

NYU Winthrop Hospital

Office of Academic Affairs Graduate Medical Education House Staff Manual

TABLE OF CONTENTS

Welcome.....	5
Statement of Institutional Commitment to GME	6
Office of Academic Affairs.....	7
I. Administration.....	8
A. Conditions of Employment and Continued Employment.....	8
1. Pre-Employment Screening and Other Requirements.....	8
a) National Provider Identification Number (NPI).....	9
b) National Practitioners Data Bank.....	9
c) Licensure.....	9
d) Immunization and Screening.....	9
e) Professional Degree Designation.....	10
f) Resuscitation Training and Documentation.....	10
g) International Medical Graduates.....	11
2. Restrictive Covenant Policy.....	13
3. Duty Hours.....	13
B. Background Check and Disclosure Policy	13
C. House Staff Stipends Policy.....	13
D. Policy on Duty Hours	14
E. Extracurricular Professional Activity (Moonlighting)	17
F. Policy on Visiting House Officers.....	18
G. Guidelines for House Staff Supervision.....	19
H. NYU Winthrop Hospital Contract between Teachers and Learners	23
I. Bloodborne Pathogen Exposure Prevention Policy	25
J. Training Program Reduction/Closure Policy	26
K. Continuation of GME Support In The Event Of A Disaster	27
L. Certificate of Training.....	29
M. Holiday/Vacation/Sick Time/ Leave of Absence.....	29
N. Resident/Fellow Eligibility and Selection.....	31
O. Equal Employment and Affirmative Action/Anti-Harassment Policies.....	33
P. HIPAA Code of Conduct	35
Q. Conflict Of Interest Policy/Vendor Interactions.....	36
R. Professional Conduct.....	37
S. Away Rotations	37
T. Escalation Policy.....	37
U. Additional Policies.....	39

II. Benefits	40
III. Support Services	41
A. Health & Wellness Program	41
1. Employee Health Service.....	41
2. Physician Wellness Webpage.....	41
3. Employee Assistance Program.....	41
4. Psychologist Services.....	42
5. Health Club Membership Subsidy.....	42
B. Sleeping and Transportation Options For House Staff Too Fatigued To Return Home Safely.....	42
C. Alcohol and Drug Use Policy.....	43
D. Recognizing the Impaired Physician.....	44
E. House Staff Committee	45
IV. GME Evaluation and Disciplinary Guidelines.....	46
A. Term of Appointment.....	46
B. Evaluation.....	46
C. Informal Counseling.....	46
D. Academic Improvement Policy	46
E. Misconduct Policy.....	49
F. Promotion and Renewal.....	50
V. House Staff Complaint/Grievance Procedures	51
VI. General Information.....	53
A. Prescriptions/DEA.....	53
B. Library Resources	53
C. Meals	54
D. Security.....	54
E. Arts and Humanities/History of Medicine.....	55
F. Biostatistician Services	55
G. Educational Allowance	56
H. Laundry.....	57
I. On Call Rooms.....	57
J. Pagers.....	57
K. Parking.....	58
L. Housing.....	58
M. Vacation.....	59
N. Procedure Credentialing.....	59

O. Professional Conduct.....	59
P. Professional Misconduct.....	60
VII. Medical Center Information	62
NYU Winthrop Hospital Mission Statement.....	62
Office of Academic Affairs Mission Statement.....	62
A. Internet Access.....	62
B. Computer Assistance.....	63
C. Computer Systems Access and Confidentiality.....	64
D. Patient Photography and Video Imaging.....	65
E. Social Media Policy.....	66
F. Abbreviation Usage Policy.....	69

WELCOME

Welcome to NYU Winthrop Hospital. You are now part of an institution that has built a strong reputation as a leader in medical education of health professionals, research in medical science and patient care. We pride ourselves on integrating house officers and clinical fellows into the fabric of the medical center, encouraging House Staff to contribute to fundamental discoveries, to participate in translating those discoveries into practice, and to serve as part of the healthcare team striving to care for patients in a failsafe way. NYU Winthrop Hospital dedicates itself to your professional and personal development. NYU Winthrop Hospital is a nationally and regionally ranked hospital in a variety of specialties.

NYU Winthrop Hospital was founded in 1896 under the name of Nassau Hospital, as Long Island's first voluntary hospital. It was renamed in the 1980's. NYU Winthrop Hospital has been a Clinical Campus for the Stony Brook University School of Medicine with 80 medical students dedicated to our campus each year. In 2017 NYU Winthrop entered into a merger with New York University. NYU Winthrop Hospital has approximately 260 House Staff, sponsoring 20 Accreditation Council for Graduate Medical Education (ACGME) accredited programs, 1 Commission on Dental Accreditation (CODA) accredited programs, 1 Council on Podiatric Medical Education (CPME) accredited programs, 1 Fellowship Council accredited program, and approximately three additional fellowship programs.

NYU Winthrop Hospital

Statement of Commitment to Graduate Medical Education

NYU Winthrop Hospital was founded more than 100 years ago to serve the needs of a community which had no readily accessible hospital facility. NYU Winthrop Hospital successfully and consistently fulfilled its original patient care mission until soon after WWII, when NYU Winthrop Hospital began its maturation from community hospital ...to community teaching hospital... to the independent academic medical center it is today. NYU Winthrop Hospital's position as a leading tertiary care institution on Long Island is inextricably grounded in its commitment to graduate medical education. The infrastructure which was created to support GME is in large part the infrastructure which supports excellence in patient care.

NYU Winthrop Hospital - its board, its senior administration, and medical staff - is committed to excellence in Graduate Medical Education, as it is to excellence in patient care. We, who bear direct or indirect responsibility for the training of new physicians, hold core values and expectations for our diverse training programs: that scholarship and life-long learning be nurtured; that professionalism, academic and clinical discipline be fostered; that ethical and humanistic treatment of patients be paramount. Our learners are expected to incorporate these values, and our teachers are expected to model them.

We are committed to providing the educational, financial and human resources necessary to meet or exceed the *Institutional and Program Requirements* of the Accreditation Council for Graduate Medical Education (ACGME). This includes attracting and retaining a faculty who have the necessary breadth of clinical knowledge and skills, as well as abiding personal commitments to teaching. We are also committed to having the resources available for restructuring and adapting our GME curricula to a rapidly changing health care environment. This would include the provision of core competencies, as defined by the ACGME, across all programs. We will ensure that the curriculum provides for residents to develop clinical competencies under appropriate supervision, with graded levels of progressive responsibility.

We will also ensure that the GME environment is enriched by an active program of basic and clinical research, thus providing residents with the opportunity to develop the skills of scientific inquiry. We will maintain core support services which facilitate clinical and academic growth, such as adequate patient support services, a state of the art health sciences library, media services and conference facilities appropriate to the scope of medical education at NYU Winthrop Hospital.

We will provide a learning environment in which opportunities for academic growth are maximized by attention to quality of life. This includes adherence to New York State duty hours limitations; provision of competitive salary, medical and other benefits; provision of counseling services and career guidance; access to affordable housing and meals; and an environment free of harassment of any nature at any time.

NYU Winthrop Hospital is committed to maintaining its support of GME administration, such that the evaluation, assessment, monitoring and oversight of GME policies, procedures and programs can be effectively accomplished.

Finally NYU Winthrop Hospital reinforces the fact that medical education and research stand in complementary partnership with patient care, as first articulated in the hospital's 1989 Mission Statement

OFFICE OF ACADEMIC AFFAIRS

Graduate Medical Education

222 Station Plaza North
Fifth Floor – Suite 510
516-663-2521

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Lynn Maier

UME and GME Office Manager

I. ADMINISTRATION

The Associate Dean /Director of Graduate Medical Education (GME) is charged with the administrative responsibilities for House Staff that includes residents and fellows. In this document the titles "resident" and "House Staff" are synonymous and refer to all trainees in ACGME-accredited or other accredited graduate medical education programs.¹

The same definition applies to all residency and fellowship programs at NYU Winthrop Hospital, for both sponsored programs and visiting House Staff. Dental House Staff members have the same rights and privileges as other medical staff.

The Associate Dean for GME also is charged with administrative responsibility for oversight of all other accredited (i.e., accredited, but not through ACGME) and non-accredited graduate medical education programs. The House Staff Manual serves as the principal document governing those individual's roles and responsibilities.

The Office of Academic Affairs (OAA) is located in 222 Station Plaza N. Suite 510. The OAA can be contacted at 516-663-2521 or kbruno@nyuwinthrop.org. Business hours are 8:00 a.m. - 5:00 p.m., Monday through Friday, except for NYU Winthrop Hospital recognized holidays or as otherwise posted. Helpful information can be found at the GME Office at www.winthrop.org/departments/education/gme

Interpretation of policies, verification of status, training, dissemination of information, loan deferments and application for licensure are handled by this office. The staff will assist house officers with documents requiring the Hospital Seal or Notary Seal. House officers **must notify the GME Office immediately of any change in address and/or telephone number.**

A. CONDITIONS OF EMPLOYMENT AND CONTINUED EMPLOYMENT

Failure by House Staff to meet all Conditions of Employment will result in revocation of the offer of employment. This action is not appealable.

1. Pre-Employment Screening and Other Requirements

All House Staff new to NYU Winthrop Hospital are given a conditional offer of employment. The offer is pending the successful completion of a background check, pre-employment drug screen, and other items set forth in the *House Staff Manual* or on the [GME Policy website](#). New House Staff will not be permitted to start work until the background check and drug screen have

¹ This reference is extracted from the Graduate Medical Education Directory which designates all GME participants in ACGME- accredited programs as "resident."

been successfully completed and any required paperwork has been received. House Staff must complete all necessary paperwork. The status of and/or results of the background check will be evaluated by Human Resources, and as needed the Associate Dean for GME, the Program Director, and other individuals deemed appropriate.

a. NPI (National Provider Identification) Number

All incoming House Staff are responsible for obtaining an NPI number prior to starting clinical work. Application for an NPI number is a part of the orientation process at NYU Winthrop Hospital. The online application for an NPI number is available at <https://nppes.cms.hhs.gov/NPPES/Welcome.do>. Once the resident/fellow has received an NPI number it must be reported to the office of academic affairs for their official file. For any questions please contact the Office of Academic Affairs at ext. 2521 or via email at kscalice@nyuwinthrop.org.

b. National Practitioners Data Bank

All incoming House Staff currently holding any state licensure will be checked against the National Practitioners Data Bank (NPDB). The Data Bank is primarily a system intended to supplement a comprehensive review of the professional credentials of health care practitioners, providers, and suppliers; the information from the Data Bank is used in conjunction with, not as replacement of, information from other sources. More information can be found here:

<http://www.npdb-hipdb.hrsa.gov/topNavigation/aboutUs.jsp> .

c. Licensure

Refer to licensure policy on the GME website at www.winthrop.org/departments/education/gme-policies.cfm

d. Transcript

An official final transcript showing the resident's professional degree conferred with its graduation date **must** be received by GME directly from the graduating institution before he/she commences training. International Medical graduates may submit direct confirmation of their Educational Commission for Foreign Medical Graduates (ECFMG) Certificate in lieu of their official transcript. This document should be sent directly to the Office of Academic Affairs from the ECFMG. Under extraordinary circumstances, the Associate Dean /Director of GME may grant a limited extension on the deadline by which the transcript is needed. This extension must be requested through the Office of Academic Affairs.

Important: Photocopies are NOT acceptable, even if notarized.

Mailing Address:

Graduate Medical Education
Office of Academic Affairs
222 Station Plaza N. Suite 510
Mineola, NY 11501

e. Professional Degree Designation

The degree suffix on all identification (i.e., ID Badge, white coats, certificates) will replicate the professional school degrees awarded, as per New York State requirements. (see GME Policy website)

f. Resuscitation Training & Documentation

ACLS: Residents in all adult specialties and subspecialties are required to become certified in ACLS upon entering their NYU Winthrop Hospital training program, and are required to maintain current certification throughout their training.

PALS: Residents in Pediatrics, Pediatric Endocrinology and Pediatric Pulmonology are required to become certified in **PALS** upon entering their NYU Winthrop Hospital training program and are required to maintain current certification throughout their training.

NRP: Residents in Pediatrics and OBGYN are also required to become certified in **NRP** upon entering their NYU Winthrop Hospital training program and are required to maintain current certification throughout their training.

The hospital shall provide ACLS, PALS and/or NRP to incoming House Staff who meet the above criteria during Orientation. Subsequent to initial certification, the individual Program Director shall ensure that certification remains current. Initial ACLS and PALS/NRP training will be provided at the hospital's expense. If a resident fails the ACLS/PALS/NRP course provided by the hospital, or fails to attend the course as scheduled, that House Staff member will be responsible for the cost of retaking the course.

BLS certification is required in order to take any of these advanced resuscitation courses.

New House Staff:

The GME Office must have verification of training with a copy of your course completion card(s) from the American Heart Association. You will not be permitted to start Residency or Fellowship until you have completed training at NYU Winthrop Hospital or submitted copies of course completion cards for the required Resuscitation Training.

If you choose to seek training prior to your arrival, be aware that some training centers do not issue course completion cards on-site immediately upon completion of the course but instead mail the cards to the trainee at a later date. Please allow time for this when you select your training date. Failure to provide copies of your course completion card(s) to the Office of Academic Affairs will affect your start date.

g. International Medical Graduates (IMG)**Definitions**

- J-1 Visa: The J-1 Exchange Visitor Program, as administered and sponsored through the Educational Commission on Foreign Medical Graduates (ECFMG), is intended to foster international exchange, not immigration. Physicians are subject to a two-year home residency requirement following their U.S. training before being eligible for certain other U.S. visas.

- H1-B Visa: The H-1B Temporary Worker authorizes employment in a “specialty occupation”, interpreted to include graduate medical education. H-1Bs are sponsored by the employer (training institution) which must file a labor condition application with the U.S. Department of Labor, and an H-1B Petition with the U.S. Citizenship and Immigration Services. Unlike the J-1 visa, there are administrative and legal costs associated with support of an H-1B, which must be borne by the sponsoring institution, not the trainee. In any case where expediting processing of the visa is required due to any incomplete requirements on the trainee’s part, the trainee will be responsible for the additional costs.

Policy

Residents in NYU Winthrop Hospital ACGME-accredited programs who are not United States citizens or permanent residents, or who cannot otherwise satisfy Federal Form I-9 Employment Eligibility requirements, must have the appropriate visa in order to commence training in a graduate medical education program. If on a visa, the resident must meet the requirements to maintain his/her visa throughout the duration of training.

Residents may enter training at NYU Winthrop Hospital under either a J-1 or an H1B visa. The J-1 is the preferred visa for training at NYU Winthrop Hospital. Under the H1-B, the institution must sponsor the trainee, and be responsible for expenses associated with procuring the H-1B

visa to the extent required by law, including the cost of return transportation abroad, if the resident is dismissed before completing the program.

Procedure

J-1 Visa

1. Residents seeking J-1 visas apply directly to the ECFMG, as the sponsoring agency. Submission requirements include: ECFMG certification, passage of Step 1 and Step 2 of the USMLE, a contract or official letter of offer for position in an approved graduate medical education or training program, a Statement of Need from the Ministry of Health of the country of most recent legal permanent residence.
2. The Office of Academic Affairs' designated Training Program Liaison (TPL) serves as the official representative to communicate with the ECFMG to ensure regulatory compliance and administrative oversight for J-1 physicians.
3. For initial J-1 sponsorship for incoming residents, the TPL submits an on-line appointment profile through EVNet, confirming the ACGME accreditation of the program, and the resident's stipend information as provided in the resident's NYU Winthrop Hospital contract. The resident completes the on-line application, pays the fee and submits the required documentation. The TPL must also provide confirmation of the J-1 physician's arrival in the U.S. with the ECFMG.
4. For continued sponsorship for current residents, the TPL submits an on-line continuation of sponsorship appointment profile through EVNet, confirming the ACGME continued accreditation of the program, and the resident's stipend information as provided in the resident's NYU Winthrop Hospital contract. The resident completes the on-line application, pays the fee and submits all the required documentation.

H1-B Visa

1. NYU Winthrop Hospital, as the sponsoring organization, must apply to the U.S. Citizenship and Immigration Services for an H1-B visa. The Office of Academic Affairs coordinates assembly and submission of materials in support of the H1-B petition to the designated hospital immigration attorney who prepares the final documents. Documents are signed off by the DIO and the Program Director.
2. The Office of Academic Affairs coordinates posting of notices regarding intention to hire an H-1B, as per federal requirements.
3. NYU Winthrop Hospital, as budgeted under the Office of Academic Affairs, pays processing and legal fees for the application, and, when necessary, provides cost of return transportation abroad, as described in the above Policy section.

4. To the extent required by law, the applicable training program retains responsibility for ongoing monitoring of the applicable resident to ensure compliance with the limitations of his or her visa.

2. Restrictive Covenant Policy

Participants in any ACGME-accredited training program will not be required to sign a restrictive covenant or non-compete guarantee in order to participate in that training program.

3. Duty Hours

All House Staff are responsible for accurately and honestly reporting all duty hours, including all moonlighting hours. Please see Policy on Duty Hours for further information. Concerns regarding duty hours may be reported to the Associate Dean for GME or through the New Innovations confidential reporting form. Concerns may be reported anonymously.

B. BACKGROUND CHECK AND DISCLOSURE POLICY

All House Staff new to NYU Winthrop Hospital must successfully complete a background check, and any offer of employment is conditional upon such successful completion. House Staff must complete all necessary documentation, including any necessary releases, to initiate the background check. The status of and/or results of the background check will be evaluated by Human Resources, and may be evaluated by the Associate Dean for GME, the Program Director, and other individuals deemed appropriate.

A criminal background check may be required after the initial check covered by this policy, in accordance with applicable policies, procedures or practices of the NYU Winthrop Hospital.

There is an affirmative duty for house officers and clinical fellows to notify the Associate Dean for GME of arrests, convictions, and the disposition of any outstanding charges after the initial background check for employment is completed. There is also an affirmative duty for house officers to report any adverse information resulting from subsequent criminal background checks obtained at any site during their employment as a resident or fellow at NYU Winthrop Hospital.

Failure by a resident or fellow to disclose an arrest or a criminal conviction to the Associate Dean for GME within five days may result in corrective action, up to and including immediate dismissal from his or her training program. The facts and circumstances of each case will determine what, if any, action is taken, up to and including immediate dismissal, as appropriate.

C. HOUSE STAFF STIPENDS POLICY

It is the policy of NYU Winthrop Hospital that house officers will be paid at the level at which they function in the program.

Exception: Those subspecialty residents (fellows) who completed an “extra year” Chief Resident year (PGY-4 in Internal Medicine or Pediatrics) at NYU Winthrop Hospital will be paid at a level 1 year higher than their function in the fellowship program, as they will have participated in an additional year of training at NYU Winthrop Hospital.

D. POLICY ON DUTY HOURS

The NYU Winthrop Hospital GMEC is committed to compliance with the ACGME and New York State duty hour guidelines. Duty hours are defined as all clinical and academic activities related to the program, i.e. patient care (inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care; time spent in-house during call activities, and scheduled activities, such as conferences. Duty hours do *not* include reading and preparation time spent away from the duty site.

The following requirements apply to all accredited residency and fellowship training programs at NYU Winthrop Hospital:

1. House Staff are responsible for accurately reporting their duty hours, **including all time spent moonlighting**, per program requirements.
2. Program Directors are responsible for monitoring and enforcing compliance with duty hour guidelines.
3. If specialty/subspecialty-specific program duty hour requirements as defined by an individual RRC for that specialty/subspecialty are more restrictive than the NY State and ACGME Common requirements, then the duty hour requirements of that RRC will be included in the policy of that specialty/subspecialty program and will supersede the institutional requirements.
4. Concerns regarding duty hours may be reported to the Associate Dean for GME via email, telephone at 516-663-2521, or Anonymous Reporting via New Innovations.
5. NYU Winthrop Hospital encourages house officers to use alertness management strategies, including strategic napping, in the context of patient care responsibilities, especially after 16 hours of continuous duty and between the hours of 10pm and 8 am.
6. Justification for staying beyond Duty Hours:
 - a. Continuity of care for a severely ill or unstable patient
 - b. A transpiring event of unusual academic importance
 - c. Humanistic attention to the needs of a patient or family

Under such circumstances the resident must appropriately hand over the care of all other

patients for their continuing care, and document the reasons for remaining to care for the patient in question. **The resident must contact his/her Program Director to discuss the event with him/her. The New Innovations form must be completed and submitted for sign-off by the Program Director.**

The Program Director is responsible for tracking both individual resident and program-wide episodes of additional duty.

7. Maximum Frequency of In-House Night Float

House officers must not be scheduled for more than six consecutive nights of night float. Individual residency programs must construct their own duty hour policies in compliance with their individual program's requirements defining maximum consecutive weeks of night float and maximum number of months of night float per year.

8. Maximum In-House On-Call Frequency

In-house 24 hour call will occur no more frequently than every third night.

9. At-Home Call

At-home call, or "pager call," is defined as call taken from outside the assigned site.

When house officers are called into the hospital from home, they may care for new or established patients and the hours spent in-house, exclusive of travel time, are counted toward the eighty-hour limit. Such episodes will not initiate a new "off-duty period."

At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.

At-home call may not be scheduled on the resident's one free day per week.

Resident Duty Hours Standards table defining the ACGME and NY State requirements is attached.

Any concerns or questions concerning the duty hour guidelines should be directed to the Associate Dean of GME.

Resident Duty Hours Standards

Note: If you have any questions or concerns regarding Duty Hour compliance, call Academic Affairs at extension 2521. All calls will be kept confidential.

<i>Component</i>	<i>Standard</i>
Weekly Hour Limits	80 hours, averaged over a 4 week period
Frequency of Call	No more frequent than every 3 rd night for 24 hour call
Consecutive hour limitation	24 hours with up to 3 hours of transition time ("Transition time" is for appropriate transfer of patient information and NOT for new patient care responsibilities, not for didactic time per NYS regs)
Nonworking period between assignments	10 hours between shifts Residents should have 10 hours and must have 8 hours free of duty between scheduled duty periods. (This means 10 hours is the standard and 8 hours would be the exception) 14 hours after a 24 hour call
Nonworking periods per week	<i>24 hour nonworking period per week</i> At-home call <i>must not</i> be assigned on these free days.
Moonlighting	<i>All moonlighting hours count towards the limitations</i>
Enforcement/penalties	NY State: Audited by unannounced site surveys. Non-compliance: Statement of Deficiency + monetary fines: \$6,000 per initial violation, \$25,000 for further finding of non-compliance within 180 days and \$50,000 for further finding of non-compliance within 180 days and/or 360 days. ACGME: Evaluated as component of announced RRC site visit and via resident surveys. Penalties include RRC citation, Institutional citation and/or withdrawal of accreditation

E. EXTRACURRICULAR PROFESSIONAL ACTIVITY (MOONLIGHTING)

NYU Winthrop Hospital affirms that the primary responsibilities of members of the House Staff are to their own postgraduate medical education and to the patients charged to their care. In as much as extramural professional activities, or “moonlighting,” may conflict with these responsibilities, NYU Winthrop Hospital generally discourages such activities.

In some departments, outreach programs at other medical facilities are approved activities, are a part of the established educational program, and are not considered moonlighting.

Moonlighting is prohibited during regular NYU Winthrop Hospital duty hours, as defined by the Program Director and/or Chair of the House Staff member’s Department. Moonlighting during periods of authorized vacation time can occur provided that proper approval of moonlighting activity has been obtained.

Individuals may not moonlight on rotations or services to which they are currently assigned as part of their residency or fellowship program. Questions regarding whether a particular request for moonlighting would be prohibited under this section should be directed to the Associate Dean for GME.

NYU Winthrop Hospital, or any individual department or division, also reserves the right to deny any specific moonlighting activity that is deemed inconsistent with Winthrop policy regarding conflict of interest or other relevant policies. The individual requesting moonlighting permission acknowledges that his or her performance will be monitored for the effect of the activity on their performance, and adverse effects may lead to revocation of permission. In addition, any individual who fails to maintain good standing in their program for any reason will have their moonlighting privileges revoked effective immediately. Affected House Staff are required to reapply for moonlighting privileges through the mechanisms used for gaining initial approval.

All hours spent in moonlighting are subject to the Institutional Policy on Duty Hours and must be tracked through the respective program’s duty hour tracking mechanisms. Failure to track moonlighting time, both internal and external, as duty hours, may result in Corrective Action and revocation of moonlighting privileges.

Individual departments or divisions may impose additional restrictions on moonlighting activity.

Violation of the Moonlighting Policy, including non-compliance with any requirements listed below, constitutes a breach of the House Staff Agreement between NYU Winthrop Hospital and the individual, and may lead to corrective action up to and including Immediate Dismissal. Contact the Office of Academic Affairs for any clarification of these requirements.

POLICY:

House Staff who choose to moonlight must obtain prior approval from their Program Director for any moonlighting activities.

House Staff who have worked the maximum number of hours permitted under the Duty Hours provisions of the ACGME and New York State are prohibited from working additional hours as physicians providing professional patient care services. House Staff who have worked fewer than the maximum hours permitted may not exceed this maximum in their Winthrop and dual employment (moonlighting) duty hours combined. Moonlighting hours must be included in any duty hours logging or reporting mechanisms.

Program Directors must ensure that moonlighting does not interfere with the ability of a resident to achieve the goals and objectives of the educational program. The program director must monitor for any negative effects of moonlighting activities upon resident performance and communicate to the resident that adverse effects may lead to withdrawal of permission.

House Staff who engage in moonlighting without advance written permission are subject to dismissal.

Procedures:

Early each academic year the Office of Academic Affairs sends every member of the House Staff a *Moonlighting Affidavit* through New Innovations. The residents must attest as to whether or not they intend to moonlight. If they plan to moonlight, they must include the proposed site and schedule, and obtain written approval by the program director on the *Affidavit*. The resident must submit a new affidavit if there is any change in time commitment, or if there is a new site. Copies of the affidavits are maintained in the residents' personnel files in Academic Affairs, as well as in the Program's files.

House Staff will be informed that for moonlighting activities, they are not covered by Winthrop's professional liability insurance. In order to moonlight the resident must be licensed for unsupervised medical practice in New York State. Members of the House Staff who hold J-1 or H1 visas are not eligible to moonlight, as per INS regulations.

F. POLICY ON VISITING HOUSE STAFF

NYU Winthrop Hospital values the variety of experiences that visiting House Staff bring to our programs. Visiting rotations are subject to approval by the appropriate Program Director.

NYU Winthrop Hospital requires, in compliance with ACGME requirements, that a Program Letter of Agreement (PLA) be in place between the visiting resident's institution and NYU Winthrop Hospital. This PLA must be signed by the NYU Winthrop Hospital rotation director, Program Director, Designated Institutional Official and the Sponsoring Institution Program Director. Without exception, documents must be submitted to NYU Winthrop Hospital before the start date of the desired rotation.

The Office of Academic Affairs **must** be advised of, approve, and process all visiting House Staff from other institutions who are rotating through Winthrop programs. For questions regarding the visiting House Staff process or procedures please call 516-663-2521 or email Kara Scalice at kscalice@nyuwinthrop.org.

All approved visiting Residents/Fellows **must** physically check in at the Office of Academic Affairs on the first day of their visiting rotation.

The following requirements must be met and documents **MUST** be submitted before the visiting resident's rotation start date:

- a. A visiting Resident/Fellow must provide proof that he/she is currently enrolled and in good standing with an accredited training program.
- b. Prior to starting the rotation, the applicant must provide proof of health insurance and professional liability coverage of a minimum of \$1,000,000/\$3,000,000 to the GME Office.
- c. The applicant must provide documentation that his/her stipend will be continued by his/her training program while on the approved rotation.
- d. The requirements for background checks set forth in this manual will be applicable to Visiting House Staff
- e. Immunization Records - All visiting House Staff must provide documentation of immunization and testing prior to the desired rotation date.

G. GUIDELINES FOR HOUSE STAFF SUPERVISION

It is the policy of the Graduate Medical Education Committee (GMEC) to follow requirements of the ACGME, or other applicable accrediting body, regarding supervision of house officers and clinical fellows in accredited training programs. These trainees will be supervised by appropriately-credentialed and privileged attending physicians in a manner that is consistent with ACGME program requirements for the applicable residency or fellowship program, or other applicable accrediting body requirements. House Staff shall be given a clear means of identifying supervising physicians who share responsibility for patient care on each rotation. Both House Staff and attending physicians will inform each of their patients of their respective role in that patient's care.

The Program Director shall provide explicit written descriptions of lines of responsibility for the care of patients, which shall be made clear to all members of the teaching teams.

In outlining those lines of responsibility, the Program Director will define supervision using the following classification of supervision:

1. Direct Supervision: the supervising physician is physically present with the resident and

- patient;
2. Indirect Supervision with Direct Supervision Immediately Available: the supervising physician is physically within the hospital or other site of patient care and is immediately available to provide Direct Supervision;
 3. Indirect Supervision with Direct Supervision Available: the supervising physician is not physically present within the hospital or other site of patient care but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision;
 4. Oversight: the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered;
 5. Questions: interpretation of any of the above terms 1-4 should be referred to the Associate Dean of Graduate Medical Education.

Supervision shall be structured to provide House Staff with progressively increasing responsibility commensurate with their level of education, ability and experience. The Program Director in conjunction with the program's faculty members shall make determinations on advancement of house officers to positions of higher responsibility and readiness for a supervisory role in patient care and conditional independence through assessments of competencies based on specific criteria (guided by national standards-based criteria when available). Faculty members functioning as supervising physicians should assign portions of care to house officers based on the needs of the patient and the skills of the resident. Based on these same criteria and in recognition of their progress toward independence, senior house officers or fellows should serve in a supervisory role of junior house officers.

Each program must set guidelines for circumstances and events in which house officers must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit, taking a patient to surgery, or end-of-life decisions. 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. PGY-1 house officers will be supervised either directly or indirectly with direct supervision immediately available. Programs will define, based on the appropriate Residency Review Committee's guidelines, the competencies that PGY-1 house officers must achieve in order to progress to be supervised indirectly with direct supervision available.

The faculty supervisor assigned for each rotation or clinical experience (inpatient or outpatient) shall provide to the Program Director a written evaluation of each trainee's performance during the period that the resident or clinical fellow was under his or her supervision. The Program Director (or his/her designee) will structure faculty supervision assignments of sufficient duration to assess the knowledge and skills of each resident and delegate to him/her the appropriate level of patient care authority and responsibility.

Supervisor Qualifications:

Supervisors may be attending physicians from the Medical Staff or residents in their final year of

training within their programs. In this context, the supervisor is essentially the attending physician or in lieu of the attending, a post-graduate trainee in the final year of training when the attending is immediately available by phone and readily available in person when needed. It does not refer to the graded responsibility and tiered supervision intrinsic to residency training programs (e.g. a PGY I may be directed by a PGY II but both are answerable to and supervised by the supervising attending).

Attending Supervisor Responsibilities:

1. The attending physician of record is responsible for the quality of care provided to his/her patient and must maintain the same standard of availability as though residents were not involved in that care. When the attending physician of record is a member of the faculty, the faculty member is required to assume the same standard of responsibility and availability as non-teaching attending physicians.
2. The attending physician or his covering Medical Staff physician must be available and easily accessible to provide supervision to the resident.
3. At the core of supervision is clear, concise communication between the resident and supervising physician. Timely communication that is patient-focused must not be encumbered by intimidation or fear of retribution. The Hospital's escalation policy mandates unrestricted communication between members of the health care team for the benefit of patient care.
4. While supervision of patient care activity clearly poses an opportunity for specific teaching, supervision must always occur even when teaching may not. All attending physicians interacting with residents and/or PA's/NP's in the care of their patients have a de facto supervisory role which is distinct from a teaching role.
5. Attending supervisors are expected to be collegial and professional in their interactions with residents. Effective communication is fostered by prompt response with feedback that is constructive and not demeaning.

Resident Responsibilities:

1. The resident is responsible to the supervising physician to review patient care plans and situations requiring supervision in a manner consistent with patient need.
2. The resident must accept the supervision and obtain specific supervision as dictated by patient care necessity.
3. In the event of conflict of opinion between the supervisor and the resident, either party may utilize the hospital's escalation policy to achieve a rapid, patient care based resolution. In the

rare event that a supervising physician is unavailable, the resident must utilize the escalation policy to obtain the prompt supervision required. Responsibility for decisions made in the absence of consultation with the responsible attending physician resides with the residents and surrogate supervisors.

4. While residents in their final year of training may serve as supervisors, timely communication with the attending of record should nevertheless occur.
5. Residents must promptly contact their supervising physician in a prompt manner for at least the following situations:
 - a. A change in patient status requiring ventilatory support, critical care, or telemetry.
 - b. Positive blood cultures
 - c. A change in mental status
 - d. A fall with injury
 - e. New onset dyspnea or hypoxemia
 - f. Patient expiration
 - g. Any condition in which a resident believes that supervising physician input is warranted.
 - h. The onset of symptoms/signs that are not readily explainable.
6. Individual Programs have additional Circumstances and events which would require immediate contact with a supervising physician. Those policies can be found on the New Innovations home page for each department.
7. The ordering of “stat” radiologic testing should prompt discussion with the attending.

Documentation:

Documentation of supervision of resident patient care activities may take the following forms:

1. The attending physician or his /her Medical Staff designee who sees the patient on a daily basis should write a progress note in addition to that written by the resident confirming or commenting on the patient care plan.
2. Residents are to note in their progress notes which supervising physician they reviewed the patient care plan with. This must occur on admission and when there is a change in the diagnostic/therapeutic plan.
3. If attending supervisors do not write independent progress notes, they may co-sign the resident notes with comments as needed to document their supervision of the resident. Note that this does not address, however, specific requirements for billing.
4. Attending physicians are encouraged to document in their progress notes the name(s) of residents with whom they reviewed the plan of care.

H. NYU Winthrop Hospital

Compact Between Teachers and Learners

Preamble

As a community of teachers, learners, physicians and physicians-in-training, we acknowledge the fundamental importance of our professional values in creating and maintaining an environment that promotes the highest standard of learning and the highest quality of patient care. The following principles characterize this environment and guide us in making daily decisions: ***Respect, Service, Integrity, Accountability, Scholarship, and Compassion***. Recognizing that in an academic community we are teachers and learners simultaneously, we make the following commitments with the understanding that each applies to all of us, regardless of our status as faculty, resident or student.

Commitments of Teachers

- *We will respect students, colleagues, staff and patients* as individuals, without regard to race, religion, age, gender, sexual orientation or national origin.
- *We will strive to provide the highest quality instruction*, by preparing adequately for all teaching sessions, using evidence-based content, arriving on time, and admitting any gaps in knowledge. We will strive for continuous improvement in our teaching efforts by responding to feedback and evaluation.
- *We will clearly express learning objectives* for all teaching sessions, and understand how these promote the learning objectives of the training programs and medical school. We will clearly define any specific academic and behavioral expectations for our rotations.
- *We will be aware of institutional and national policies*, such as duty hours, and make sure that our expectations are consistent with those policies.
- *We will not demand that our learners take actions that are inconsistent with professional ethics*. We will assign tasks that are appropriate for stage of learning, level of responsibility, and status as learners. If an assigned task conflicts with the personal ethics of a learner, we will discuss this with the learner and attempt to resolve the conflict in a manner that respects the learner while placing priority on the interests and well-being of the patient.
- *We will recognize the responsibilities implicit in our roles as mentors and coaches*, and in the spirit of cultivating excellence in our learners, provide timely and constructive feedback.
- *We will recognize our status as role models*, and in our interactions with patients, staff, and learners, we will exhibit the same standard of professional behavior that we expect

from others.

- *We acknowledge that the teacher-learner relationship is a model for the doctor-patient relationship*, and will strive to know our learners as individuals, answer their correspondences promptly, exercise concern for their well being, and treat them with compassion.
- *We will respect the intellectual property of others* and will use online resources in a manner that is consistent with that respect.
- *We will demonstrate honesty and integrity in all academic endeavors*, including examinations, research efforts and patient care entries.
- *We will strive to create a culture of safety*. We will accept responsibility for errors and near-errors by disclosing them, analyzing them and implementing changes that would prevent similar events in the future.

Commitments of Learners

- *We will respect students, peers, patients and teachers as individuals*, without regard to race, religion, age, gender, sexual orientation or national origin.
- *We will strive for excellence in attaining the knowledge, attitudes and skills* needed for the highest standard of patient care.
- *We will attend all learning sessions designated as required* by our teachers.
- *We will wear appropriate attire*. Attire should comply with patient expectations and the standards published by the institution.
- *We will work effectively in teams*, respecting the contributions of all members, assuming a fair share of responsibility, and performing leadership tasks with a sense of service to others.
- *We will acknowledge and seek help when an assigned clinical task is beyond our level of skill*. If an assigned task conflicts with personal ethics, we will discuss this with the supervising physician and strive to reach a resolution that places priority the interests of the patient.
- *We will recognize our obligations as a collegial community*, sharing knowledge and assisting peers in their quest to achieve professional and personal goals. We will assist our colleagues in distress.

- *We will establish the habit of critical reflection*, acknowledge gaps in our knowledge, recognize our limitations, and strive for constant self-improvement.
- *We will respect the intellectual property of others* and will use online resources in a manner that is consistent with that respect.
- *We will demonstrate honesty and integrity in all academic endeavors*, including examinations, research efforts and patient care entries.
- *We will strive to create a culture of safety*. We will accept responsibility for errors and near-errors by disclosing them, analyzing them and implementing changes that would prevent similar events in the future.
- *In the spirit of continuous quality improvement*, we will accept the responsibility of constructive evaluation of our rotations and teachers.

Acknowledgements - This document is adapted from the Vanderbilt House Staff Manual and draws heavily from the following sources:

1. Association of American Medical Colleges, *Compact Between Teachers and Learners of Medicine*, <http://www.aamc.org/newsroom/pressrel/compact.pdf>, 11/04/2001.
2. National Board of Medical Examiners, Center for Innovation, *The Behaviors of Professionalism*, <http://ci.nbme.org/professionalism/Behaviors.asp>. 3/20/04
3. ABIM Foundation, ACP-ASIM Foundation, and European Federation of Internal Medicine, *Medical Professionalism in the New Millennium: A Physician Charter*, *Annals of Internal Medicine*, 136:3, 243-6, 2002.

I. BLOODBORNE PATHOGEN EXPOSURE PREVENTION POLICY

NYU Winthrop Hospital is committed to promoting a safe and healthful work environment for all personnel, including House Staff and students, and to minimizing personnel exposure to occupational hazards, including those associated with bloodborne pathogens. All House Staff and other care providers at Winthrop observe Standard Precautions with all patients in accordance with Occupational Safety and Health Administration (OSHA) standards to prevent occupational exposure to such materials.

Likewise, as part of an academic training center, House Staff are important role models for students and less experienced house officers. House Staff are expected to participate actively in the teaching and evaluation of medical students, as well as other House Staff. Program directors will assign the privilege to act in this supervisory role according to Institutional and Program-Specific policies on resident supervision.

A resident/fellow that experiences a blood borne pathogen exposure should seek immediate treatment and counseling by:

- Presenting to the **Employee Health Office** at 222 Station Plaza North, fifth floor, during regular business hours of 7:30am-3:00pm Monday-Friday or
- Presenting to the **Emergency Room** for immediate evaluation if the exposure occurs outside of the regular business hours listed above. The affected employee should contact Employee Health the following business day to initiate follow up care.

When a house officer is aware of a student who experiences an exposure, he/she should direct that student to present to the **Emergency Room**.

J. TRAINING PROGRAM REDUCTION/CLOSURE POLICY

NYU Winthrop Hospital, as the Sponsoring Institution of ACGME-accredited programs, will notify residents as soon as possible of any adverse action taken by the ACGME with respect to their programs. (See GMEC Policy *Full Disclosure of Accreditation Status*). If the ACGME withdraws accreditation of a program, or if a decision is made to voluntarily close a program, NYU Winthrop Hospital will establish a phase-out plan, the goal of which would be to allow currently enrolled residents to complete their training. If that is not possible, the sponsor will assist the displaced residents in obtaining positions in other ACGME-accredited training programs.

In the event that NYU Winthrop Hospital decides to reduce the number of positions in any residency training program, the residents in that program affected by the reduction will be notified as soon as possible. Every effort will be made to accomplish the reduction without adverse effect on residents currently in training. If that is not possible, NYU Winthrop Hospital will assist the displaced residents in obtaining positions in other training programs. If NYU Winthrop Hospital as a whole intends to close, the same policy would apply.

The Graduate Medical Education Committee and the DIO must be informed at the earliest possible time of any ACGME or institutional action which may result in reduction or closure of any residency program, or closure of the institution. The GMEC will work with institutional officials and the Program Director to develop a phase-out plan, will monitor adherence to all elements of the above policy, and will review and approve all related correspondence and/or communication with the ACGME and residents who may be impacted by the action.

K. CONTINUATION OF GME SUPPORT IN THE EVENT OF A DISASTER

DEFINITION OF DISASTER

An event or set of events causing significant alteration to the residency experience at one or more NYU Winthrop Hospital training programs.

POLICY

In the event of a disaster, NYU Winthrop Hospital will continue to provide administrative support for its GME programs through the disaster. In the event that such a disaster, or its aftereffects, warrants reduction or closure of any program(s), then the Training Program Reduction/Closure Policy will take effect.

Process:

1. Following the declaration of a disaster, the Designated Institutional Official (DIO), Chief Academic Officer, Chief Medical Officer, Chief Executive Officer, and Chief Operations Officer will determine in conjunction with the Program Directors, whether existing educational and training programs can continue with or without restructuring in the Sponsoring institution; or whether temporary or permanent transfer of Residents to another institution will be necessary.
2. The DIO shall communicate to the ACGME the declaration of a disaster has been made and request the assistance of the ACGME. In the absence of the DIO, Chief Academic Officer will serve as the liaison between ACGME and the Program Directors

Resident Transfers and Program Reconfiguration:

In the event, or set of events, causing significant alteration to the residency experience at one or more residency programs, the institutional/specialty specific ACGME Executive Director will make a declaration of a disaster and a notice will be posted to the ACGME website with information relating to the ACGME response to the disaster. Within 10 days after the declaration of a disaster, the DIO will contact the ACGME to discuss and establish due dates for the following:

- a). deadlines to submit program reconfiguration requests to ACGME
- b.) deadlines to inform each program's Residents of the plans

The deadlines shall be no longer than 30 days after the disaster, unless other due dates have been approved by the ACGME.

ACGME Website:

The ACGME website (www.acgme.org) will provide, and periodically update, information relating to the disaster.

Communication:

- a) It is the responsibility of every individual (faculty, staff, and residents/fellows) to ensure that his/her personal contact information is current and on-file with the residency program and the GME Office. This includes cell phone number, emergency contact person, and outside e-mail address if possible.
- b) In the event of a disaster involving NYU Winthrop Hospital and its residency programs, each individual has the responsibility to monitor the NYU Winthrop Hospital website, www.winthrop.org for specific instructions.
- c) The ACGME website, www.acgme.org will provide phone numbers and email addresses for emergency and other communication with the ACGME from disaster affected institutions and programs. The ACGME website will provide instructions for changing Residents email information on the ACGME Web Accreditation Data System (ADS).

Institutions Offering to Accept Transfers:

Institutions offering to accept temporary or permanent transfers from programs affected by a disaster must complete a form found on the ACGME website. Upon request, the ACGME will give information from the form to affected programs and Residents. Subject to authorization by an offering institution, the ACGME will post information from the form on its website.

The ACGME will expedite the processing of Residents for increases in Resident complement from non-disaster affected programs to accommodate Resident transfers from disaster affected programs. The Residency Review Committees will expeditiously review applications, and make and communicate decisions.

Changes in Participating Sites and Resident Complement:

The Program Director must request permission from the DIO before contacting the ACGME. The DIO shall coordinate the Program Director's request for submission of changes in sites and complement. The ACGME will establish a fast track process for reviewing (and approving or not approving) submissions by programs relating to program changes to address disaster effects, including, without limitation:

- a) the addition or deletion of a participating site;
- b) change in the format of the educational program; and
- c) change in the approved Resident complement

Temporary Resident Transfer:

At the outset of a temporary Resident/fellow transfer, NYU Winthrop Hospital Program Directors must inform each transferred Resident of the minimum duration and the estimated actual duration of his/her temporary transfer, and continue to keep each Resident informed of such durations. If and when a program decides that a temporary transfer will continue to and/or through the end of a residency fellowship year, it must be inform each such transferred Resident/fellow.

Site Visits:

Once information concerning a disaster-affected program's condition from the DIO is received, ACGME may determine that one or more site visits is required. Prior to the visits, the designated institutional official(s) will receive notification of the information that will be required. This information, as well as information received by ACGME during these site visits, may be used for accreditation purposes. Site visits that were scheduled prior to a disaster may be postponed.

L. CERTIFICATE OF TRAINING

At the successful completion of training/appointment, a Graduate Medical Education Certificate of Training will be awarded to each resident.

M. HOLIDAY / VACATION / SICK TIME / LEAVE OF ABSENCE

The amount of time a resident can be away from residency duties and still meet Board requirements varies among the specialties. It is the resident's responsibility to be aware of his/her specialty requirement. Time under any of the following may not be counted toward Board eligibility.

Vacation Time

All House Staff receive four weeks' vacation (20 working days) within their contract year. A written request must be submitted to and approved by the director of the service to which the resident is assigned. Vacation time cannot be accrued from one year to the next and housestaff will not be paid for unused time.

Sick Time

Should a member of the House Staff become ill and unable to work, he/she must report either in person or by telephone to the Chief Resident or Residency/Fellowship Program Director. A maximum of 12 days will be granted per year. Sick leave may not be accumulated from year to year and sick days cannot be taken as vacation days. In order to remain in a paid status, the House Staff member will utilize sick time first for a leave related to a medical condition, then vacation time, then will be placed on unpaid leave once all available paid leave time has been exhausted.

Family and Medical Leave

NYU Winthrop Hospital recognizes that a resident may need to be away from work due to medical or certain family reasons. Leaves of absence are defined as approved time away from residency duties, other than regularly scheduled days off as reflected in a rotation schedule. All leaves will be scheduled with prior approval by the Program Director, with the exception of emergencies or unexpected illnesses. In unexpected/emergency situations, the resident should contact the Program Director at the earliest possible time.

In accordance with the Family and Medical Leave Act of 1993, the Hospital will grant an eligible member of the housestaff unpaid leave or leaves for up to 12 weeks in a 12-month period. Eligibility is one who has worked a minimum of 1250 hours in the twelve-month period prior to the start date of the requested leave.

Leave may be granted for the birth, adoption or acceptance for foster care of a child; for the care of a child, spouse, or parent with a serious health condition; or for the employee's own serious illness.

The resident/fellow should notify the Program Director and/or Chief Resident at least 30 days prior to the anticipated leave or as soon as possible if 30 days' notice is not possible.

Residents are able to return to their training program after a leave of absence without loss of training status if their leave does not exceed that allowed by the specialty boards. Leave allowances as required by specialty Boards vary greatly. Residents should contact the applicable specialty boards for current policies, the program director/coordinator, or the Office of Academic Affairs to clarify their specialty board policy.

House Staff on medical leave MUST obtain a *Return to Work Physician Clearance Note* and return it to Employee Health who will notify the Program Director or his/her designee **BEFORE the resident may return to work.**

Effect of Leave of Absence on Completion of Residency

The amount of time taken for leave(s) of absence will be added to the expected completion date for the residency program. Residents can access information related to eligibility requirements for specialty board examinations on the appropriate American Board specialty website or they may contact their program director for information. A link to each specialty Board can be found at http://www.abms.org/About_ABMS/member_boards.aspx

Holidays

Residents will be scheduled to work various holidays with no compensatory time allotted.

At the Department Chair's discretion, residents will or will not be charged vacation for attending professional and continuing education meetings as designated representatives of their department.

Military Leave/Jury Duty

House Staff will be granted military leave or leave for jury duty as required by applicable law. Please contact the Office of Academic Affairs for specific questions about such leave.

N. RESIDENT/FELLOW ELIGIBILITY AND SELECTION

- A.** All Residents who are selected into residency programs are required to meet the eligibility and selection requirements in accordance with the Essentials of the Accreditation Council for Graduate Medical Education. The residency programs must select from 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. NYU Winthrop Hospital does not discriminate with regard to sex, race, age, religion, color, national origin, disability, or any other applicable legally protected status.
- B.** Applicants for residency are considered eligible for appointment to an ACGME-accredited residency program if they meet the following qualifications:
1. Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME)
 2. Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA)
 3. Graduates of medical schools outside the United States and Canada who meet one of the following qualifications:
 - a. Have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates or
 - b. Have a full and unrestricted license to practice medicine in a U.S. licensing jurisdiction.
 4. Graduates of medical schools outside the United States who have completed a Fifth Pathway program provided by an LCME-accredited medical school.
- C.** Residents who have completed their basic residency and are applicants for residency in subspecialty programs shall be graduates of ACGME-accredited programs. In extraordinary circumstances, an applicant may be accepted from a non-ACGME program who has exceptional and related experience, and who will be qualified to sit for the subspecialty board of the American Board of Specialties. This can only be done with the specific written approval of the Chief Academic Officer.
- D.** Residents in ACGME-accredited training programs at NYU Winthrop Hospital are not required by the hospital to hold a New York State License. An individual program director may choose to require licensure. Subspecialty residents are required to be licensed as per the GME licensure policy. If licensure is a program eligibility requirement, this will be made known to the prospective resident/subspecialty resident during recruitment.

General Dentistry Residents who meet the license requirement for education in NY State shall

be deemed to be exempt persons and shall not be required to obtain a limited permit, provided that they are employed in an approved residency program for the purpose of fulfilling initial licensure requirements. Not later than sixty days after entry into an approved residency program, the dental resident shall be registered with the NY State Education Department. <http://www.op.nysed.gov/prof/dent/dent5r.pdf>

- E. For residents transferring in from other programs, a letter of release from the current program director is required. This shall be obtained by NYU Winthrop Hospital's program director.

To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident, including an assessment of competence in the six Core Competencies prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the prior to completion of their education. (See *Transfer Resident Policy* approved by GMEC 2/6/06.)

- F. For residents who have terminated from a program before completing it, NYU Winthrop Hospital's credentialing process requires direct contact between the Director of Academic Affairs and/or the Program Director and the program director at the previous program. To be eligible for residency at NYU Winthrop Hospital, residents with prior, interrupted training must provide NYU Winthrop Hospital with signed permission for release of information by the precedent program(s).

RESPONSIBILITIES

- A. The Program Director is responsible for selecting from among eligible applicants on the basis of their preparedness, ability, academic credentials, communication skills, personal qualities such as motivation and integrity, and professionalism.
- B. Each Program Director shall have a written program-specific policy which provides greater specificity to the above criteria.
- C. The Office of Academic Affairs is responsible for reviewing each resident's academic credentials to ensure that all requirements are met.

PROCEDURES

- A. The Program Director or his/her designee shall review each applicant's credentials and qualifications to determine his or her eligibility to be appointed to a residency/subspecialty residency at NYU Winthrop Hospital.
- B. Applicants are responsible for providing all the required credentials and employment eligibility requirements to NYU Winthrop Hospital prior to their appointment as a Resident.

- C. Once the Program Director has selected an applicant for a residency position, the Office of Academic Affairs shall review all academic credentials to ensure that the eligibility requirements have been met. In selecting from among qualified applicants, it is strongly suggested that programs participate in an organized matching program, where available, such as the National Resident Matching Program (NRMP).

O. EQUAL EMPLOYMENT AND AFFIRMATIVE ACTION/ANTI-HARASSMENT POLICIES

Equal Employment Opportunity

The Hospital provides equal opportunity in accordance with all applicable Federal, State and local Civil Rights laws, to all employees and all qualified applicants for employment, without regard to race, color, religion, national origin, marital status, age, sex, disability or sexual orientation, consistent with the Hospital's Equal Employment Opportunity Policy. The full policy is available in the hospital's policy manual.

Disability and Accommodation

Definition

The ADA defines a person with a disability as an individual who:

- Has a physical or mental impairment that limits one or more of the individual's major life activities, such as caring for oneself, performing manual tasks, walking, speaking, seeing, hearing, breathing, learning or working;
- Has a record of such impairment, even if the individual no longer has the impairment; or
- Is regarded as having a substantially limiting impairment even though that individual is not actually impaired.

Policy

Disabled persons who have met the academic and technical standards for admission to GME training programs at NYU Winthrop Hospital shall receive the reasonable and appropriate accommodations needed to insure equal access to educational opportunities, programs and activities.

Reasonable accommodations will be made, as necessary, to prevent discrimination against qualified applicants with disabilities. Reasonable accommodations are those that do not fundamentally alter the nature of the program, and can be provided without lowering academic, clinical and other essential performance standards.

Procedure

Residents who qualify as disabled based on applicable laws must apprise their Program Director of the need for possible accommodation in a timely manner, providing their Program Director and Academic Affairs with appropriate documentation of their disability.

Residents with disabilities have a right to expect that disability-related information will be treated confidentially. However, supervising physicians may be advised of information needed to make appropriate accommodations for the resident.

Residents have a responsibility to inform their Program Director and Academic Affairs immediately when an accommodation is not being provided completely or correctly, and to notify their Program Director and Academic Affairs when an accommodation is no longer needed.

Anti-Harassment Policy

Sexual and Other Unlawful Harassment: NYU Winthrop Hospital is committed to providing a work environment that is free of discrimination and unlawful harassment. Actions, words, jokes, or comments based on an individual's sex, race, ethnicity, age, religion, or any other legally protected characteristic will not be tolerated. As an example, sexual harassment (both overt and subtle) is a form of employee misconduct that is demeaning to another person, undermines the integrity of the employment relationship, and is strictly prohibited.

Any employee who wants to report an incident of sexual or other unlawful harassment should promptly report the matter to his or her supervisor. If the supervisor is unavailable or the employee believes it would be inappropriate to contact that person, the employee should immediately contact the Office of Graduate Medical Education or any member of management. Employees can raise concerns and make reports without fear of reprisal.

Any supervisor or manager who becomes aware of possible sexual or other unlawful harassment should promptly advise the Office of Graduate Medical Education or any of management who will handle the matter in a timely and confidential manner.

Anyone engaging in sexual or other unlawful harassment will be subject to disciplinary action, up to and including termination of employment.

Reporting: NYU Winthrop Hospital will comply with all legal reporting requirements associated with actions pursuant to these Policies, including, but not limited to, reporting requirements under New York Public Health Law 2803-e, New York Public Health Law 230 and 10NYCRR 405.

Retaliation

Initial and full inquiries will be conducted with due regard for confidentiality to the extent practicable. Under no circumstances may anyone retaliate against, interfere with or discourage anyone from participating in good faith in an initial inquiry or a full inquiry conducted under this policy. A House Staff member who believes he/she may have been retaliated against in violation of this policy should immediately report it to their supervisor, the Director of GME, or any other supervisor.

P. HIPAA CODE OF CONDUCT

As a central part of NYU Winthrop Hospital (the “Hospital”) HIPAA Compliance Program, this Code of Conduct sets forth the standards of conduct that all personnel of the Hospital are expected to follow. Everyone should adhere to both the spirit and the language of this Code in order to avoid any conduct that might violate HIPAA or give the appearance of violating HIPAA.

Mission and Values

The Hospital is committed to providing patients with quality health care, in a confidential and private manner in accordance with the wishes of its patients and the requirements of applicable law. These standards apply to the Hospital’s interactions with its patients, other health care providers, consultants, the government entities to whom the Hospital reports, public and private third party payors (e.g., Medicare, Medicaid, managed care companies and HMOs), and any other persons and entities with whom the Hospital interacts. In this regard, all the Hospital personnel and affiliated practitioners must act in compliance with all applicable legal rules and regulations.

The Hospital does not, and will not, tolerate any form of unlawful behavior by anyone associated with the Hospital. We expect and require all personnel and affiliated practitioners to maintain the confidentiality and security of our patients’ health information in accordance with HIPAA standards. To ensure that these expectations are met, the HIPAA Compliance Program will become an integral part of the Hospital’s corporate mission and business operations.

General Standards

Compliance with Applicable Law and Hospital Policies. All personnel and affiliated practitioners are expected to comply specifically with all of the requirements of HIPAA regarding the privacy and security of health information. If personnel and affiliated practitioners are unsure whether a use or disclosure of health information complies with HIPAA, they should bring the matter to their supervisor or the Hospital’s Privacy or Security Officer.

In addition, all personnel and affiliated practitioners must comply with the policies and procedures developed by the Hospital in connection with its HIPAA Compliance Program. Strict compliance with these HIPAA compliance standards is a condition of employment and/or affiliation with the Hospital, and a violation of any of these standards of conduct may result in discipline being imposed, which can include termination of employment or clinical privileges, if necessary.

Cooperation with the Compliance Program. Because of the importance of the HIPAA Compliance Program, we require that each member of the Hospital’s workforce cooperate fully with this effort. The HIPAA Compliance Program will work effectively only if everyone works together to ensure its success. Therefore, the Hospital personnel and affiliated practitioners must understand what is required under the law and this Compliance Program, and must adhere to these standards. In particular, all personnel and affiliated practitioners must cooperate with all inquiries concerning the use, disclosure, transfer, security, release, sharing, utilization, examination, access to, or analysis of an individual’s health information and actively

work to correct any improper practices that are identified. Furthermore, it is imperative that all personnel and affiliated practitioners report suspected HIPAA violations to their supervisors or to the Privacy Officer or Security Officer or other appropriate high-level officers or administrators of the Hospital. Ignoring suspected HIPAA violations may subject personnel to disciplinary proceedings by the Hospital.

Retaliation. The Hospital expressly forbids any intimidation, threats, coercion, discrimination or retaliation against individuals who report in good faith suspected HIPAA violations or exercise their rights to health information as provided for by HIPAA.

Scope and Application of Standards to Personnel and Others

Personnel Covered. The Hospital's HIPAA Compliance Program, including the standards set forth in this Code of Conduct, applies to all personnel employed by or associated with the Hospital (including health care practitioners with clinical privileges) and all of its affiliated companies. Each of these entities is fully committed to following the mandates of the Hospital's HIPAA Compliance Program, and working with the Hospital to ensure mutual compliance with HIPAA. As a result, this Code of Conduct applies to the health care practitioners and personnel of all affiliated entities in the same manner that it applies to the Hospital's own personnel and affiliated practitioners.

Contractors and Other Providers. To the extent practicable, all persons and entities with which the Hospital contracts will be asked to cooperate with the Hospital's HIPAA Compliance Program. If persons or entities electronically exchange health information with the Hospital or receive or disclose health information on behalf of the Hospital, then such entities will be required to enter into business associate agreements with the Hospital as required by HIPAA. This requirement will apply to, among others, various vendors, and contractors with whom The Hospital exchanges health information or who provide services to or on behalf of the Hospital. These persons and entities will be encouraged to adopt their own HIPAA Compliance Programs, where appropriate.

Q. CONFLICT OF INTEREST POLICY/VENDOR INTERACTIONS

The relationships between NYU Winthrop Hospital, the individual members of its community, and the healthcare industry have grown increasingly complex. As a result, there may be opportunities for professional interaction and development that may benefit NYU Winthrop Hospital and its individual members but which may also present the potential for, or the appearance of, conflicting loyalties and responsibilities for the individuals within the hospital community. Given this, NYU Winthrop Hospital maintains policies that address conflict of interest between its employees (including House Staff) and the health care industry and how vendors are allowed to interact with House Staff. The core of the policies state that House Staff may not accept gifts from health related industry (HRI), may not accept meals funded directly by HRI, may attend certain educational activities sponsored by industry that are approved and comply with the COI policy, and under certain conditions may be sponsored by grants from HRI. For more information regarding the Conflict of Interest and Vendor Interaction policies,

please see the Health-Related Industry Guidelines for House Staff and Faculty policy on the GME website at <http://www.winthrop.org/departments/education/gme/gme-policies.cfm>

R. PROFESSIONAL CONDUCT

All NYU Winthrop Hospital personnel are expected to conduct themselves in a professional, collaborative, and cooperative manner, and to treat patients, visitors, students, and each other with courtesy, respect, and dignity. NYU Winthrop Hospital fosters a just and safe culture by addressing unprofessional, inappropriate, intimidating, disruptive, threatening, and violent behavior (hereinafter “disruptive behavior”) within the workplace. Winthrop does not tolerate the most egregious behaviors and appropriately addresses disruptive behavior to promote accountability, insight, and appropriate changes in behavior that support Winthrop’s quality goals.

S. AWAY ROTATIONS

External elective rotations must be pre-approved by the resident/fellow’s Program Director, and by the Designated Institutional Official (DIO) in the Office of Academic Affairs. The House Staff *Request for Off-Site Training* form should be submitted, at a minimum, **two months prior to the start of the rotation**. The form must be completed in its entirety, including submission of *competency-based learning objectives* for the rotation, and an affirmation from the Program Director that these learning objectives cannot be accomplished at Winthrop.

Once the request has been approved, one copy of the form is to be returned to the academic coordinator in the resident/fellow’s training program, and the other to the GME Coordinator in the Office of Academic Affairs. The program’s academic coordinator must ensure that the block schedule in New Innovations is adjusted accordingly so that Winthrop does not claim the resident for GME reimbursement during that time frame.

Academic Affairs will not issue any documentation needed by the host institution in the absence of a signed request form.

T. ESCALATION POLICY

The following policy delineates the responsibility of the healthcare provider in recognizing and reporting concerns, problems and emergencies in the health care delivery system that threaten the welfare and safety of the patient, patient emergencies in the health care delivery system that threaten the welfare and safety escalation.

Each program has a defined list of Circumstances and Events requiring contact with the supervising attending. These can be found on your New Innovations Home Page.

The following is a list of conditions that might require escalation. It is not totally inclusive of all conditions or situations that require escalation. Each situation must be evaluated independently.

- Changes in medical condition that need prompt attention
- Inappropriate or questionable medical or nursing practice
- Discrepancy in medical or nursing judgment
- Ethical or legal issues needing prompt resolution
- Equipment failure
- Facility emergencies
- Environmental emergencies
- Failure of clinical or ancillary department to respond to defined needs
- Suspected Terrorism

It is the responsibility of all healthcare providers to be knowledgeable about the escalation process and to implement it appropriately.

Implementation of the escalation process will not result in punitive action toward the initiating individual.

PROCEDURE

Immediate Action:

1. Clinical judgment must be used in determining what concerns, problems, and emergencies require escalation, and appropriate time frames for response. Escalation policies exist for clinical and administrative concerns.
2. If the healthcare provider has a concern, problem, or emergency that requires initiation of the escalation process, it is her/his responsibility to escalate the matter to the person to whom they report (see Diagram 1 for sample-refer to department specific policy for further clarification).
3. If in the judgment of the healthcare provider the appropriate response is not then achieved or obtained in a reasonable amount of time the healthcare provider must escalate the problem, concern or emergency to a higher level in chain of command, and continue the escalation process until resolution is achieved.

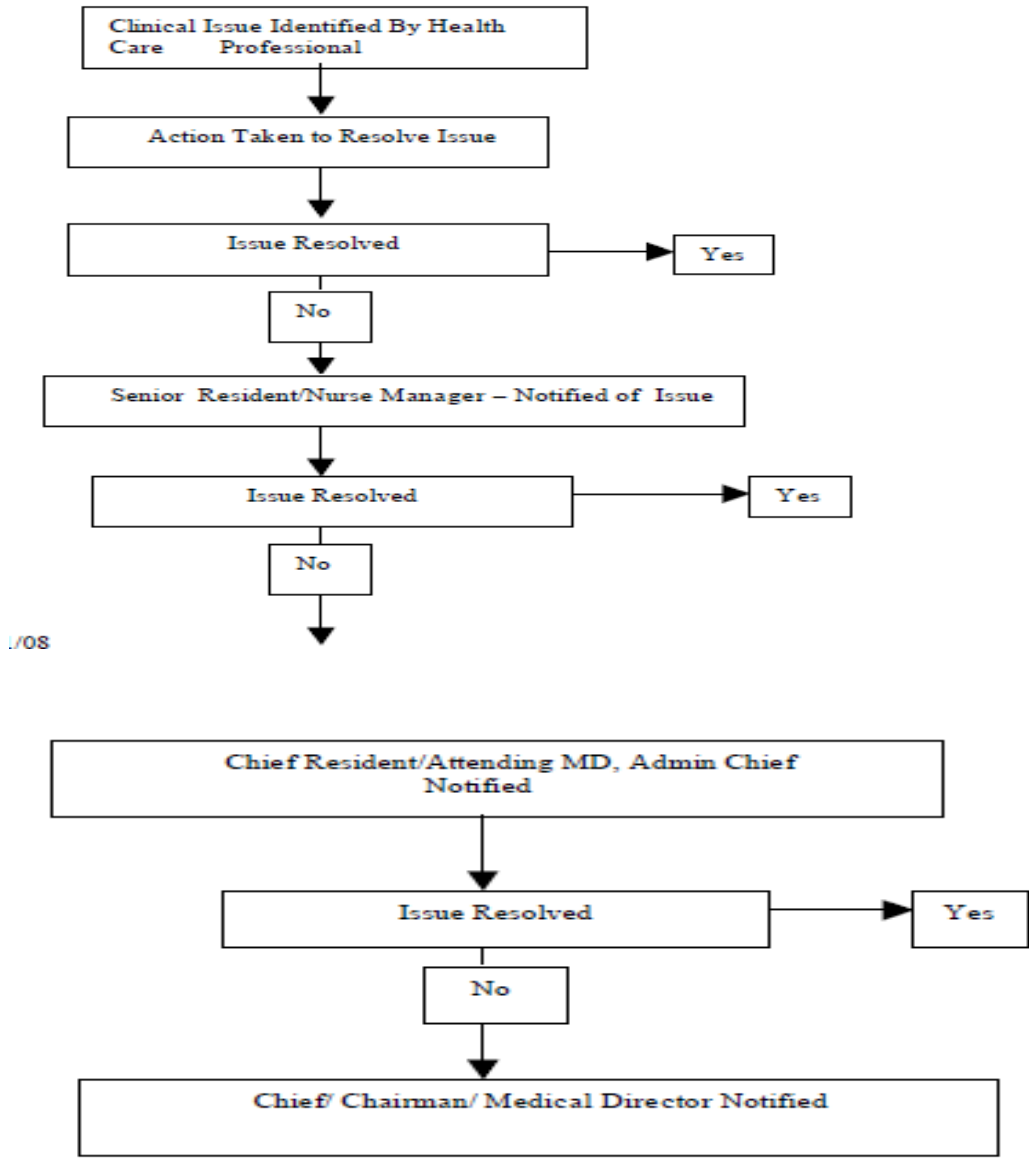
Follow up Reporting/documentation:

1. Documentation in the patient record will be factual, objective, complete and accurate. If a problem or emergency is identified, documentation will reflect date and time the matter was identified, actions taken to resolve them and the patient effect
2. Documentation of a concern, problem, emergency or initiation of the escalation process on an Incident Report must reflect a comprehensive description of the event. Complete documentation must include

specifically the time of the event, time of notification, name of person who was notified, the information communicated the response and outcome.

3. If the healthcare provider initiating the escalation process does not perceive the resolution of the concern, problem, or emergency as satisfactory, a request for review should be submitted to Quality Management.

ESCALATION FLOWCHART for PATIENT CARE (Diagram 1)



1/08

U. ADDITIONAL POLICIES

GME policies can be found at the Winthrop GME website at <http://www.winthrop.org/departments/education/gme/gme-policies.cfm>

II. BENEFITS

A. Full-time House Staff are eligible for:

- Four weeks of paid vacation per year
- Health and dental insurance for residents and qualified dependents
- Paid sick leave
- Long-term disability insurance
- Professional liability insurance
- Crisis intervention services
- Subsidized health club memberships
- Uniforms and laundry service
- Subsidized Housing

More information regarding benefits is available on the Human Resources website at

<http://wuhintranet.winthrop.org/joomla/index.php/human-resources>

III. SUPPORT SERVICES

A. HEALTH & WELLNESS

1. Employee Health Service (EHS)

The EHS protects House Staff health at work. EHS staff are available to provide timely evaluation and treatment of work-related injuries, illnesses and exposures.

Location: 222 Station Plaza N. 5th Floor.

Telephone: 516-663-2534

Hours: 7:00 am – 3:00 pm Monday through Friday

The Employee Health Service provides pre-employment physicals, annual assessments and tuberculosis screenings, as well as vaccines and health surveillances as required by regulatory agencies or as ordered by the Director of the Employee Health Service. These services are provided without charge.

Employees who become ill while at work may make an appointment to be seen by the health care provider when available.

Outside of EHS hours, employees who become ill while at work may be seen in the Emergency Department with prior permission from the employee's supervisor. Employees who experience any cardiac symptoms or acute gynecological problems should go directly to the Emergency Department.

2. Physician Wellness Webpage

The Office of Academic Affairs hosts a Physician Wellness Webpage on the NYUWinthrop.org web site. It can be found here: <http://www.winthrop.org/physician-wellness>

This page contains information about Physician Wellbeing, Assessments and tools for personal and emotional well-being, financial planning and resources, physical health, professional development, family resources, cultural/religious/spiritual resources, as well as local guides to the Mineola area.

3. Employee Assistance Program (EAP)

1-800-833-8707 (Toll-Free)

Available 24/7/365

www.myccaonline.com

Username: WINTHROP

[Download Employee & Work Life Assistance Program Brochure](#) (accessible through the NYU Winthrop intranet)

Confidential counseling assistance is available for the following issues and more:

- Individual/marital/family issues

- Anxiety and depression
- Balancing work and family life
- Evaluating alcohol and substance abuse
- Job Performance
- Parenting skills and support
- Stress Management
- Grief, trauma, mental health issues

4. Psychologist Services

Free assessment, referral, and brief psychotherapy services are available on a confidential basis to members of the House Staff and their immediate families by contacting:

Steven Birnbaum, Ph.D.
 Clinical Psychologist
 (516) 742-2730

Information regarding these interventions is in no way communicated to NYU Winthrop Hospital.

5. Health Club Membership Subsidy

The Office of Academic Affairs offers a subsidy for Health Club Membership to house staff in order to encourage a healthy lifestyle. For additional information please contact the Office of Academic Affairs at 663-2521.

All NYU Winthrop Hospital Employees are eligible for a discounted membership to Healthtrax Fitness, you can visit their website here: <https://www.healthtrax.com/locations/garden-city>

B. SLEEPING AND TRANSPORTATION OPTIONS FOR HOUSE STAFF TOO FATIGUED TO RETURN HOME SAFELY

Annually, the Office of Academic Affairs, the program, or a designee will present a PowerPoint presentation from the American Academy of Sleep Medicine, or similar presentation, to all residents and hospital-based faculty (live or online). This lecture will include recognizing the signs of fatigue and sleep deprivation, strategies to manage fatigue when possible, and how to transfer clinical responsibilities.

The resident must monitor him/herself for the signs suggestive of fatigue that usually occur after prolonged periods of sleeplessness such as (but not limited to):

- Sluggish thought patterns, inability to concentrate
- Inability to maintain wakeful state in the absence of external stimulation
- Irritability, sudden anger, intolerance
- Nausea or stomach cramps unassociated with physical illness
- Tremors, particularly intention tremors while performing delicate procedures

PROCEDURE

The resident must stop and acquire rest if the resident is sufficiently fatigued to potentially impair his/her ability to perform. The resident must:

1. Transfer clinical responsibilities to another resident or to an attending.
2. Each program must have a predetermined protocol for the transfer of responsibilities.
3. The residency Program Director or his/her designee must be notified if there is any difficulty in transfer of responsibilities.

Supervising faculty must assist with the transfer of clinical responsibilities when a resident has been identified, either by staff, other residents, or the resident him/herself as unable to perform and attempts to transfer responsibilities to others have failed.

If a Resident or his/her supervising Resident or Attending feels that the Resident is too fatigued to drive home safely after duty hours are completed, the Resident has the following options:

(N/A for residents living in Winthrop housing who should walk home)

- *Sleep in an available call room until able to drive safely*
- *If there is an exigent reason why the resident must return home immediately, they must contact the Office of Academic Affairs for approval for reimbursed train, bus and/or taxi transportation home. The resident will be expected to arrange his/her own transportation back to the hospital.*

C. ALCOHOL AND DRUG USE POLICY

- Employee use, misuse, or abuse of alcohol, any illegal drug, or any controlled substance on Hospital premises, or while acting in any capacity as a representative of the Hospital, is considered misconduct, and subjects an employee to medical evaluation and/or disciplinary action, up to and including discharge (See Policies #1010, 4003, 4004). Such misconduct includes, but is not limited to:
 - Being under the influence of alcohol, any illegal drug or any controlled substance.
 - “Under the influence” includes, but is not limited to, the presence of a physically detectable quantity of alcohol, any illegal drug or any controlled substance in the body, considered significant by the Hospital.
- The sale, transfer, unauthorized purchase or possession of alcohol, any illegal drug or any controlled substance on Hospital premises, or while acting in any capacity as a representative of NYU Winthrop Hospital, is grounds for immediate discipline, up to and including discharge (See Policy #1010).
- Conviction for a drug-related offense, on or off Hospital premises, on or off duty is grounds for immediate discipline, up to and including discharge.
- Employees are expected to cooperate fully in any required testing or prescribed treatment program, and with all monitoring requirements. Failure to cooperate may result in disciplinary action, up to and including discharge (See Policy #1010).
- Requirements and procedures related to work performance and employee conduct continue to be applicable when an employee:

- has been referred for medical evaluation and/or treatment;
 - is being medically evaluated or treated; and/or
 - has returned to work from being medically evaluated or treated.
- The Hospital complies with, and abides by, all Federal, State and local laws and regulations pertaining to this subject.
 - The hospital's Substance Treatment Service is readily available to an employee who voluntarily seeks counseling and rehabilitation services for any substance abuse problem.

Committee for Physician Health

Sometimes it is your colleague who is most in need of care. You can help a colleague affected by substance abuse, alcohol, mental illness, or disruptive behavior by placing a confidential call to the Committee for Physician Health, a division of the Medical Society of the State of New York.

ALL CALLS ARE CONFIDENTIAL

Services provided for physicians, residents, PA's PA Students and Medical Students

The Committee for Physician Health

99 Washington Avenue, Suite 400, Albany, NY 12210
 (800) 338-1833 (518) 436- 4723 www.cphny.org

D. RECOGNIZING THE IMPAIRED PHYSICIAN

NYU Winthrop Hospital has long been concerned for the impaired professional. Greater awareness has led to increased recognition of addictions, depression, stress management, inappropriate anger displays, and behavior problems in our faculty and students and a continued interest in the treatment of the impaired professional. Physicians can become dysfunctional in a variety of ways, just like the patients they treat. Their individual problems often manifest in ways that can harm the patients whom they serve, the institutions that employ them, their families, and the colleagues with whom they work. Physicians often have difficulty admitting their problems with drugs or alcohol, and too often, do not get the help they need until a crisis is reached. Early interventions in confronting physicians who are heading for trouble are needed and if necessary, intensive treatment programs for the compromised professional can be made available.

Initiating this process can be difficult for colleagues and supervisors. If advice or recommendations are needed, please contact the Associate Dean of GME (663-2521), the Human Resources Department (663-3730) or the Employee Assistance Program (EAP) (1-866-620-2011).

An additional resource available for helping a colleague affected by substance abuse, alcohol, mental illness, or disruptive behavior is a confidential call to the **Committee for Physician Health**, a division of the Medical Society of the State of New York. All calls are confidential. Services are provided for physicians,

residents, PA's PA Students and Medical Students.

The Committee for Physician Health

99 Washington Avenue, Suite 400, Albany, NY 12210

(800) 338-1833 (518) 436- 4723 www.cphny.org

E. HOUSE STAFF COMMITTEE

The Council meets bimonthly and is composed of House Staff representatives from each residency program as well as fellowship representatives. Resident/Fellow concerns, and matters of hospital policy that impact the House Staff are discussed. Any issue pertaining to the House Staff experience can be referred to and discussed by the committee. Committee members serve as a conduit for communication with the House Staff at large, help identify and resolve issues of concern among House Staff, and help plan new educational initiatives.

Among its responsibilities, the House Staff Committee:

- Serves in an advocacy role for the House Staff at large
- Helps to identify and resolve issues of concern among the House Staff relating both to work and living environments
- Identifies and helps plan core interdisciplinary educational programs
- Serves as a conduit for communication with the House Staff

IV. GRADUATE MEDICAL EDUCATION EVALUATION AND DISCIPLINARY GUIDELINES

The following evaluation and disciplinary guidelines apply to House Staff as part of their NYU Winthrop Hospital training programs. The purpose of these guidelines is to provide a system for evaluation of the performance of House Staff and procedures to deal with unsatisfactory academic performance and/or other conduct.

A. TERM OF APPOINTMENT

Appointments are made for a one-year term, with renewal of the appointment based on satisfactory performance by the resident/fellow and the availability of a position. Terms and conditions of the appointment are specified in the yearly contracts.

B. EVALUATION

Each program will develop educational goals and objectives for its House Staff which are consistent with the ACGME criteria for the particular specialty. Evaluations shall use criteria and procedures appropriate to the particular departmental program and shall include, but are not limited to the core competencies (Patient Care, Medical Knowledge, Communication and Interpersonal Skills, Problem-Based Learning and Improvement, Professionalism, and Systems-Based Practice) as defined by ACGME.

1. A written (including electronic) evaluation of a house officer addressing competence in some or all of the ACGME Core Competencies of Medical Knowledge, Patient Care, Professionalism, Systems-Based Practice, Interpersonal and Communication Skills, and Practice-Based Learning and Improvement will be completed at the end of each rotation or assignment.
2. The Program Director, or ACGME qualified designee, will review the evaluation(s) with the house officer and provide feedback in accordance with ACGME requirements for that specialty. These evaluation reviews must occur at least semi-annually, will include a written review of performance, and should also include a discussion of areas of deficiency and plans for improvement.
3. The written semiannual evaluation and any documentation regarding the meeting should be permanently maintained in the departmental file.

C. INFORMAL COUNSELING

In addition to formal evaluations, Program Directors and attending/supervising physicians should provide and document timely feedback on an ongoing basis, which includes positive feedback as well as minor performance or conduct concerns as they occur and are documented as such.

D. ACADEMIC IMPROVEMENT POLICY

Purpose

To establish a process for all programs at NYU Winthrop Hospital to use in the normal process of evaluating and assessing competence and progress of House Staff enrolled in programs of GME. Specifically, this

Section will address the process to be utilized when a House Staff member is not meeting the academic expectations of a program, and therefore, fails to progress. The procedure for addressing potential misconduct is discussed in the Misconduct Section below.

Process

Structured Feedback: All House Staff should be provided routine feedback that is consistent with the educational program. Feedback techniques include verbal feedback, rotational evaluations and summative evaluations. Each residency program must have a Clinical Competency Committee (“CCC”) that is charged with routinely assessing House Staff performance.

“Letter of Deficiency”: When a House Officer has been identified as having a deficiency, it is expected that s/he will receive routine structured feedback in order to identify and correct the issue. When the Program Director/CCC deems that routine structured feedback is not effecting the necessary improvement, or if the Program Director/CCC determines that the deficiency is significant enough to warrant something more than routine feedback, the Program Director/CCC may elect to issue a “Letter of Deficiency.” This letter provides the House Officer with: (1) notice of the deficiency and (2) an opportunity to cure the deficiency. “Letters of Deficiency” must be co-signed by the Program Director (or Designee) and the Director of Graduate Medical Education. The issuance of a “Letter of Deficiency” does not trigger a report to any outside agencies. The Program Director will provide the House Officer with feedback consistent with the Letter of Deficiency. If, the House Officer satisfactorily resolves the deficiency(ies) noted in the Letter of Deficiency, and continues to perform acceptably thereafter, the period of unacceptable academic performance does not affect the House Officer’s intended career development.

Failure to Cure the Deficiency: If the Program Director/CCC determines that the House Officer has failed to satisfactorily cure the deficiency and/or improve his/her overall performance to an acceptable level, the Program Director/CCC may elect to take further action, which may include one or more of the following steps:

- Issuance of a new Letter of Deficiency.
- Election not to promote to the next PGY level.
- Requiring the repeat of a rotation that in turn extends the required period of training.
- Extension of contract, which may include extension of the defined training period.
- Denial of credit for previously completed rotations.
- Dismissal from the residency or fellowship program.

Notification of Determination. The applicable House Officer will be informed in writing of the determination of the Program Director/CCC.

Reportable Actions: The decision not to promote a House Officer to the next PGY Level, to extend a House Officer's contract such that the House Officer's defined period of training is extended, to deny a House Officer credit for a previously completed rotation which results in an extension in training, and/or to terminate the House Officer's participation in a residency or fellowship program are each considered "Reportable Actions." Reportable Actions are those actions that the program must either disclose to others upon request, including without limitation, future employers, privileging hospitals, and licensing and specialty boards or for which the program has a legal obligation to report to licensing boards or accreditation agencies. House Officers who are subject to a Reportable Action may request a review of the decision as provided in this Section.

Request for Review: A review of the decision to take a Reportable Action may be requested by the House Officer. A Request for Review should be submitted in writing to the Director of Graduate Medical Education within fourteen (14) days of receiving the notification of the determination of the Program Director.

Upon receipt of a Request for Review, the Director of Graduate Medical Education will first determine whether the matter is review able under this Policy, and if so, the Director of Graduate Medical Education shall appoint a neutral physician reviewer who will:

- Review the complaint
- Meet with the House Officer
- Review the House Officer's file
- Meet with the Program Director
- Consider any extenuating circumstances
- Consult with others, as appropriate, to assist in the decision making process
- Determine whether this Policy was followed, the House Officer received notice and an opportunity to cure, and the decision to take the Reportable Action was reasonably made.

The Director of Graduate Medical Education will:

- Appoint the physician reviewer.
- Assist the physician reviewer to identify other potential participants, if warranted.
- Attend all meetings held by the physician reviewer.
- Coordinate communications between the physician reviewer and the House Officer.
- Monitor timely completion of the review process.
- Notify the Chief Academic Officer about the review.
- Notify the applicable House Officer in writing regarding the results of the review.

Opportunity for a Final Review: If either the House Officer or the Program Director disagree with the decision of the physician reviewer, either can request a final review of the decision to take a Reportable Action by the Chief Academic Officer or his or her designee. A request for final review shall be submitted to the Chief Academic Officer in writing within fourteen (14) days of learning of the physician reviewer's decision. The roles of the Chief Academic Officer and the process are the same as described in the "Request for Review" above. The decision of the Chief Academic Officer constitutes a final and binding decision. Upon conclusion of the review, a report of the final review will be provided to both the House Officer and the Program Director.

E. MISCONDUCT POLICY

Purpose

To establish a process for all programs at NYU Winthrop Hospital to use when allegations of misconduct are made against a House Officer.

Process

Allegations of Misconduct: A House Officer, employee of the Hospital, attending physician, patient, or any other person who believes that a House Officer has engaged in misconduct of any kind should immediately report his/her concerns to his/her supervisor, any other supervisor in the Hospital, or the Chief Medical Officer who in turn should communicate the allegations to the House Officer's Program Director.

Initial Inquiry: Upon receipt of a complaint regarding the conduct of a House Officer, the Program Director should conduct an initial inquiry, as follows:

Meet with the person complaining of misconduct.

Meet with the House Officer to advise the House Officer of the existence of the complaint, to give the House Officer an opportunity to respond to the allegations, and to identify any potential witnesses to the alleged misconduct.

Consult with Director of Graduate Medical Education (GME) to determine whether the Chief Medical Officer, Department Chairman, Legal Affairs and/or Human Resources should be contacted as appropriate based on the issues and the people involved. Once the appropriate individuals are notified and if the parties agree that there was no misconduct or that the matter can be addressed informally prior to a "Full inquiry", the process can end at this point.

Upon request of the House Officer, or if the Program Director, GME Director, Chief Medical Officer or his or her designee, or Human Resources decide the incident warrants more investigation, then a "Full Inquiry" must be done.

All allegations of sexual harassment will be reported immediately to Human Resources in accordance with the Hospital's policy against harassment.

Upon consensus of the Program Director and GME, the accused House Staff officer can be removed from duty (with or without pay) pending the outcome of a full inquiry. Prior to such action, legal counsel should be consulted to determine reporting obligations, if any.

Full Inquiry: A Full Inquiry is an internal investigation of the allegation/incident by appropriate individuals (“Review Committee”), which may include Director of GME, the Program Director, the Department Chairman, Human Resources, Legal, or others. The inquiry process is administered by the Director of GME. Factual results of the inquiry, including recommendations for action as noted below, will be prepared by the GME Director and/or other responsible individuals and reported back to the Program Director for appropriate action.

If the full inquiry results in a finding that no misconduct occurred, no action will be taken against the House Officer. If the House Officer was suspended pending the inquiry, the House Officer will be reinstated with full benefits and pay.

If the full inquiry results in a finding that a House Officer participated in misconduct, the Program Director shall determine, in conjunction with the Chief Medical Officer, Department Chair, GME Director, Human Resources, Legal, or other appropriate individuals, what action is appropriate under all the circumstances, to remedy the situation. The Program may take actions including, without limitation, the following:

- A verbal or written warning.
- Election to not promote to the next PGY level.
- Non-renewal of contract.
- Suspension.
- Termination from the residency or fellowship program.

The decision regarding the appropriate action will be transmitted to the applicable House Officer in writing.

F. PROMOTION AND RENEWAL

Residents shall be advanced to the next level of training upon satisfactorily meeting the goals and objectives for that year of training. Promotion shall not be automatic. It shall be based upon cumulative evaluations of residents, by core competencies, and other criteria as defined by the Program Directors in their respective curricula.

Residents whose contracts will not be renewed, or residents who will not be promoted to the next level of training, should be given written notice of intent four months prior to the end of the resident’s current contract. If the primary reason for non-renewal or non-promotion occurs within four months prior to the end of the agreement, the Program Director is to provide the resident with as much notice as possible. The Program Director is to notify and discuss with the Designated Institutional Official (DIO) such action before it is taken.

At the time of notification of non-renewal or non-promotion, residents are to be advised by the Program Director that they have the right to grieve the decision as defined in the GME Conduct, Disciplinary Action and Due Process Policies and Procedures. They shall be given a copy of the Due Process Policy and referred to the DIO for any additional information about the process.

V. HOUSE STAFF COMPLAINT/GRIEVANCE PROCEDURES

Situations may arise in which a resident believes he/she has not received fair treatment by a member of the faculty or staff of the Medical Center or has a complaint about the performance, action or inaction of a member of the staff or faculty. This policy applies to all GME training programs within NYU Winthrop Hospital for resolution of House Officers' complaints and grievances. This policy does not apply to actions arising out of the Academic Improvement Policy or the House Officer Misconduct Policy.

Retaliation against a resident for submitting a dispute through the complaint/grievance procedures will not be tolerated and will result in appropriate disciplinary actions.

Confidentiality/No Retaliation: Grievances must be dealt with in a confidential manner, and without fear of retaliation.

Reporting:

Incidents should be reported directly to the House Officer in charge at the time of the incident.

If the House Officer in charge is unable to rectify the situation, the attending on the team should be consulted.

For an incident that is not resolved as stated above or that is not associated with a particular incident on a patient unit, the House Officer with the grievance should proceed directly to their Chief Resident.

If the House Officer with the grievance does not feel as though the Chief Resident has effectively resolved the issue, he/she should take the problem to the Program Director for resolution.

If satisfactory resolution is still not apparent after the Program Director has become involved, then the House Officer with the grievance should provide a written grievance report directly to the Director of Medical Education outlining the issue. This report should describe the involvement of the Chief Resident and the Program Director.

Grievance Committee:

The Director of Graduate Medical Education will review the written grievance report to ensure that all of the appropriate steps, as indicated above, were followed. A Grievance Committee will then be formed consisting of, at least, the following individuals:

- The grievant's Program Director.
- Director of Graduate Medical Education (or designee).
- Chief Academic Officer (or designee).
- A House Officer not involved with the situation.
- Any other department representative deemed necessary by management to perform a reasonable investigation and decision-making process.

Grievance Committee Investigation: Upon hearing the grievance, the Grievance Committee will investigate all issues associated with the complaint and will provide a final written decision to the House Officer.

Grievance Committee Confidentiality. All proceedings and decisions of the Grievance Committee shall be reported to the Graduate Medical Education Committee and the applicable Program Director in a confidential manner.

Retaliation

Initial and full inquiries will be conducted with due regard for confidentiality to the extent practicable. Under no circumstances may anyone retaliate against, interfere with or discourage anyone from participating in good faith in an initial inquiry or a full inquiry conducted under this policy. A House Officer who believes he/she may have been retaliated against in violation of this policy should immediately report it to their supervisor, the Director of GME, or any other supervisor.

Legal Counsel

The Program and House Officers are entitled to be represented by legal counsel; however, neither the Program or the House Officers are entitled to have legal counsel present at any interviews, meetings or other proceedings described in this policy.

House Officer Submission

A House Officer is permitted to provide a written submission supporting his or her position during any of the investigations or proceeding discussed herein and the written submission will be considered by the applicable individual or body.

VI. GENERAL INFORMATION

A. PRESCRIPTIONS/DEA

House officers are assigned the NYU Winthrop Hospital DEA number plus an identifying suffix. The DEA number is to be used for **NYU Winthrop Hospital patients only**. The Winthrop prescriptions and DEA number is **not** to be used for patients seen at affiliated hospitals /offices /clinics (including NYU Winthrop Hospital Private Practice Offices), or family members or friends who are not NYU Winthrop Hospital patients under the care of the resident.

B. LIBRARY RESOURCES

The **Hollis Library** is the hub of the medical center's biomedical information resources. Located next to the Martin Spatz Conference Center, the library provides access to materials to support the patient care, healthcare education, and biomedical research missions of NYU Winthrop Hospital. The library is committed to service as well as leading edge research into information management and utilization

To enable information use at the point of need, the Hollis Library provides an extensive digital library (<http://www.winthrop.org/departments/education/hollis>) of electronic journals, books, databases and other resources which are accessible to NYU Winthrop Hospital faculty, students and staff from anywhere using a EZ Proxy, which enables authentication for accessing restricted resources.

In addition to the Hollis Library, House Staff have full access to the **New York University Medical Center Library**, including online access. Access to the NYUMC library is available with your Kerberos ID (KID).

Library Schedule

(except Hospital holidays)

Monday-Thursday	8:30 am-9:00 pm
Friday	8:30 am-6:00 pm
Saturday	10:00 am-5:00 pm
Sunday (Labor Day to	12:00 pm-5:00 pm

During summer break and on holidays, hours will be posted on the library website and at the entrance to the library. For questions about library hours, call 516-663-2802. House Staff members have 24 hour swipe access to the library with their NYU Winthrop Hospital ID badge.

C. MEALS

House Staff are provided with complimentary meals up to a monetary cap as shown below in the hospital's cafeteria or in the Lobby Café (when the cafeteria is closed). **Any overages must be paid at the register at the time of purchase.**

Breakfast: \$ 4.00

Lunch: \$ 5.40

Dinner: \$ 5.40

The **Hospital Cafeteria** is open during the following hours on **weekdays only**:

Breakfast 6:30 A.M. – 9:00 A.M.

Continental Breakfast 9:45 A.M. – 10:45 A.M.

Lunch 11:30 A.M. – 1:30 P.M.

The **Lobby Café** is available for the House Staff meal allowance **only when the Hospital Cafeteria is closed**, during the following hours:

Weekdays: 6:30 am-2:00 am

Weekends: 6:30 am-7:00 pm

Kosher meals are available.

Vending machines are available for House Staff to purchase healthy food choices 24/7, including when the cafeteria and the lobby café are closed. The vending machines are located outside the cafeteria.

D. SECURITY

Security operates 24 hours a day, seven days a week. During each shift, officers are posted by the emergency room/ambulance area. There are also exterior and interior patrols.

What you must do:

- All staff **must wear their hospital photo ID badges at all times.**
- **Do** leave security doors locked and closed.
- **Do** take your ID and lab coat with you when you leave the hospital campus.
- **Do** secure your area if left unattended. Make sure windows, doors, closet and cabinets are locked when leaving.
- **Do** protect your personal property by securing wallets and pocketbooks. If you have a locker, make sure the lock is closed.
- **Do** report to security any person or situation that makes you feel uncomfortable.

Please:

- **Do not** lend your identification badge to others.
- **Do not** allow nonemployees to enter a secured area with you.
- **Do not** bypass combination locks or write the combination on the wall.
- **Do not** leave your personal property such as wallets and pocketbooks out in the open.

SECURITY EMERGENCY ASSISTANCE:

To notify security of an emergency, dial **516-663-2222**.

Tell the operator where you need security **STAT**.

SECURITY NON-EMERGENCY ASSISTANCE:

For any assistance that is not an emergency, page security at **4898** and leave an extension number. Someone will return the page. *Pager numbers are listed in the pager directory.*

REPORTING:

- Report all security incidents such as:
 - Lost items
 - Thefts
 - Suspicious persons
 - Unusual occurrences

OTHER SERVICES:

Security will escort anyone, anytime to their vehicle, jumpstart car batteries, etc. If you require access to a locked area, you must present your ID.

E. ARTS AND HUMANITIES/HISTORY OF MEDICINE

NYU Winthrop Hospital sponsors an "Arts and Humanities" series, which is intended to complement the residents' medical education with exposure to the Humanities through music, literature, history and fine arts. A collection of videotapes and books from previous programs in the series is housed in the Health Sciences Library.

F. BIostatistical SERVICES

NYU Winthrop Hospital has on staff full-time biostatisticians who are available to assist faculty, House Staff and other health professionals in study design and the analysis of data. Statistical tutorials on a group or individual basis are also available. Consultation is strongly encouraged in the design stages of a study to ensure accurate statistical data collection. Contact ext. 4517 for further information.

G. HOUSE STAFF EDUCATIONAL ALLOWANCE

NYU Winthrop Hospital provides an annual educational allowance for all members of the House Staff. The allowance is intended to defray educational costs that House Staff may incur for various educational activities, services or products that they deem beneficial and complementary to their graduate medical education training. The amount of the educational allowance is based on the post-graduate level as follows:

- PGY 1: \$75
 - PGY 2: \$750 plus five (5) paid conference days
 - PGY 3 and 4: \$750 plus five (5) paid conference days
 - PGY 5 (and above): \$500 plus five (5) paid conference days
-
- *Eligible Uses.* House Staff may utilize the educational allowance toward the following educational activities, products or services:
 - Educational conferences, courses and meeting registration fees and related travel expenses
 - Educational equipment, lap tops, smart phones, other devices, and other technology
 - Educational services, including educational dues and subscriptions, online course fees, software, and other types of supportive and complimentary services
-
- *Approval.* The use of the educational allowance and subsequent reimbursement is subject to the prior written approval of the program director and/or clinical department chair.
-
- *Tracking.* The educational allowance will be tracked and managed locally by each department. Annual expenditures and balances will be maintained by the Academic Coordinator for the residency or fellowship program using the *Resident Request for Educational Funds* log form. The full allowance must be spent before June 30 of each academic year. Unused balances may not be accrued to the next academic year.
-
- *Purchasing/Reimbursement.* Once approved, House Staff may utilize the allowance for direct purchase of educational activities, services or products from the vendor of their choice.
 - *Conference Travel Expenses, Books, Educational Software, Course Fees & Subscriptions:* For all expenses other than educational equipment (see below), the House Staff member must present a vendor receipt(s) of payment to the department for reimbursement by the hospital. The Academic Coordinator must complete a Request for Check form or Travel Reimbursement Application and Payment form for reimbursement of incurred expenses. Supporting documentation showing how the House Staff member incurred each expense must be provided for all amounts requested for reimbursement. All such requests for

reimbursement above are subject to review and approval by the authorized chair and department administrator. The House Staff member will receive a check as reimbursement.

- *Educational Equipment.* If the House Staff member uses the allowance to purchase educational equipment (e.g. laptop, smart-phone, i-Pad, or other electronic device) the amount of the reimbursement must be reported to the IRS as additional income. For these types of purchases, the department Academic Coordinator must complete a Personnel Change Authorization (PCA), signed by the Director of GME, indicating the House Staff member is being reimbursed under the Educational Allowance Policy, and attach all supporting documentation to the PCA. The PCA with documentation is then forwarded to Internal Audit for final review before being submitted to Payroll for processing. The Request For Check form is not to be used for this type of purchase. The House Staff member will receive reimbursement directly via the payroll process.

H. LAUNDRY

Free Hospital laundry service is provided for lab coats and scrubs. Residents may drop off soiled uniforms, Monday through Friday from 7 A.M. to 3 P.M. Fresh uniforms may be picked up 48 hours later. Lab coats are **on loan** only. At the conclusion of the training experience, residents are to return lab coats to the Laundry Department. All lab coats left longer than 2 weeks will be removed from circulation. Exceptions can be made (e.g., vacation, illness) if prior arrangements are made with the Laundry Department. All residents whose lab coats are removed from circulation will be required to obtain a requisition form from Academic Affairs for replacement. Note: all lab coats which are reissued are recycled coats.

I. ON-CALL ROOMS

On-call rooms are available to members of the House Staff who are required to be in house on-call overnight. Housekeeping is routinely provided and Residents are asked to leave the rooms in a presentable condition as a courtesy to their colleagues. Residents who require a nap while at work in order to safely perform their job, or are too fatigued to safely return home are also welcome to sleep in an on-call room.

J. PAGERS

Members of the House Staff are issued pagers which become their personal responsibility, when they begin their training at NYU Winthrop Hospital. They are responsible for the pagers for the duration of training and must return them to their Clinical Department when they graduate, or leave NYU Winthrop Hospital. Lost pagers must be reported immediately to the Telecommunication Office, or the responsible office staff within your program.

K. PARKING

Free parking is available for House Staff in a specifically designated area on the upper level of the Visitors' Lot. Parking cards and stickers are issued by the Security Office during orientation. A valid parking sticker must be displayed in one's car.

L. HOUSING

Housing is available at greatly subsidized rents in apartment houses owned by the Hospital (studios, 1 bedroom and 2 bedrooms) which are in close proximity to the institution. In addition, there is a small number of one family houses which the Hospital rents to House Staff.

The Housing Coordinator makes assignment of apartments and houses. Housing is assigned prioritized as follows: 1) couples with children; 2) couples; 3) single House Staff. Preference is also given to House Staff who are coming from outside of the New York metropolitan area. If a member of the House Staff requests housing at NYU Winthrop Hospital at the beginning of each academic year and suitable housing cannot be provided, a live-off allowance will be given according to the following policy:

- NYU Winthrop Hospital offers subsidized housing to its house staff. If NYU Winthrop Hospital is unable to provide housing to a requesting house staff member a "live off allowance" will be provided. This allowance will only be provided to house staff paying for alternate housing. It will not be provided for any house staff living in NYU Winthrop Hospital housing, whether or not he/she is named on the lease. (Housing must be requested by the housing office posted deadline each year.)
- If a house staff member living off campus moves into NYU Winthrop Hospital, whether or not he/she is named on the lease, he/she is required to notify the housing office immediately, and the "live off allowance" will be terminated.
- If a house staff member is receiving a "live off allowance" and is discovered to be living in NYU Winthrop Hospital Housing, the house staff member will be required to repay any "live off allowance" received since beginning residence in NYU Winthrop Hospital Housing.
- Only one "live off allowance" is permitted per off campus dwelling. If more than one house staff member is living in a single dwelling, only one of them may receive the "live off allowance". The house staff will be required to identify the planned recipient. In the case where multiple house staff in a single dwelling are found to be receiving a "live off allowance" the involved house staff will be required to repay the unapproved funds.
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- In order to receive a “live off allowance” house staff will be required to sign a document attesting that they meet the above criteria, that they have provided an accurate current address, and that they are aware of the requirement to notify the housing office of any change in address and living situation (as noted above).

The security deposit, which is fully refundable if one meets all the stipulations in the rental agreement, amounts to two month's rent. It is returned with interest approximately one month after termination of residence in NYU Winthrop Hospital housing. The security deposit is automatically deducted in equal amounts over the first six (6) paycheck periods. Residents are expected to comply with terms of their lease.

Questions concerning Housing should be addressed to the Housing Coordinator at ext. 2036.

M. VACATION

All House Staff receive four weeks vacation (20 working days) within their contract year. Vacation requests must be submitted to and approved by the resident's program director. Vacation time cannot be accrued from one year to the next and house staff will not be paid for unused time.

N. PROCEDURE CREDENTIALING

Residents are expected to understand the credentialing process, become credentialed in a timely manner and perform procedures only at the level at which they are credentialed. Records of credentialing are maintained by the program.

O. PROFESSIONAL CONDUCT

It is assumed that House Staff will always maintain the demeanor of a professional. This includes a respectful attitude toward colleagues, faculty, hospital staff and patients; the wearing of proper identification; and dressing in appropriate attire. Furthermore, House Staff will recognize that patients have the right to considerate, respectful care at all times and under all circumstances. They will refrain from discussing a patient's diagnosis, prognosis or condition among themselves in the presence of the patient or family or in public areas which could breach patients' confidentiality. With regard to written and electronic communications, residents are expected to maintain patient confidentiality and be vigilant about access to patient information.

Members of the House Staff are not to receive money from patients or their families or friends, or from members of the medical staff for any service performed in the hospital.

House Staff are frequently in a position of introducing medical students to patients. Hospital policy requires that students be introduced as "student doctor" or "student physician" or "medical student" to distinguish them from physician members of the health care team.

P. PROFESSIONAL MISCONDUCT

For purposes of this policy, professional misconduct is defined as any behavior that is considered as professional misconduct under the New York Public Health and Education laws. Residents are held to the same standards of conduct as other physicians, whether or not they are licensed in New York State (Public Health Law Section 2803-e) and Education Law (Section 6530 of Article 131-A). *Professional misconduct Public Health Law Section 2803-e and Education Law includes but is not limited to the following:*

- Obtaining a license fraudulently
- Practicing fraudulently, beyond authorized scope, with gross incompetence, with gross negligence on a particular occasion or negligence or incompetence on more than one occasion
- Practicing while impaired by alcohol, drugs, physical disability, or mental disability or being a habitual user of alcohol or drugs
- Being convicted of a crime under New York State law, Federal Law or the law of another jurisdiction which would constitute a crime in New York State
- Accepting or performing professional responsibilities which the practitioner knows he/she is not competent to perform
- Delegating professional responsibilities to a person when the practitioner knows he/she is not competent to perform them or permitting, aiding or abetting an unlicensed person to perform activities requiring a license
- Refusing to provide professional services because of a person's race, creed, color or ethnic origin
- Abandoning or neglecting a patient in need of immediate professional care
- Performing professional services which have not been authorized by the patient or his/her representative
- Willfully harassing, abusing or intimidating a patient, either physically or verbally
- Altering or falsifying medical records in such a way that needed information for patient care is omitted or falsified
- Exercising undue influence on the patient, including the promotion of the sale of services, goods, appliances or drugs in such a manner as to exploit the patient for financial gain
- Revealing personally identifiable facts, data or information obtained in a professional capacity without the prior consent of the patient, except as authorized or required by law
- Guaranteeing that satisfaction or a cure will result from the performance of professional services
- Ordering of excessive tests, treatment or use of treatment facilities not warranted by the condition of the patient
- Failing to wear identifiable badge, conspicuously displayed and legible.

The Office of Professional Medical Conduct (OPMC) of the New York State Department of Health (<http://www.health.state.ny.us/nysdoh/opmc/faq.htm>) investigates professional misconduct by physicians, physician assistants and specialist assistants. For unlicensed medical residents, a report must also be sent to The Office of Professional Discipline of the State Education Department (OPD) if the

resident's employment, clinical privileges or association with the hospital is curtailed or terminated (see below). While anyone may report possible professional misconduct by physicians to the appropriate New York State Office, Public Health Law, Section 230 (11) *requires* that physicians who have a reasonable degree of suspicion, report suspected cases of physician misconduct. Reporting through the hospital's Risk Management or Chief Academic Officer or reporting directly to OPMC will satisfy this obligation. Failure to report suspicions of misconduct can result in action being taken by OPMC against the individual who failed to report. A resident who is concerned about professional misconduct on the part of another health care provider is encouraged to report concerns to the Department Chair or the Chief Academic Officer. If misconduct is suspected on the part of a resident, the Residency Program Director, Department Chair and Chief Academic Officer will investigate and determine appropriate disciplinary action, if warranted, which will be communicated to the resident in writing. The resident shall have the right to appeal termination or non-promotion, as described in the Due Process Policy included in this manual. If it is determined that a medical resident is guilty of misconduct as described above, the Chief Academic Officer will report such misconduct to OPMC and to OPD, if the resident is not licensed. The Chief Academic Officer will report within 30 days to OPMC and OPD, as applicable, any of the following occurrences:

- The denial, suspension, restriction, termination or curtailment of the training, employment, association or professional privileges related in any way to: Alleged mental or physical impairment, Incompetence, Malpractice, Misconduct, Endangerment of patient safety or welfare
- The denial or withholding of certification of completion of training for reasons related to those listed above.
- The voluntary or involuntary resignation or withdrawal of association, employment, or of privileges, to avoid the imposition of disciplinary measures.
- The receipt of information that indicates a resident has been convicted of a crime.

VII. MEDICAL CENTER INFORMATION

NYU Winthrop Hospital Mission Statement

It is the mission of NYU Winthrop Hospital to provide high quality, safe, culturally competent, and comprehensive health care services in a teaching and research environment which improve the health and well-being of the residents of Nassau County and contiguous county areas...based on a profound commitment to an enduring guiding principle – “Your Health Means Everything.”

Academic Affairs Mission Statement

To promote:

- Leadership of the academic enterprise
- Performance via innovative curricula and faculty development
- Quality using valid assessment tools
- Research and other scholarly pursuits
- Accreditation with commendation

A. INTERNET ACCESS

Internet access is intended to provide NYU Winthrop Hospital personnel with an opportunity to access industry and medical research to enhance patient care and improve organizational efficiencies. Internet access is to be used for business related to the Hospital only and is not intended for personal use. Employees must use this tool in a responsible and cost-effective manner.

Proper Use of System

The internet is to be used for business related purposes. Reviewing news articles, the weather and non-job related access should be kept to a minimum and should be accessed during non-work time.

The internet may not be used at any time for transmitting, viewing, downloading, or storing and communications that are:

- of a discriminatory or harassing nature
- derogatory to any individual, company, or group
- obscene or X-rated
- defamatory or threatening in nature
- or any other purpose that is illegal or against Hospital policy

Unless authorized, employees may not represent the Hospital or respond on its behalf via the internet in newsgroups, chat-rooms, on personal home pages, or other open discussion forums.

Employees may not use the internet for soliciting product or financial contributions from other employees, persons not employed by the Hospital, or outside organizations.

Although the internet contains many “free” software files, downloading such files is discouraged. Software and other executable files may include viruses and must be scanned with virus protection software before being opened and used.

Privacy

Employees using the internet are responsible for safeguarding the privacy of others by NOT divulging any personal information.

Property of the Hospital

Internet access is considered to be the property of the Hospital at all times. Non-business related use is discouraged.

The Hospital reserves the right to monitor all internet use. The Hospital reserves the right to cancel an employee’s access to the internet, if access is abused or misused

Violation Of the Policy

Any employee who violates this policy or uses the internet system for improper purposes shall be subject to discipline up to and including termination (see policy 1008).

Notification of Policy Violation: Any employee who discovers a violation of this policy shall notify the CIO/Security Officer and his/her immediate supervisor, if appropriate.

B. COMPUTER ASSISTANCE

House Staff can call the **Help Desk at extension 4357**) 24 hours/day, 7 days/week.

They may need to give the Help Desk their user ID so that Help Desk staff can identify them in the system. It is acceptable for the resident to tell Help Desk staff their user ID. Terminal & printer IDs may also be requested when applicable. Help Desk staff will triage the call to appropriate staff if unable to assist the resident

C. COMPUTER SYSTEMS ACCESS AND CONFIDENTIALITY

Adherence to the highest standards of professionalism and to the NYU Winthrop Hospital information privacy and security policies is expected in the use of the electronic medical record. Maintaining and protecting the accuracy, integrity, and confidentiality of patient information entrusted to NYU Winthrop Hospital providers is of paramount importance to safeguard patient safety; provide high quality care supported by evidence based decision support; and minimize institutional risk associated with billing and regulatory compliance. Failure to preserve the integrity of the unique user identification associated with each individual granted access for use of the clinical information systems undermines the integrity of the clinical documentation and communication, as well as the privacy and confidentiality of the patient information.

It is recognized that technology solutions must be evaluated and implemented to facilitate the user sign-on process in busy clinical settings. However, commitment to the integrity of the unique user identification must not be compromised.

Employee user IDs and passwords are equivalent to signatures. Employees should NEVER share IDs or passwords with others and never use or work under another person's ID/password. Users should always log off or lock their computer screens by pressing CTRL+ALT and DELETE and selecting "Lock Computer" anytime that they walk away from a computer. This practice helps ensure others do not use the computer under the wrong user ID and see confidential information they may not be authorized to access. Employees are accountable for any action taken under their user IDs and passwords.

Clinicians may only access information related to the treatment of patients with whom they have a clinical relationship; for whom they have been asked to provide a consultation; or whose records the clinician has written permission from the patient to access. Personnel are not authorized to access the medical record of co-workers, friends, or family members without written authorization from the patient unless they are directly involved in the care of that patient.

Electronic audit trails of accesses to patient information are conducted and maintained. These audit trails record the machine name, user, date, time and patient identification.

Information that is obtained about a patient is strictly confidential and is legally protected from disclosure. It may be given to another employee or health care provider only when it is necessary to do so: (1) for the continuity of care, (2) when required by law, or (3) when otherwise authorized by the patient. It must never be discussed with any other unauthorized person. Divulging such confidential information or any other departmental information deemed and explained by the department chair as confidential, may result in disciplinary action.

Whenever a user prints a document containing patient information, it should always be placed in a HIPAA shredder bin when finished. Users should never throw patient information away in a regular trash can. Users should keep up with papers listing patient identifiable information that they possess, as the papers can easily be left in a conference room, etc., thereby putting the information at risk of being seen by other unauthorized personnel.

If a clinician has an authorized business purpose for storing patient identifiable information on his/her computer, flash drive, or other mobile device, he/she is accountable for protecting the security and confidentiality of the information including encryption of the device.

Any violation of confidentiality and/or the terms in the **Confidentiality Agreement** may result in disciplinary action, including termination of access to the systems, and when appropriate termination of employment.

D. PATIENT PHOTOGRAPHY AND VIDEO IMAGING

NYU Winthrop Hospital restricts the use of any recording devices, or cameras of any kind, including, but not limited to, cellular telephone cameras, digital cameras, audio recorders, or similar devices capable of recording visual and/or audio images.

The use of any type of camera or video recording device, including cell phone cameras, in any area of the hospital where patients and/or hospital personnel could be caught on film or tape is strictly prohibited without hospital authorization and the consent of the patient.

Any collected images of a patient or procedure shall be considered protected health information, and will be maintained in a protected and secure manner as part of the patient medical record.

Photography outside of the Hospital may be done only under the supervision of the Department of External Affairs/Office of Public Affairs.

Requests for photography for use in the legal process or proceedings shall be approved by the Office of Risk Management / Senior Administration.

PROCEDURES:

1. Allowable Circumstances for Patient Photography, Videotaping, and Other Imaging

A. Documentation of Abuse and Neglect: Photographs of a suspected adult abuse victim or a victim suffering from neglect may be taken by nurses or physicians with the written consent of the patient and/or patient's guardian. Photographs of a suspected child abuse victim may be taken by nurses or physicians without consent of the parent or guardian. These photographs will be maintained by the Health Information Management Department and/or law enforcement personnel. All photographs shall remain attached to the patient's medical record. Photographs shall be properly identified with the name of the patient, medical record number, patient account number, and the date of service on the front of the photograph.

B. Medical Education, Teaching, or Marketing/Publicity: Photography for publicity

and/or educational purposes may only occur with written consent from the patient and/or patient's guardian. The consent form is to be filed in the patient's medical record.

2. Public Areas of the Hospital

A patient or family member may use a recording device or imaging device on a patient care unit under the following circumstance:

- (i). The patient who is the subject of the recording or photography expressly verbally consents to the recording or filming;
- (ii). The recording or photography shall be discontinued at the request of the patient, or staff; and
- (iii). The provider(s) involved in the patient's treatment or care give their verbal consent to such recording or photography.

3. Patient Consent

Except as noted above, pictures or recordings of any patients are prohibited without the explicit written consent of the patient or guardian. Consent forms for this purpose are available on the patient care unit. A copy of this consent form should be placed in the patient's medical record.

4. Storage and Retention of Images

All photographs taken by staff members shall be sent with the patient's medical record to the Health Information Management Department for filing. Photographs shall be properly identified with the name of the patient, medical record number, patient account number, and the date of service on the front of the photograph.

5. Violations

If a staff member becomes aware of a violation of this policy, he or she may approach the violator and advise them that unauthorized picture taking, filming or recording is prohibited. If the individual does not comply, or if the staff member does not wish to confront the individual, then the Security Department and Administrative staff shall be notified by the employee.

E. SOCIAL MEDIA POLICY

Employee Social Media Guidelines

NYU Winthrop Hospital recognizes that our employees actively participate in social media and online communications. These guidelines are designed to help protect the reputation and credibility of NYU Winthrop Hospital, our employees, and affiliates contribute to SOCIAL MEDIA SITES. The main idea NYU Winthrop Hospital employees need to keep in mind about blogs and social networking sites is that the same basic principles apply in these spaces as in other areas of their lives. The purpose of these guidelines is to help employees understand how NYU Winthrop Hospital policies apply to these newer technologies for communication, so you can participate with confidence on social media platforms. Whether you use Facebook, LinkedIn, Twitter, Wikipedia or MySpace - or comment on any form of online media - these guidelines are for you. They cover three main areas:

1. Basic principles for all types of social media
2. Special guidelines for professional use of social media on behalf of the Hospital

3. Special guidelines for personal use of social media

BASIC PRINCIPLES

These principles apply to professional use of NYU Winthrop Hospital social media by NYU Winthrop Hospital employees.

- Adhere to all rules regulations and policies included in NYU Winthrop Hospital's Employee Handbook, Human Resource Policy and Procedure manual, including the internal photography and videography policies as well as the Health Insurance Portability and Accountability Act (HIPPA). All policies apply to your online use of social media.
- You are accountable for what you write and post – the same way you are accountable for your actions.
- Just as when you are in the Hospital common sense and good judgment are required. Your statements could have an impact on our Hospital's reputation. Remember that what you post or publish may be public information for a long time.
- All social media posts must be written in the first person. Where your connection to NYU Winthrop Hospital is apparent, make it clear that you are speaking for yourself and not on behalf of NYU Winthrop Hospital.
- Do not disclose any confidential, proprietary or sensitive information regarding NYU Winthrop Hospital, our patients, employees, clients, vendors, contractors, suppliers, competitors or others. Internal communications intended for NYU Winthrop Hospital employees should not be forwarded outside of the Hospital. If you are uncertain whether information is meant to be private or internal to NYU Winthrop Hospital, seek the advice of your manager or a Public Affairs representative.
- Be accurate, honest and genuine and take responsibility for your comments. A conversational, personal tone often works best - similar to how you would speak. If someone questions a statement or claim you make, it's your responsibility to investigate it. If appropriate, you should quickly correct any mistakes or provide any necessary clarifications.
- Respect others in your posts and discussions. Social media networks and online communications should not be used to attack or insult NYU Winthrop Hospital, fellow employees, customers, vendors, contractors, suppliers, competitors or others.
- Be sensible. Don't make posts or comments that may be considered defamatory, obscene, libelous, threatening, harassing or embarrassing to others.
- Be transparent. If you're writing about NYU Winthrop Hospital or the health care industry, use your real name (not a pseudonym), identify that you work for NYU Winthrop Hospital, and be clear about your role. If you have a vested interest in what you're discussing, be the first to openly say so.
- Disagree with another's opinion? Be sure to keep your writing appropriate and polite. If you find yourself in a situation that threatens to become antagonistic, refrain from becoming overly defensive and do not resort to rude or offensive behavior but rather disengage from the dialogue in a polite manner, and seek if necessary the advice of your Media Relations representative.

- If you're uncertain about whether to post or discuss something that is related to NYU Winthrop Hospital, seek the advice of your manager, a Public Affairs representative or another appropriate person at the Hospital in advance.
- Don't comment on our legal matters, financial performance, competitors, strategy or rumors unless you are specifically authorized to do so.
- Refer media and press inquiries to our authorized Hospital spokespersons. Social media networks, blogs and other types of online content sometimes generate press and media attention. If members of the media, including journalists or bloggers, contact you about a statement that you made that might be considered sensitive to NYU Winthrop Hospital, please refer them to an appropriate Media Relations contact unless you've been authorized to respond or speak on behalf of the Hospital.
- Obtain permissions if needed. Get appropriate permission before you refer to or post images of anyone other than yourself. Additionally, get appropriate permission to use copyrighted material, trademarks, service marks or other intellectual property.

SPECIAL GUIDELINES: PROFESSIONAL USE

- If you are interested in partnering with Public Affairs to start an official external NYU Winthrop Hospital social media page, group, etc., contact the department of Public Affairs: 516-663-2234
- Remember that you are by virtue of your status as a NYU Winthrop Hospital employee, your comments in NYU Winthrop Hospital social media carry a great deal of responsibility. Please be responsible in your posts and other content.
- If you are an authorized administrator (admin) of a NYU Winthrop Hospital social media page or site, you should not delete comments just because you disagree with the commenters' points of view. Comments are an important part of the conversation we have on our social media pages, and people will disagree with you. However, you can (and should) monitor user-generated content on our sites and you may delete any comments that are offensive, are obviously spam with links to irrelevant blogs or websites, or are completely unrelated to the topic of the post.

SPECIAL GUIDELINES: PERSONAL USE

- Social media use should not interfere with your responsibilities at NYU Winthrop Hospital. We recognize that many employees have access to social media sites by using their own personal wireless devices. While incidental personal use of social media may be acceptable at certain times under certain circumstances, excessive use of social media networks, personal blogging or creating other types of online content is not permitted during work hours.
- Minimize your security risks. Social media sites and accounts can attract hackers and can present risks to corporate networks as well as your personal computer or mobile device. To minimize these risks, use a password for social media accounts that is not easy to guess and is different from hospital login information. Monitor your social media accounts periodically if you don't actively use them. Also, be mindful that social media sites sometimes are used to distribute malicious software or code, or "malware." If you think a link sent to you might be malware, don't click on it, as it could result in software or code being downloaded or installed on your computer and/or our hospital equipment and/or company networks.

- If your blog, posting or other online activities are inconsistent with, or would negatively impact NYU Winthrop Hospital's reputation or brand, you should not refer to NYU Winthrop Hospital, or identify your connection to NYU Winthrop Hospital.
- The use of alcohol, nudity, partial-nudity and profane or vulgar language is not permitted in any posting related to the hospital. These behaviors are not acceptable at work and will not be tolerated online.
- Do not use the NYU Winthrop Hospital logo (or any of our hospital logos) on personal blogs, websites or other types of online content.
- Do not host personal blogs, websites or other types of online content via property owned or leased by NYU Winthrop Hospital.

VIOLATIONS

If you violate these guidelines, we may require you to correct, edit or remove a post or statement. In addition, violations of these guidelines by employees can result in disciplinary action up to and including termination of employment.

F. ABBREVIATION USAGE POLICY

Introduction

The Joint Commission standard IM.02.02.01 EP2 requires that "abbreviations, acronyms, and symbols are standardized throughout the organization and there is a list of abbreviations, acronyms, and symbols not to use." In accordance with this requirement, NYU Winthrop Hospital has established an official "Do Not Use" list of abbreviations. This prohibited list applies to all orders, preprinted forms, and medication-related documentation throughout the record.

Policy

All NYU Winthrop Hospital staff members will have access via the hospital Intranet to a Medical Abbreviations and Symbols site that has a link to the NYU Winthrop Hospital Unapproved Abbreviations list, as follows:

UNACCEPTABLE / UNAPPROVED	ACCEPTABLE
U(for unit)	Instead: write "unit"
IU (for international unit)	Instead: write "international unit"
Q.D., Q.I.D., Q.O.D	Instead: write "daily", "four times daily or 4x/day" and "every other day" respectively.
Trailing zero (X.0), lack of leading zero (.X)	Instead: never write a zero by itself after a decimal point, and always use a zero before a decimal point.
MS, MSO4, MgSO4	Instead: write "morphine sulfate" or "magnesium sulfate"
ug or mcg (for microgram) **	Instead: write "microgram" **mcg is acceptable in electronic format
T.I.W. (for three times a week)	Instead: write "3 times a week" or 3 times weekly"
A.S., A.D., A.U. (Latin abbreviation for left, right, or both ears) and O.S., O.D., O.U. (Latin Abbreviation for left, right, or both eyes)	Instead: write "left ear", "right ear" or "both ears" and "left eye", "right eye" or "both eyes"

*R  (for Right) **This is a dangerous abbreviation; spell out "Right" to avoid surgical errors**

*L  (for Left) **This is a dangerous abbreviation; spell out "Left" to avoid surgical errors**

Copies of the Unapproved Abbreviations list are also present in all patient charts for reference.

The Medical Abbreviations and Symbols site also provides staff members with an abbreviation search, drug search, information on acceptable abbreviations, symbols & numbers, and normal laboratory values.

In the event of Intranet or system downtime, copies of the Medical Abbreviations Guide can be obtained in the hospital library, in the basement of the New Life Center.

When utilizing an abbreviation that has more than one meaning, use the abbreviation that best meets the context of the documentation. If a staff member encounters an abbreviation that is ambiguous, they should contact the provider who wrote the entry for clarification. Please note: no medical orders will be processed with the use of unacceptable (unapproved) medical abbreviations if the intent of the order is unclear. Nursing and Pharmacy will exercise discretion to determine when an order is not clear. In such cases where the order is not clear, the Physician, Physician Assistant or Nurse Practitioner will be notified by nursing personnel and asked to have the order rewritten.