquency/professionalism update from the HIMS Manager or designee. The Program Director or designee will be responsible to contact the resident/fellow to remind them of their delinquent records.
4. Any resident/fellow who has delinquent documentation can be automatically suspended from regular residency/fellowship responsibilities and/or required to use vacation days to complete all of their incomplete records based on the guidelines set forth by their residency/fellowship program and director.

DISABILITY BENEFITS

Short Term and Long Term Disability (STD/LTD)

STD – provides benefits at the time disability or illness is incurred for lost work time for up to 26 weeks in a calendar year. Benefits begin immediately for non-occupational illness or injury. The Short Term Disability Plan protects your income if you cannot work due to an illness or injury. You are automatically enrolled. Residents/fellows will receive 100% of their pay while on STD.

LTD - If you remain disabled beyond the 26 week period for STD, you may be covered by a LTD policy which provides a monthly benefit of \$2000 for as long as you are disabled or to age 65, whichever occurs first. Upon completion of your training, the insurance company guarantees that you will be able to continue the long-term disability policy if you pay the premiums. Enrollment is required.

DOCUMENTATION FOR EMPLOYMENT

All residents and fellows are responsible for supplying documentation demonstrating they are able to work legally in the United States. Employment will not commence or will cease immediately with NO RIGHT TO REVIEW should their visas expire or should they otherwise be unable to document their ability to work legally.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Through Aetna's "Resources for Living," Banner Health provides a valuable benefit to you and your family members by making available independent counseling assistance and referral for marital, family, emotional and chemical-dependency problems. Aetna staff is dedicated to maintaining confidentiality. You can contact Aetna's "Resources for Living" by phone at 1-866-568-7554 or visit their website at www.resourcesforliving.com, Username: Banner, Password: EAP.

HARASSMENT POLICY

Banner Health is committed to providing a professional work environment that maintains employee equality, dignity, and respect. In keeping with this commitment, Banner Health strictly prohibits unlawful discriminatory practices, including, but not limited to, Harassment, Sexual Harassment and Retaliation. Harassment, Sexual Harassment and Retaliation, whether verbal, physical or environmental, are unacceptable and will not be tolerated.

Sexual harassment in the workplace is unacceptable and will not be tolerated from employees, patients, visitors, physicians, volunteers, or any others doing business with Banner Health. To ensure that Banner Health provides an atmosphere free of any behavior or conduct that could be interpreted by any reasonable person as sexual harassment, there is strict adherence to the system's Sexual Harassment Policy.

We are all responsible for helping to enforce this policy against harassment. If you have been the victim of prohibited harassment, have witnessed such harassment, or been the victim of sexual harassment, you must immediately notify your Program Director, DIO or the Banner Health's Affirmative Action office so the situation can be promptly investigated and remedied. Banner Health takes all complaints of discrimination or harassment seriously. It is our policy to investigate all harassment complaints thoroughly and promptly. We will maintain the confidentiality of those involved to the fullest extent possible.

The University of Arizona's Nondiscrimination and Anti-harassment Policy applies to all University of Arizona students, employees, and Designated Campus Colleagues (DCCs), including residents, fellows, and medical students. The policy is available at <http://policy.arizona.edu/human-resources/nondiscrimination-and-anti-harassment-policy>. Further information regarding the University's commitment to creating and maintaining a working and learning environment that is inclusive and free of discriminatory conduct is available at <https://equity.airzona.edu>.

HEALTH INSURANCE BENEFITS FOR RESIDENTS/FELLOWS, FAMILIES & MORE

- I. Health Insurance Benefits – your benefits begin as of the effective date of your contract which is usually the first day of orientation. You must enroll by your enrollment deadline (31 days from your date of hire) or you will have to wait to enroll during the annual enrollment period and will be without coverage during that interim period. Additional information regarding plan details and co-pays, refer to enrollment guide at www.bannerbenefits.com.
 - a. Banner Health Benefits is a way to provide health benefits to you that allow you to design the benefits to more specifically meet the needs of you and your family.
 - b. Available health benefits options:
 - i. Medical Plan Choices
 - ii. Dental Plan Choices
 - iii. Vision Plan
 - c. Other Benefits options:
 - i. Legal Plan
 - ii. Flexible Spending Accounts/ Health Savings Account
 - iii. Basic or Optional Life Insurance Plan Choices
 - iv. Accidental Death and Dismemberment Insurance Choices
 - v. Home/Auto Insurance Choices
 - vi. Employees Choosing Health Options (ECHO)
 - vii. Credit Union
 - viii. Community Discount Programs

JURY DUTY

It is Banner Health's belief that you should be afforded the opportunity to serve as a juror, if called, without losing pay for the hours you are scheduled to work. Notify your supervisor immediately if you are called for jury duty so arrangements can be made for necessary work to be performed. You are responsible for coordinating your work time with your supervisor, if not on jury duty for a full shift.

OCCUPATIONAL HEALTH SERVICES POLICY AND PROCEDURE

The Occupational Health Services Department, or the designated area in those facilities without this service, is responsible for approving your return to work following an absence for an injury or illness for a duration of three (3) or more calendar days or following a Leave of Absence. You may be asked to present a physician's consent for return to work for any illness.

The Occupational Health Service may conduct routine tests on employees and other special tests as may be required from time to time. It is a condition for continued employment that you comply with the mandatory tests/immunizations as required by Occupational Health. Fitness for work examinations may be requested by management in consultation with Human Resources when there is a concern about your ability to continue to function in the role for which you are being paid.

PATIENT PHOTOGRAPHY, VIDEOTAPING, AND OTHER VISUAL IMAGING IN THE CLINICAL SETTING FOR TREATMENT OR TRAINING POLICY

I. **Purpose/Expected Outcome:**

- a. To protect the privacy of patients and provide guidance to staff when obtaining a patient photograph for treatment or training.
- b. To provide photo documentation, when appropriate, of a patient's care during initial assessment and at scheduled intervals to monitor progress in response to treatment.

II. **Definitions:**

- a. **Medical Record:** Documentation maintained by Banner, which may be electronic or paper, of the health-related services provided to an individual in any aspect of healthcare delivery or healthcare status of such individual. (See Policy #6203), Content of the Official Patient Medical Record)
- b. **Patient Photograph:** A patient picture or image recorded through a variety of visual means including still photography, videotaping, digital imaging, scans of photographs, etc.
- c. **Training:** Those training programs conducted by Banner in which students, trainers, or practitioners in areas of health care/education under supervision to practice or improve their skills as health care providers, or training of non-health care professionals.
- d. **Workforce:** Workforce means employees, volunteers, trainees, students, physicians, contracted staff or other persons who perform work for Banner Health.

III. **Policy:**

- a. Original Patient Photographs taken for diagnostic monitoring and/or treatment purposes are considered part of the patient's Medical Record and are considered Protected Health Information (PHI). Banner equipment will be used when photographing patients for diagnostic monitoring and/or treatment.
- b. When a Banner Health Workforce member requires a picture to be taken for Training purposes, personal equipment may be used but the Workforce member will be responsible for de-identifying the image/picture.
- c. Photographs taken using a personal cell phone cannot be sent. The image must be downloaded at the facility and then promptly erased from the cell phone.
- d. Practitioners will determine whether patients are permitted to take pictures or videos during treatment.
- e. If the photograph is not stored with the Medical Record, a reference to its storage location will be noted in the Medical Record.
- f. Banner Health's Medical Treatment Agreement (Conditions of Admission) documents the patient's consent to take and use photographs or videotaping of diagnostic and surgical procedures for treatment and Training purposes.
- g. When parts of the body require photography, drapes and other material may be used to limit photography to the specific area of the body.
- h. Patient Photographs, videotapes and other images taken for diagnostic monitoring and/or treatment purposes should be clearly identified with the patient's name, medical record number (MRN), location of body part photographed, date and time and the name and title of the requestor and picture taking person. Patient Photographs, videotapes and other images used for Training should not include patient's name or medical record number.
- i. Photographs used to document patient care must be maintained according to the Records Retention and Destruction Policy, #5767.

REPORTING AND PREVENTION OF INFECTIONS IN HEALTH CARE WORKERS

Section A:

1. When a health care worker has an exposure to bloodborne pathogens, that worker should immediately contact the Post Exposure Prophylaxis hotline [(602) 747-8364] and his or her supervisor.
 - a. The exposed health care worker or that health care worker's supervisor will initiate source testing using the procedure identified in the facility in which the exposure occurred.
2. The health care worker or that worker's supervisor will report all occupational exposures to Occupational Health on the Employee Industrial Incident Report

Arizona Revised Statute (A.R.S. 36-663)

HIV Pre-Test Counseling to include:

- Testing purpose, meaning of results and benefits of early diagnosis and treatment
- Nature of acquired immune deficiency syndrome and HIV-related illness, including information about behaviors posing a risk for transmitting the human immunodeficiency virus.
- Confidentiality protections for HIV related information
- HIV testing being voluntary and testing can be performed anonymously at a public health agency
- Law requires that positive test results are reported to public health agency
- Consent for testing may be withdrawn, in writing, at any time before blood is drawn.

Source Patient Testing

Counselor's Responsibilities

- Must be a licensed physician, RN, LPN, PA, Social Worker, counselor or therapist (A.R.S. Title 32).
- Perform counseling with patient/parent or legal representative
- Obtain consent for HIV testing
- HIV testing can be refused
- Obtain consent for release of HIV test results to exposed employee

Source Patient Lab and Consent Forms

- Sonora Quest Lab Form is "Source Patient Testing Requisition"
- Must use – Account # 60151 & Requisition #720529
- This assures that source patient is not billed for test

Two (2) Forms need to be Signed by the Source Patient:

- HIV Consent Form
- Communicable Disease Release of Information to Affected Health Care Worker

Both forms are to be faxed to the Medical Surveillance Coordinator @ (480)412-6449 – all results comes to Occupational Health and no results go in the patient's hospital medical record. All records are kept in Occupational Health.

Original Consents need to be mailed to:

- Patricia Nunez – Medical Surveillance Coordinator
- 2225 W. Southern Ave
- Banner Desert Medical Center
- Mesa, AZ 85002

Documentation in Progress notes the following:

- Counseling was performed
- Consent was obtained
- Test was performed as a result of employee exposure
- All questions answered

If consent for HIV testing is refused:

- Document this in progress notes
- Notify Occupational Health of refusal
- Inform Supervisor/designee of refusal
- HBsAG and HCV may be completed if physician order was obtained

If the patient/source patient is not competent to make a decision; the person(s) responsible for their care / power of attorney or responsible family member may make that decision form them.

RETIREMENT 401(k) PLAN

Banner Health’s principal source for retirement income is the Banner Health system 401(k) Plan, matching savings plan where Banner Health contributes one dollar for each dollar that you contribute up to your first 4% of pay. You may enroll at any time after date of hire. Vesting begins immediately and company matching contributions begin after one year of service.

SUBSTANCE ABUSE STIPULATED RE-ENTRY POLICY

A stipulated re-entry agreement between Banner Health (Banner) and an employee may occur:

1. After the employee self-discloses a substance abuse problem and has completed a chemical abuse rehabilitation program.
2. When the employee returns from Disability related to a substance abuse problem.
3. When a new hire discloses that his/her license has been stipulated due to a substance abuse problem, or
4. When management becomes aware that an employee’s license has stipulations or the employee is otherwise required to submit to monitoring for a substance abuse problem.

Prior to returning to work the employee will receive a medical evaluation by Banner Health Occupational Health Services (BOHS) or the facility Employee Health Office to determine the conditions of re-entry. A baseline forensic urine drug test collection will be done at the time of the medical evaluation. BOHS will provide counsel to Human Resources as to the conditions for the re-entry agreement. The medical evaluation will happen before the re-entry conference. BOHS/Employee Health will disclose only that information that is relevant to the re-entry process.

Human Resources will determine the conditions for re-entry and prepare a Stipulated Conditions of Employment Agreement. A re-entry conference will be held to review with the employee the conditions of the Agreement and obtain written agreement from the employee. The conference attendees will include the employee, his/her supervisor, Human Resources representative, and when possible BOHS/Employee Health provider who did the medical evaluation.

Terms of the agreement require that the employee remain in the program for a minimum of one year and during this time will be randomly urine and breath tested at least once a month. The employee will authorize Banner Health to contact his/her healthcare provider and/or counselor to determine if the employee is in compliance with the terms of the Agreement. The signed agreement will be placed in the employee's BOHS/Employee Health medical file and no other copies will be filed in Human Resources or the supervisor's file. The employee will be given a copy of the signed agreement.

Notification of random drug and breath testing will be administered through BOHS/Employee Health. BOHS/Employee Health will notify the employee's supervisor that the employee needs to be sent to BOHS for testing. The supervisor will determine what the best time is to send the employee to BOHS/Employee Health. Once the employee is notified by the supervisor he/she has one hour to report to BOHS/Employee Health. The supervisor will call the facility BOHS/Employee Health and advise them that the employee has been notified and should report within the hour. If the employee arrives after the one-hour time limit BOHS/Employee Health will still collect the specimen but will notify Human Resources of the last arrival of the employee. The employee is to be given a maximum of three hours to produce a urine sample. If a sample cannot be obtained within the timeframe the employee will be sent back to his/her department, and Human Resources and the supervisor will be notified. Human Resources and the department manager will make a decision as to what action is to be taken with the employee. If the employee remains employed and is called again within the month and does not give a specimen he/she will be terminated for non-compliance of the terms of the Agreement.

If the employee's drug/breath test is deemed positive by the Medical Review Officer, Human Resources will be notified. Human Resources will work with the supervisor in terminating the employee. Exceptions to this must have approval of the facility CEO and the Senior Vice-President – Human Resources.

TB SKIN TEST (mantoux 5TU)

Indication: Required annually for all employees of healthcare facilities unless previous documented positive response.

- a) The Mantoux test should not be administered to anyone with a history of positive reaction
- b) If MMR is also needed, give Tb test before MMR, simultaneously with it or 6 weeks after the MMR
- c) Tb skin test can be given to pregnant women unless they have written request to hold it from their physician

Common side effects: None