

HOUSE STAFF MANUAL MOSES/EINSTEIN

HOUSE STAFF OFFICE

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GRADUATE MEDICAL EDUCATION COMMITTEE (GMEC)

Montefiore Medical Center's Residency and Fellowship Programs are sponsored by the medical center. The Graduate Medical Education Committee (GMEC) is an organized administrative committee of Montefiore that oversees all residency and fellowship education. The committee has representation of key academic and hospital administrators, as well as peer-selected residents. Included in the responsibilities of the GMEC are the establishment and implementation of policies that affect all residency and fellowship programs regarding the quality of education and the work environment of the residents and fellows in each program.

GENERAL ESSENTIALS OF ACCREDITED RESIDENCIES

The following are excerpts from the Essentials of Accredited Residencies in Graduate Medical Education. The entire text specifying the requirements every residency program must meet to be accredited may be found in each department in the booklet listing approved residency and fellowship programs or from: The Secretary, Accreditation Council for Graduate Medical Education, Suite 2000, 401 North Michigan Avenue, Chicago, Ill. 60611. A copy is also available for review in the House Staff Office. It is also available on line at <http://www.acgme.org/>.

Approval and Accreditation

For a program to become accredited, the sponsoring institution must demonstrate a commitment to GME. The sponsoring institution must be in substantial compliance with the Institutional Requirements and must assume responsibility for the educational quality of its sponsored program(s). Further information concerning a "sponsoring institution" is provided below.

Institutional Requirements

Institutional Organization and Commitment: The purpose of GME is to provide an organized educational program with guidance and supervision of the resident, facilitating the resident's ethical, professional and personal development while ensuring safe and appropriate care for patients.

Sponsoring Institution

- Residency and fellowship programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) must function under the ultimate authority and oversight of one Sponsoring Institution. Oversight of resident/fellow assignments and of the quality of the learning and working environment by the Sponsoring Institution extends to all participating sites.
- The Sponsoring Institution must be in substantial compliance with the ACGME Institutional Requirements and must ensure that each of its ACGME-accredited programs is in substantial compliance with the ACGME Institutional, Common, and specialty/subspecialty-specific Program Requirements, as well as with ACGME Policies and Procedures.
- The Sponsoring Institution must maintain its ACGME institutional accreditation. Failure to do so will result in loss of accreditation for its ACGME-accredited program(s).
- The Sponsoring Institution and each of its ACGME-accredited programs must only assign residents/fellows to learning and working environments that facilitate patient safety and health care quality.

- Institutional Requirements:
 - Accreditation for patient care must be provided by:
 - the Joint Commission; or,
 - an entity granted “deeming authority” for participation in Medicare under federal regulations; or,
 - an entity certified as complying with the conditions of participation in Medicare under federal regulations.

Institutional and Program Agreements

When resident education occurs in a participating institution, the sponsoring institution continues to have responsibility for the quality of that educational experience and must retain authority over the residents' activities. There must be Program Letters of Agreement (PLAs) between an accredited program and all sites to which resident and fellows rotate for required education or assignment. Institutional agreements may also exist with all major participating institutions.

RESIDENT/FELLOW ELIGIBILITY AND SELECTION

Montefiore Medical Center (“MMC”) has a defined process for the recruitment and appointment of Post Graduate Trainees (“House Staff”) that provides House Staff with appropriate financial support and benefits to ensure that House Staff are able to fulfill the responsibilities of their educational programs.

House Staff enrolled through and outside the National Residency Matching Program (“NRMP”) and/or the Postdoctoral Dental Matching Program are eligible as defined below:

- A. **ACGME-accredited programs**. Applicants with one of the following qualifications are eligible for appointment:
 - i. Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
 - ii. Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).
 - iii. Graduates of medical schools outside the United States and Canada or International Medical Graduates (IMGs) have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates (“ECFMG”) prior to appointment.

The eligibility requirements for appointment of Residents and Fellows specified in the ACGME Institutional and Common Program Requirements applies.

- B. **ADA-accredited programs**. Graduates of accredited dental schools in the United States and Canada are eligible for appointment. New York State (“NYS”) limited permit to practice dentistry will be obtained by the Department of Dentistry.
- C. **Board accredited and non-accredited programs**. Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME), colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA), and medical schools outside the United States and Canada with a NYS license or limited permit to practice medicine are eligible for appointment.

SELECTION OF HOUSE STAFF

- A. House Staff shall be selected from among eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials, communication skills, and

personal qualities such as motivation and integrity. All residency programs shall recruit, hire, train, transfer, promote all trainees without regard to their sex, race, age, religion, color, national origin, alien or citizenship status, actual or presumed disability, history of disability, sexual orientation, gender identity, gender expression, genetic predisposition or carrier status, pregnancy, military status, partnership status, veteran status, or any other characteristic protected by law.

- B. In selecting from among qualified applicants, programs may participate in an organized matching program, such as the National Residency Matching Program ("NRMP") or the Postdoctoral Dental Matching Program ("Match").

POST GRADUATE YEAR ("PGY") OF TRAINING

The PGY level of House Staff shall be determined by the Director of House Staff Office using the following criteria:

A. First Residencies

- i. Entry level into the accredited program.
- ii. Proof of previous training in the same accredited program at an accredited teaching hospital.
- iii. Proof of previous training in a transitional program or a program that is a qualified prerequisite for an accredited program.
- iv. Proof of successful completion of a core program.

B. Second Residencies (i.e. postgraduate training in another core program after completing a board certifiable core program)

- i. Approval obtained by the Chairperson or Program Director of the program from MMC administration.

EMPLOYMENT ELIGIBILITY VERIFICATION

Montefiore must verify House Staff identity and employment eligibility in compliance with federal regulations. House Staff must provide proof of identity and employment eligibility as required by United States Citizenship and Immigration Service (USCIS), Form I-9, Employment Eligibility Verification.

Form I-9 is used for verifying the identity and employment authorization of individuals hired for employment in the United States. All U.S. employers must ensure proper completion of Form I-9 for each individual they hire for employment in the United States. This includes citizens and non-citizens. Both employees and employers (or authorized representatives of the employer) must complete the form. On the form, an employee must attest to his or her employment authorization. The employee must also present his or her employer with acceptable documents evidencing identity and employment authorization. The employer must examine the employment eligibility and identity document(s) an employee presents to determine whether the document(s) reasonably appear to be genuine and to relate to the employee and record the document information on the Form I-9. The list of acceptable documents can be found on the last page of the form. Employers must retain Form I-9 for a designated period and make it available for inspection by authorized government officers.

VISAS

Montefiore Medical Center sponsors H1B, J1 and TN visas. Additional information is available in the House Staff Office.

PRE-APPOINTMENT AND ANNUAL PHYSICAL EXAMINATIONS

New York State Hospital Code (405.3b) and Hospital Policy require each House Staff officer to complete a pre-employment and annual examination. The pre-employment examination provides required immunizations and skin tests. For more information please call (718) 920-5406.

BACKGROUND CHECKS

It is the policy of Montefiore Medical Center to conduct background screening on all new House Staff.

PRE-TRAINING DRUG TESTING POLICY

Montefiore Medical Center is committed to ensuring a safe, healthy, productive and efficient work and training environment for its associates, postgraduate medical school trainees, patients and visitors. Accordingly, the Medical Center has established a pre-employment drug-testing program for job applicants, postgraduate medical school trainees, and other individuals seeking to work, train or volunteer at the Medical Center.

This pre-employment/pre-training drug testing procedure applies to all applicants for temporary or regular employment, and all other individuals seeking to work, train, or volunteer at Montefiore Medical Center, including interns, residents, fellows, independent contractors who will work on site, and individuals referred through employment agencies (hereinafter referred to collectively as "applicants"). Applicants must undergo and pass a drug test before they actually commence employment, work, training, or volunteer activity at Montefiore Medical Center. The pre-employment drug testing policy shall not apply to students (other than postgraduate medical students) and/or persons under the age of 18.

Montefiore Medical Center's pre-employment drug testing procedure complies with applicable federal, state and local law. All covered individuals (as defined above) must undergo a drug test and receive a negative test result as a pre-condition to employment, work, training, appointment, or volunteer activity.

The House Staff Office is responsible for administering this policy for postgraduate medical school trainees.

The pre-employment/pre-training drug testing procedure is administered by a laboratory certified by the Substance Abuse and Mental Health Services Administration ("SAMSHA"). Montefiore Medical Center has retained a third party to administer the procedure to ensure the confidentiality and reliability of the testing process.

The pre-employment/pre-training drug test is administered after the applicant receives from Montefiore Medical Center a conditional offer of employment, work, training, appointment or volunteer opportunity. Montefiore will not initiate new hire processing or extend offers of training or appointment until the covered individual has completed drug testing with satisfactory results.

At the time Montefiore Medical Center extends to the covered individual a conditional offer of employment, work, training, appointment, or volunteer opportunity, the covered individual will promptly be provided with the documents he/she will need to comply with the pre-employment/pre-training drug testing procedure. These documents will include:

- A Forensic Drug Testing Custody and Control Form
- A list of drug testing collection sites approved by the certified laboratory and/or directions for locating on the Internet approved collection sites. The covered individual should select a collection site that is most convenient for him/her to use.

- An acknowledgement and consent form which the covered individual must return to the House Staff Office at the time he/she receives a copy of this policy.

A covered individual other than a postgraduate medical student is required to provide a urine specimen at an approved collection site within forty-eight (48) hours of receiving from Montefiore Medical Center an offer of employment, work, training, appointment, or volunteer opportunity. If the day after the covered individual receives such an offer is not a business day in which a collection site is open, the covered individual will be allowed seventy-two (72) hours to provide the urine specimen.

The House Staff Office will determine the amount of time or deadline by which postgraduate medical students must provide a urine specimen at an approved collection site.

Negative Test Results: The House Staff Office will be informed by the certified laboratory of negative test results within two days from the collection date.

Positive Test Results: When a covered individual tests positive for drugs, the certified laboratory will automatically retest the original specimen before concluding that the test result is positive. The Medical Review Officer ("MRO") will then contact the covered individual directly to review positive test results. If the MRO determines that there is no valid reason for the positive test results, the covered individual will be ineligible to work, train, or volunteer at Montefiore Medical Center.

Negative Dilute: In a case where the test result is reported as negative but diluted, the covered individual will be required to undergo a second test within 24 hours of being contacted by Montefiore Medical Center of the result.

Refusal To Submit to a Drug Test: Although a covered individual has the right to refuse to submit to a pre-employment drug test, Montefiore Medical Center will not consider the covered individual who so refuses. Moreover, Montefiore Medical Center will consider the following conduct by a covered individual as a refusal to submit to a drug test:

- Refusing or failing to appear for a substance abuse test within a specified time, as determined by Montefiore Medical Center, after being directed to do so;
- Failing to remain at the testing site until the testing process is complete;
- Failing to provide a urine specimen for collection; failure to provide a sufficient amount of urine when directed, without an adequate medical explanation;
- Failing or declining to take a second drug test that Montefiore Medical Center or collector has directed to be taken;
- Failing to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process, or as directed by Montefiore Medical Center as part of the "shy bladder" procedures;
- Adulterating or substituting a urine sample, or attempting to adulterate or substitute a urine sample; or
- Failing to cooperate with any part of the testing process such as delaying the collection, testing or verification process or otherwise engaging in conduct that obstructs or manipulates, or attempts to obstruct or manipulate, the testing process.

This policy is not a contract of employment. If a covered individual fails to comply with this

policy, the covered individual will be ineligible for employment.

Montefiore Medical Center retains the right to alter or amend this policy at any time, with or without notice, to the full extent permitted by law.

HOUSE STAFF PARTICIPATION IN EDUCATIONAL ACTIVITIES/ACGME COMPETENCIES

House Staff in MMC residency programs are required to obtain competence in the six areas listed below. MMC programs must define the specific knowledge, skills, behaviors, and attitudes required and provide educational experiences as needed in order for their House Staff to demonstrate the following:

- Patient care that is compassionate, appropriate, and effective for the treatment of health problems and promotion of health
- Medical knowledge about established and evolving biomedical, clinical, and cognate sciences and the application of this knowledge to patient care
- Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvement in patient care
- Interpersonal and communication skills that result in effective information exchange and teaming with patients, their families and other health professionals
- Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population
- Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value

In addition, House Staff shall achieve the following:

- Develop a personal program of learning to foster continued professional growth with guidance from the teaching staff
- Participate fully in the educational and scholarly activities of their program and, as required, assume responsibility for teaching and supervising other House Staff and students
- Participate in appropriate MMC committees and councils whose actions affect their education and/or patient care
- Submit to the program director or to a designated MMC official at least annually confidential written evaluations of the faculty and of the educational experiences

HOUSE STAFF SUPPORT, BENEFITS AND CONDITIONS OF EMPLOYMENT

MMC provides all House Staff with appropriate financial support and benefits.

- **Financial Support:** House Staff shall be provided with uniform financial support (i.e. stipends) relative to their approved PGY level and uniform benefits to enable them to fulfill the responsibilities of their educational programs.
- **Applicants:** Applicants to MMC residency programs must be informed in writing or by electronic means, of the terms, conditions, and benefits of appointment, either in effect at the time of the interview or that will be in effect at the time of his her eventual appointment. This must include financial support, vacations, parental, sick, and other leaves of absence, professional liability insurance, hospitalization, health, disability and other insurance accessible to residents/fellows and their eligible dependents, and the conditions under which living quarters, meals and laundry or their equivalents are to be provided, counseling, medical, psychological, and other support services, and policies covering sexual and other forms of harassment.

- **Contracts:** House Staff shall be provided with a written agreement or contract outlining the terms and conditions of their appointment to a program.

The contract must also delineate or reference specific policies as follows:

- House Staff responsibilities
- Duration of appointment
- Financial support for House Staff
- Conditions for reappointment and promotion to a subsequent PGY level
- Grievances and due process
- Professional liability insurance, including a summary of pertinent information regarding coverage
- Hospital and health insurance benefits for House Staff and eligible dependents
- Disability insurance and other hospital and health benefits for the House Staff and eligible dependents
- Vacation, parental, sick, and other leaves for House Staff, compliant with applicable laws
- Timely notice of the effect of leave(s) on the ability of House Staff to satisfy requirements for program completion
- Information related to eligibility for specialty board examination
- Institutional policies and procedures regarding House Staff duty hours and moonlighting
- **Termination of Contract:** MMC and House Staff shall enter into a House Officer Agreement in good faith and acknowledge their respective ethical and legal obligation to fulfill this agreement until its expiration date. Neither party shall terminate the agreement prior to its expiration date except for cause.
- **Non-renewal of Contract:** MMC programs shall comply with MMC institutional policy that require each program to determine the criteria for promotion and/or renewal of a resident's/fellow's appointment. Each program must provide a resident/fellow with a written notice of intent when that resident's/fellow's agreement will not be renewed, when that resident/fellow will not be promoted to the next level of training, or when that resident/fellow will be dismissed.

HOUSE STAFF SUPERVISION, DUTY HOURS AND WORK ENVIRONMENT

MMC residency programs provide appropriate supervision for House Staff, as well as a duty hour schedule and a work environment that is consistent with proper patient care, the educational needs of House Staff and the applicable Program Requirements.

SUPERVISION

Supervision may be exercised in a variety of methods. Some clinical activities require the physical presence of the supervising faculty/supervising physician; some aspects of patient care may be supervised by an advanced resident. Portions of care provided by the resident can be supervised by the immediate availability of the faculty in the institution or by means of telephonic and/or electronic means. In some circumstances, supervision may include post hoc review of resident delivered care. The program must demonstrate that the appropriate level of supervision is in place.

Each patient must have an identifiable credentialed supervising faculty. This information must be available to all residents caring for patients.

Classification of Supervision

These categories must be in place depending on the clinical situations:

- Direct The supervising physician is physically present with the resident.
- Indirect a) with direct immediately available i.e. within the confines of the site.
 b) with direct available by telephone.
- Oversight The supervising physician is available to provide review of resident activities with feedback.

Role of the Program Director

- The Program Director and faculty must assign the degree of progressive responsibility and supervisory role for each resident.
- The Program Director must evaluate each resident's abilities using standardized criteria e.g. the milestones.
- The Program Director and faculty should allocate certain supervisory roles to senior residents and fellows for junior residents and document the seniors' progress towards independence based on their skills.
- The Program Director and faculty must set guidelines for when residents must communicate with their supervisory faculty.

Role of the Resident

- The resident must be knowledgeable of the limits of his/her supervisory abilities and scope of authority in clinical events.
- Junior residents must be knowledgeable of when clinical events require senior intervention,

Supervision is based upon the concept of teamwork with each member of the team being cognizant of their respective roles in clinical situations.

DUTY HOURS

- Duty Hours must be limited to 80 hours per week averaged over a four week period, inclusive of all in-house call activities and moonlighting.
- Duty Hour exceptions.

The RRC may grant exceptions for up to 10% at a maximum of 88 hours on the basis of a sound educational rationale. The program director must obtain approval from the DIO and GMEC prior to submitting request to the RRC.

- Residents must be scheduled for a minimum of one day free of duty every week.
- Duty periods of PGY 1 residents must not exceed 16 hours in duration.
- Duty periods of PGY 2 residents and above must not exceed 24 hours in duration.
- Residents must not attend continuity clinics after 24 hours of continuous duty.
- Residents should have 10 hours, must have 8 hours free of duty between scheduled duty periods.

- PGY 2 residents and above must have at least 14 hours free of duty after 24 hours of in-house duty.
- Residents must not be scheduled for more than six consecutive nights of night float.
- PGY 2 residents and above must be scheduled for in-house call no more frequently than every third night (without averaging).
- Time spent in the hospital by residents on at-home call must count towards the 80-hour maximum weekly hour limit.
- Time spent by residents in internal and external moonlighting must be counted towards the 80-hour maximum weekly hour limit.
- Residents in the E.D. must be limited to a maximum of 12 hours on duty per assignment.

Resident Duty Hours in the Learning and Working Environment

- Programs and sponsoring institutions must educate residents and faculty members concerning the professional responsibilities of physicians to appear for duty appropriately rested and fit to provide the services required by their patients.
- The program must be committed to and responsible for promoting patient safety and resident well being in a supportive educational environment.
- The Program Director must ensure that residents are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs.
- The learning objectives of the program must:
 - be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events; and,
 - not be compromised by excessive reliance on residents to fulfill non-physician service obligations.
- The Program Director and institution must ensure a culture of professionalism that supports patient safety and personal responsibility. Residents and faculty members must demonstrate an understanding and acceptance of their personal role in the following:
 - assurance of the safety and welfare of patients entrusted to their care;
 - provision of patient- and family-centered care;
 - assurance of their fitness for duty;
 - management of their time before, during, and after clinical assignments;
 - recognition of impairment, including illness and fatigue, in themselves and in their peers;
 - attention to lifelong learning;
 - the monitoring of their patient care performance improvement indicators; and,
 - honest and accurate reporting of duty hours, patient outcomes, and clinical experience data.
- All residents and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest. Physicians must recognize that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider.

TRANSITION OF CARE AND HANDOFF/HANDOVER PROCESS

Background: More than a decade ago, the Institute of Medicine released its report which set an agenda for U.S. hospitals to improve patient safety and reduce the number of patients harmed by medical errors and preventable adverse events. In response, one of the methods that has gained traction to improve performance is the development of safe transitions of care and the handoff/handover process.

Procedure:

- Each training program (residency and fellowship) must have a program-specific policy addressing transitions of care that is consistent with the ACGME.
- Handoff rounds affect all programs, departments and clinical settings.
- Each training program must design clinical assignments to minimize the number of transitions in patient care.
- Each program must ensure a structured hand off process that promotes continuity of care and patient safety. The program should develop such procedures emphasizing a structured approach.
- Methods of handover should utilize:
 - verbal only reports
 - verbal reports with note taking
 - printed handouts containing relevant patient information
 - computer/EMR information
- Structure of the sign-out to include:
 - identifying data
 - overall health status
 - general hospital course
 - new events of the day
 - upcoming possibilities and management plans
 - tasks – outstanding information to be gathered
 - opportunities for reviewer to understand, review and question with good communication
- Faculty supervision of the handover process may be direct or indirect depending on the level and experience of the trainees involved in a particular event.
- Each program must ensure communication competency of residents and fellows involved in the handover process. This should be documented.
- Schedules delineating all members of the health care team including attendings, residents and fellows responsible for each patient's care must be accessible.
- Programs must develop methods for implementation and monitoring the handoff/handover process.

ALERTNESS MANAGEMENT/FATIGUE MITIGATION

- The program must:
 - educate all faculty members and residents to recognize the signs of fatigue and sleep deprivation;
 - educate all faculty members and residents in alertness management and fatigue mitigation processes; and,
 - adopt fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning, such as naps or back-up call schedules.

- Each program must have a process to ensure continuity of patient care in the event that a resident may be unable to perform his/her patient care duties.
- The sponsoring institution must provide adequate sleep facilities and/or safe transportation options for residents who may be too fatigued to safely return home.

LICENSING & REGISTRATION

New York State Education Law, Article 131, Section 6526 states:

“The following persons under the following limitations may practice medicine within the state without a license:

1. Any physician who is employed as a resident in a public hospital, provided such practice is limited to such hospital and is under the supervision of a licensed physician; ... “

However, it is the Medical Center's recommendation that all fellows and chief residents obtain a New York State license or limited permit by July 1 of the academic year of their appointment. Applications for licensure or limited permit are available on the internet at www.op.nysed.gov or by calling NYS Education at (518) 474-3826. A full NYS License is mandatory for Chief Residents in Family Medicine, Internal Medicine, Pediatrics, Social Medicine and Social Pediatrics.

Dentistry Residents:

Effective January 1, 2010, New York State full license or limited permit is not required for residents who are enrolled in an approved dentistry residency program. Dentistry residents are required to register with the New York State Department of Education within 60 days from the start of their residency program. Please note that under this new law only residents enrolled in residency programs which are currently approved by the Commission on Dental Accreditation (CODA) may practice without a limited permit.

Podiatry Residents: New York State limited permit to practice medicine is required for training in Podiatry residency programs. Residents must apply for and obtain a limited permit before they can start training in a Podiatry residency program.

NPI Registration: All Residents and Fellows must apply for a National Provider Identification number. Please log into: <https://nppes.cms.hhs.gov/NPPES/Welcome.do> to apply.

- Apply as an individual provider not organization. This number will stay with you after you complete your training (you will just update your contact information when the time comes).
- Enter 390200000X as the taxonomy number. This will register you as a trainee as you do not have a license number.
- List the following as the business mailing address, Practice Location Address and Phone Number:
 - 111 East 210th Street, Bronx NY 10467
 - Phone - 718-920-4321

PRESCRIPTION WRITING POLICY

House Staff employed by Montefiore Medical Center may only write prescriptions for Montefiore patients. Prescriptions are written utilizing the EPIC system and are e-prescribed. Prescriptions may be printed when e-prescribing is not practical such as during a temporary technological or electrical failure, the prescription will be dispensed outside the state, country or

on federal property or it would be impractical for the patient to obtain medications prescribed by electronic prescription in a timely manner, and such delay would adversely impact the patient's medical condition.

The prescriptions must be within the scope of the House Staff Officers' training and under the supervision of the attending physician. The House Officer may not write prescriptions for him/herself, other House Staff, physician assistants, nurses, other staff, family members or friends.

Accordingly, Montefiore's in-house pharmacies will only accept Montefiore prescriptions written by House Officers for the Montefiore patients under their care. For those filling prescriptions for themselves and immediate family members, we will gladly continue to fill these when written by a licensed attending physician and generated through a regular documented visit in or out of our system.

The Montefiore pharmacy monitors prescription writing on a regular basis, and they will investigate any prescriptions that are suspected to be in violation of this policy. Thank you for your cooperation with these guidelines.

DEA REGISTRATION NUMBER

The temporary DEA number, composed of the Institutional DEA Registration Number and a 3-alphanumeric suffix, authorizes House Staff to administer, dispense and prescribe controlled substance medications for Montefiore inpatient and ambulatory patients within the scope of their core training program and in the usual course of professional practice at the medical center. Those eligible for a temporary DEA number include all MMC House Staff as well as House Staff from other institutions on approved rotations to MMC.

The MMC Institutional DEA Registration Number and suffix may not be used outside the scope of practice at Montefiore facilities.

House Staff that are registered with their own DEA number may not use a temporary DEA and suffix provided by the medical center.

In accordance with NY State Law, residents/fellows must check the iSTOP system before prescribing controlled substances.

RISK MANAGEMENT

3328 Rochambeau Avenue, 2nd floor
718-920-6340/6733

The Risk Management Department seeks to promote safety and prevent and minimize the Medical Center's financial losses associated with patient/visitor injury, medical malpractice claims and other liabilities. All levels of staff are encouraged to report accidents, actual or potential claims, medical errors and untoward events promptly to Risk Management. The Department is available 24 hours-per-day, 7 days-per-week to assist with the management of difficult cases involving medical-legal problems, liability issues, consents, refusals of treatment, and disputes/conflicts concerning patient care issues. During the evening, at night or on weekends, Risk Management consultation may be accessed for urgent matters through the Administrative Nursing Supervisor. During non-office hours, non-emergent messages may be left at the above numbers. Please contact Risk Management for any questions or concerns regarding these Administrative Policies/Procedures:

- Informed Consent

- Disclosure of Unanticipated Events
- Occurrence Reports
- Safe Medical Devices
- Professional Misconduct
- Photography
- Equipment Malfunction

In addition, contact Risk Management for:

- Receipt of summonses, subpoenas, court orders, legal documents requests or inquiries from attorneys
- Insurance claims, including theft, fire, flood, general liability and other claims against MMC's insurance policies
- Questions concerning professional liability and other insurance coverage
- Requests from third parties for certificates demonstrating insurance coverage for MMC employees

Risk Management is committed to staff education and conducts departmental in-service programs on a variety of medical-legal and risk related topics including documentation, informed consent, and malpractice prevention/mitigation for physicians and other staff.

MALPRACTICE COVERAGE

All physicians in training at Montefiore Medical Center are insured while acting within the scope of their duties as trainees at Montefiore Medical Center. Please note that criminal acts, actions not within the scope of employment or when employed by other than Montefiore Medical Center are not covered by this insurance.

PROCEDURES FOR EVALUATION AND DUE PROCESS

EVALUATION

The Program Director is responsible for evaluating and reviewing each member of the House Staff. The Program Director will include consideration of:

- Professional and clinical performance
 - Completion of education and training requirements
 - Attendance at departmental conferences, meetings and rounds
 - Timely completion of medical records
 - Timely completion of evaluations and required materials
 - Compliance with Medical Staff By-Laws, Rules and Regulations and with hospital policies
- Performance evaluation will be kept on file within each department. House staff will be apprised of their performance at least semi-annually with direct meetings with Program Directors/their designees.

HOUSE STAFF CLINICAL COMPETENCIES

MMC has a defined process for supervision of House Staff by Attending Physicians with appropriate clinical privileges and maintains written descriptions of the clinical competencies, responsibilities and patient care activities of House Staff.

DUE PROCESS

Montefiore Medical Center has established a process for House Staff evaluation and corrective action, in accordance with ACGME standards. House Staff are entitled to due process to ensure that they are afforded the opportunity for fair adjudication of complaints or grievances, which could result in termination or threaten his or her career development. Montefiore's due process procedure consists of several progressive steps:

- An informal departmental resolution
- A departmental ad hoc committee review (optional)
- A due process hearing consisting of five physicians, at least two of which are House Staff
- An appeal to the President of the medical center

Please note that due process procedures of the employing institution of the House Staff govern, and may vary somewhat from the steps outlined above. Detailed information on due process procedures are contained in the 'Hearing and Appeal Policy and Procedures for Redress of Adverse Actions and Grievances of House Staff,' which is available to all residents and fellows through the House Staff Office or this link:

<http://intranet/websitefiles/mmcintranet25168/body.cfm?id=5206>

In general, Montefiore's Due Process Policy provides as follows:

- **Applicability:** If an adverse action is taken which would prevent the House Staff from completing the current training year or residency program, or which would prevent the House Staff from achieving admissibility status to take a certification examination of the American Medical Specialty Board, the House Staff is entitled to due process. Note that placement on academic probation in and of itself does not entitle the House Staff to due process.
- **Summary or Interim Action:** In cases in which House Staff performance or action are deemed to endanger the health or safety of others or to threaten the integrity of research, or when Montefiore reasonably believes that the House Staff engaged in illegal or immoral act(s) which pertain directly to the practice of medicine, the House Staff may be suspended or terminated immediately. In this circumstance, although the House Staff is entitled to due process, he or she will remain suspended or terminated until or unless the suspension or termination is reversed or modified as a result of the due process procedure.
 - **Step One:**
 - **Informal Resolution by the Department:** In the event an adverse action is contemplated, the department will first attempt to resolve the underlying issues informally. Procedures for such informal resolution may include some or all of the following: counseling, appointment of a faculty advisor, development of a program for remedial training, and the imposition of a term of probation.
 - **Step Two:**
 - **Departmental Ad Hoc Committee Review:** If the matter cannot be resolved informally, the department chairperson may, in his or her discretion, convene a departmental review with written notice to the House Staff. If a departmental review is convened, the department chairperson shall appoint a departmental ad hoc committee consisting of at least three attending physicians from the department who were not involved in the underlying matters giving rise to the adverse action. The proceedings of the departmental ad hoc committee consist of interviews with the House Staff and other individuals and review of relevant documents. Thereafter, the departmental ad hoc committee shall issue a report, a copy of which shall be provided to the House Staff. If no resolution is achieved, the House Staff is entitled to request a due process hearing within a certain time limit. If a hearing is not requested in a timely manner, the House Staff is deemed to have waived his or her right to a hearing and to have accepted the adverse action.
 - **Step Three:**
 - **Due Process Hearing:** When the House Staff requests a hearing, the Senior Vice President - Chief Medical Officer or designee shall appoint a formal hearing panel consisting of no more than five physicians, at least two of whom shall be Montefiore House Staff, and the balance of which shall be full-time attending physicians. Legal counsel throughout the hearing may represent the department and the House Staff. At the hearing, the department and the House Staff shall have the right to call

witnesses and introduce relevant evidence. Testimony will be taken under oath, and a stenographer will record the proceedings. Upon conclusion of presentation of the evidence, the hearing panel will make written findings and render its decision. The party against whom an adverse decision has been made has the right to appeal the decision of the hearing panel by giving written notice to the President of Montefiore. The President shall undertake an appellate review of the matter and shall make a final determination.

Please note that Montefiore's Due Process Policy is reviewed annually and may be changed based on annual review. The version of the policy that is in effect at the time the House Staff is given notice of his or her right to due process shall apply. House Staff are encouraged to review Montefiore's Due Process Policy, for further information.

MOONLIGHTING

Residents must not be required to engage in moonlighting. Residents are prohibited from engaging in any moonlighting activity at MMC or another hiring entity, except upon receipt of prior written approval from the Director of the House Staff Office. The Director of the House Staff Office, in consultation with the Program Director, has the discretion to prohibit moonlighting activities that interfere with educational objectives, patient care responsibilities, and/or Duty Hour limitations. PGY-1's are not permitted to moonlight.

Residents considering the option of moonlighting may proceed under the following conditions:

Application:

Internal: The Resident must obtain written approval and signature from the Program Director. This letter must be renewed for every year of moonlighting.

External: The Resident must obtain written approval and signature from the Program Director as well as complete a Moonlighting Application Package. Both must be renewed for every year of moonlighting. Additional Requirements include: maintaining a valid, unrestricted New York State License to practice medicine (or be licensed in the state in which the moonlighting will occur) and DEA Registration Number.

Foreign National Physicians: who have J-1 visas are not eligible to moonlight. Physicians who have H1-visas must have an attestation from their lawyer to do so.

VOLUNTARY SERVICE ON MMC ADMINISTRATIVE COMMITTEES

It is the intention of MMC that House Staff have active participation on important hospital committees that serve to formulate hospital policy. All House Staff are invited to provide voluntary service on the administrative committees of this Institution. The representation of House Staff on our administrative committees will give the participants the opportunity to communicate and exchange information on their working environment and their educational programs. Any House Staff who is interested in providing this voluntary service can pick up a form from the House Staff Office or call Elaine Taylor or Justice Gaba at the House Staff office (718 920-2341) and a form can be faxed to your location.

ADMISSIONS OF PATIENTS BY HOUSE STAFF

Montefiore Medical Center shall accept patients whose care and treatment are appropriate to an acute care hospital, based upon acuity and bed availability to either a teaching or non-teaching service, based upon the policies and procedures of each admitting/clinical department. The hospital shall admit as patients only those persons who require the type of medical service authorized by the hospital's operating certificate. These services shall include: medicine,

neurology, neurosurgery, ophthalmology, pediatrics, surgery, radiation oncology, oncology, cardiac surgery, thoracic, vascular, oral surgery, otolaryngology, plastic surgery, urology, orthopaedics, gynecology, psychiatry and family medicine.

Except in emergencies, the hospital shall not admit any patients to a clinical service that it is not authorized to provide by the current operating certificate. No person shall be denied admission to the hospital because of race, creed, color, natural origin, sex, etc. (See policy # EEO Statement of Institution) or source of payment.

Only those physicians holding active appointments to the Medical Staff may admit patients to the Moses, Weiler and Wakefield Campuses and the Children's Hospital at Montefiore (CHAM). The responsibility for initiating the admitting process resides with the attending physician or his/her designee.

Each patient admitted shall have an attending physician at the time of admission. The attending physician shall be responsible for the medical care and treatment of each of his/her patients throughout the hospital stay unless transferred to another attending or clinical service.

Except in cases of emergency, no patient shall be admitted until a provisional diagnosis has been stated. In cases of emergency, the provisional diagnoses shall be stated as soon as possible following admission.

Each patient shall be admitted to that service of the hospital appropriate to the treatment of the condition of the patient.

Each intensive and special care unit has a Medical Director responsible for managing the care within the unit. Admissions and transfers to/from the units are the responsibility of the Unit Medical Director, or designee in consultation with the attending physician/house officer and nursing services.

No patient on a teaching service shall be exempt from participation in a Medical Student or House Staff educational program.

Each patient on a teaching service shall:

- be seen by a house officer on the admitting service promptly following admission.
- undergo a complete history and physical examination within 24 hours of admission. Such examination shall include a rectal examination, a screening uterine cytology smear on women 21 years of age or older, unless such test is medically contraindicated or has been performed within the last two (2) years, and palpation of the breasts, unless medically contraindicated.

All histories, physical exams and summaries entered into the medical record by the House Staff must be authenticated as soon as possible by the attending provider. Authentication shall be by means of a written and dated note in which the House Staff history and physical exam is confirmed or amended. The attending provider or his/her designee shall see emergency admissions within eight hours of admission. The physician provider or attending provider is defined as attending physician, dentist, podiatrist or oral surgeon.

CHART COMPLETION POLICY FOR HOUSE STAFF

Purpose: To provide a process by which disciplinary action can be applied to house officers who fail to comply with chart completion standards.

Mandate: Both NYS and the TJC mandate a time frame for completion of medical records. Failure to meet the requirements of these standards places the Medical Center at risk for both financial and operational hardships.

Authority: Signing of the MMC House Staff contract indicates that the house officer agrees to comply with the rules and regulations of MMC and its sub-divisions including the completion of medical records.

LEAVE OF ABSENCE

MATERNITY LEAVE

During period of disability resulting from pregnancy House Staff will first use all accrued and unused sick time. After sick time is exhausted, while still within the disability period, they will then be eligible for NYS Statutory Disability.

The disability period is defined as follows:

- Starts with first day out
- Up to six weeks post-delivery (normal delivery)
- Up to eight weeks post-delivery (C-Section)

During the disability period, MMC will supplement the disability with a payment to bring the combination of disability and supplemental payment to 2/3 of their pay.

MEDICAL LEAVE

During period of disability resulting from illness, House Staff will first use all accrued and unused sick time. After sick time is exhausted, while still within the disability period, they will then be eligible for NYS Statutory Disability.

FAMILY MEDICAL LEAVE

House Staff are provided with up to 12 weeks leave. House Staff must complete at least one (1) contract year to be eligible.

DISABILITY

Disability benefits continue as part of the house staff officer's stipend if he/she is ill or injured and unable to work. Benefits are provided under the following programs:

SHORT TERM DISABILITY

Includes Paid Sick Leave, Supplementary Sick Pay and New York State Statutory Disability benefits for up to 26 weeks. After a house staff officer has exhausted his/her Paid Sick Leave, Supplementary Sick Pay provides 2/3 of his/her annual stipend up to a maximum benefit of \$1,300 per week inclusive of New York State Disability or Worker's Compensation benefits.

LONG TERM DISABILITY

Basic LTD coverage continues 60% of a house officer's predisability stipend up to a maximum benefit of \$3,000 per month if he/she is disabled for more than 26 weeks. The house officer pays the cost of this mandatory coverage with after-tax dollars. Supplemental LTD coverage is available to the house officer if higher stipend is greater than \$60,000.

PERSONAL LEAVE

Please see the effects of leave of absence from a program

THE EFFECTS OF LEAVE OF ABSENCE FROM A PROGRAM

Due to the fact that all training programs have different curriculums and training requirement needs, each program has their own policy entitled Policy of Effect of Leave for Satisfying Completion of Program. This policy is available through training program directors or residency coordinators.

PAID TIME OFF

VACATION

MMC provides House Staff with 4 weeks (28 days) paid vacation per contract year. The vacation time is granted in accordance with the individual training program's departmental policy.

SICK LEAVE

Each House Staff earns paid sick time at the rate of one day per month, 12 days annually. MMC may advance sick time of up to one year's entitlement during the period of continuous disability.

Each House Staff is responsible for notifying the Program Director, the Chief Resident and the Residency Coordinator of any sick leave. The Program Director or Residency Coordinator will notify the House Staff Office.

JURY DUTY

Each House Staff is responsible for notifying the Program Director, the Chief Resident and the Residency Coordinator. The Program Director or Residency Coordinator will notify the House Staff Office.

PATERNITY LEAVE

House Staff will be paid her/his regular pay for 1 working day absence on the day the House Staff wife or qualified domestic partner gives birth or the day the wife or qualified domestic partner returns home from the hospital.

DEATH IN THE FAMILY

House Staff will be granted 3-days paid leave of absence at the time of death of a spouse, parent, guardian, grandparent, child, sister, brother or domestic partner.

BEHAVIORAL HEALTH SERVICES

We all know that residency can be a stressful time and test the resolve and emotions of training physicians. In recent years, we have received feedback about residents wanting an easier means to obtain psychiatric services both in terms of access and cost.

A multidisciplinary group was assembled with the following goals:

- Create easily accessible and user-friendly House Staff Psychiatric Services.
- Use OHS for emergency situations that can then coordinate further care.
- For less acute care, create list of available providers in both the Monte Care and Prime options that is easily accessible and navigable.
- Get the word out to House Staff across departments.

Below is the process and services now available that will hopefully meet all of our House Staff needs should they require psychiatric consultation and services.

Montefiore Medical Center offers comprehensive mental health services to house staff and their family members. The benefit under MontePrime is 20 visits per year with a \$0 co-payment. MonteCare offers 35 visits per year with a \$35 co-payment. Both plans allow up to 20 family therapy sessions included as part of each subscriber's individual visit limits. Both MonteCare and MontePrime subscribers have access to a large provider network managed by the Department of Psychiatry & Behavioral Sciences and University Behavioral Associates the MBCIPA. Go to www.empireblue.com/montefiore/ and under Members/Spotlight click on Montefiore Behavioral Independent Practice for MonteCare and MontePrime.

For urgent services contact the Occupational Health Service at (718) 920-5406 during regular business hours. In case of emergency contact the Psychiatry Observation Suite at (718) 920-7460. If further assistance or information is required please contact Dr. Bruce Schwartz in the Department of Psychiatry at (718) 920-4040.

NON-DISCRIMINATION AND ANTI-HARASSMENT

NON-DISCRIMINATION

Montefiore draws strength, talent, and insight from the diverse views and experiences of its associates. This diversity is a strategic asset to Montefiore because it helps the medical center recruit and retain the best possible associates who, in turn, provide patients with the best possible care. To sustain this diversity, Montefiore will recruit, hire, train, transfer, promote, layoff and discharge associates in all job classifications without regard to their race, color, religion, creed, national origin, alienage or citizenship status, age, sex, actual or presumed disability, history of disability, sexual orientation, genetic predisposition or carrier status, pregnancy, military status, marital status, or partnership status, or any other characteristic protected by law. Likewise, Montefiore will make human resources and staffing decisions such as setting compensation, establishing work schedules, completing performance appraisals, delivering benefits, assigning tasks, reviewing requests for time off from work, allocating resources, and administering leave of absence and other policies - without regard to race, color, religion, creed, national origin, alienage or citizenship status, age, sex, actual or presumed disability, history of disability, sexual orientation, genetic predisposition or carrier status, pregnancy, military status, marital status, or partnership status, or any other characteristic protected by law.

In accordance with Human Resources Policy VI-8 concerning the employment of qualified associates with a disability, Montefiore will provide reasonable accommodations to associates with disabilities so that they can perform the essential functions of their positions. Examples of prohibited discrimination include:

- Allowing racial, ethnic, sexual, or religious stereotypes or assumptions to influence hiring or promotional decisions, or an appraisal of an individual's performance;
- Refusing to hire, transfer, or promote a qualified individual because of his/her age;
- Refusing to hire, transfer, or promote a qualified individual because of his/her religious beliefs or practices;
- Refusing to hire, transfer, or promote a qualified individual because he/she is responsible for caring for a child, parent, or a person with a disability;
- Refusing to hire, transfer, or promote a qualified individual because he/she speaks English with an accent, or because English is not his/her primary language.

- Refusing to hire, transfer, or promote a qualified individual because he or she is regarded as disabled or has a history of disability;
- Refusing to hire, transfer, or promote a qualified individual because of his/her perceived sexual orientation or his/her stated gender identity;
- Refusing to hire, transfer, or promote a qualified individual who is legally authorized to work in the United States because of the nature of his/her work authorization;
- Refusing to discuss with a disabled individual reasonable accommodations that would enable him/her to perform the essential functions of his/her position;
- Refusing to grant an individual a leave of absence to fulfill his/her military service obligations;
- Prohibiting associates from conversing in a language other than English during their break periods or when not performing their duties;
- Refusing to hire, transfer, or promote a qualified individual because she is or may be pregnant, or may become pregnant in the future; or
- Using racial, ethnic, sexual, or religious slurs.

ANTI-HARASSMENT

Under this policy, harassment is verbal or physical conduct that denigrates or shows hostility to or aversion toward an individual because of his/her race, color, sex, religion, creed, national origin, alienage or citizenship status, age, actual or presumed disability, history of disability, sexual orientation, genetic predisposition or carrier status, pregnancy, military status, marital status, or partnership status or any other characteristic protected by law that: (i) has the purpose or effect of creating an intimidating, hostile or offensive work environment; (ii) has the purpose or effect of unreasonably interfering with an individual's work performance; or (iii) otherwise adversely affects an individual's employment opportunities. Harassing conduct may include (but is not limited to):

- Epithets, slurs or negative stereotyping;
- Threatening or intimidating acts;
- Denigrating jokes; or
- Displaying or circulating objects or written or graphic material that denigrates or shows hostility or aversion toward an individual or group (including through email, the internet, or the mail).

SEXUAL HARASSMENT

Sexual Harassment is a type of unlawful harassment. Sexual harassment is defined in medical center Policy and in federal guidelines as unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature when, for example, (i) submission to such conduct is made either explicitly or implicitly a term and condition of an individual's employment; (ii) submission to or rejection of such

conduct by an individual is used as the basis for employment decisions affecting the individual; or
(iii) such conduct has the purpose or of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

Sexual harassment may include a range of subtle and non-subtle behaviors and may involve individuals of the same or different sex. Such behaviors may include one or more of the following:

- Touching or groping;
- Unwanted sexual advances or requests for sexual favors;
- Sexual jokes and innuendos;
- Verbal abuse of a sexual nature;
- Commentary on an individual's appearance or body;
- Leering;
- Insulting or obscene comments or gestures; or
- Displaying or circulating sexually suggestive objects or written or graphic material (including through email, the internet, or the mail)

OTHER HARASSING BEHAVIOR

Harassing behavior that does not fall within the definitions above violates this policy and is contrary to standards of Montefiore. Such behavior may consist of verbal or physical conduct that has the effect of denigrating, belittling, ridiculing, or intimidating an individual.

HOUSE STAFF BENEFIT PLANS

Montefiore's Health Insurance Benefits Program is designed to:

- Offer competitive basic and supplemental benefits and overall total compensation value
- Be affordable for associates and Montefiore
- Balance the cost of coverage and tax effectiveness of contributions with the benefits value each plan provides
- Offer a base of financial security

These are the groups of insurance coverage available to House Staff;

- MontePrime EPO provider network
- MonteCare PPO plan design, co-payments and premium contribution structure
- Express Scripts Medco Pharmacy benefits prescription drug co-payments
- Long Term Disability plan design, insurance carrier, and premium contribution requirements
- Life Insurance premium payment methodology

If you have any questions about the above you should contact the HR-Benefits Office by email montebenefits@montefiore.org or call (914)349-8531.

EMPLOYEE ASSISTANCE PROGRAM

The Employee Assistance Program (E.A.P.) is available to assist employees with emotional, substance abuse and interpersonal problems. All self-referrals are confidential.

Longview Associates 1 (800) 666-5EAP

PHYSICIAN IMPAIRMENT AND DRUG ABUSE POLICY (IMPAIRED PROFESSIONALS JH23.1)

This policy governs possible impairment of all licensed professionals who provide direct, skilled patient care and are employees and/or have clinical privileges at Montefiore, including physicians, registered professional nurses (including nurse practitioners and certified nurse midwives), licensed practical nurses, pharmacists, physician's assistants, occupational and physical therapist and social workers. This policy shall also apply to interns, House Staff and fellows enrolled in formal postgraduate training programs at Montefiore. A complete copy of the policy is located in the Administrative Policy and Procedure Manual (JH23.1). A copy of this manual is in the House Staff Office, 150 East 210th St., on the intranet or in the Coordinator's office of your individual departments.

PROFESSIONAL CONDUCT REPORTING POLICY

The New York State Department of Health requires all hospitals to report in writing, the denial, suspension, restriction, termination or curtailment of training, employment, association of professional privileges or the denial of certification of completion of training of any physician licensed by New York State for the following reasons:

- Alleged mental or physical impairment, incompetence, malpractice, misconduct or endangerment of patient safety or welfare
- Voluntary or involuntary resignation or withdrawal of association or of privileges with the Hospital to avoid the imposition of disciplinary measures
- The receipt of information concerning a criminal conviction of a crime

The Hospital must also report, in writing, to the New York State Department of Education any change in professional status for any student or participant in a clinical clerkship, fellowship or residency. The Hospital must report, in writing, to the Department of Health any information which reasonably appears to show that a physician is guilty of professional misconduct as defined in the New York State Education Law 6509. Professional misconduct includes, but is not limited to the following:

- Obtaining a Medical License Fraudulently
- Practicing the profession fraudulently, beyond his/her authorized scope, with gross incompetence, with gross negligence on a particular occasion or negligence or incompetence on more than one occasion
- Practicing the profession while the ability to practice is impaired by alcohol or drugs, physical disability or mental disability
- Being habitually drunk or being dependent on or a habitual user of narcotics, barbiturates, amphetamines, hallucinogens, or other drugs having similar effects (Refer to Adm. Pol # JH 23.01on impaired professionals)
- Failure to follow universal precautions regarding blood-borne pathogens as mandated by the Department of Health
- Committing unprofessional conduct, as defined by the Board of Regents in its rules or by the Commissioner in regulations approved by the Board of Regents

Physicians, the medical center's Medical Director, the President of the Medical Board and the Director of each Service are also required by law to report any information, which reasonably appears to show that a physician is guilty of professional misconduct. However, a physician is not required to report any information, which the physician learned solely as a result of rendering treatment to another physician.

DRESS CODE GUIDELINES

Dress should be clean and neat and project a professional appearance. It should convey a sense of respect for those we care for and those with whom we interact.

This includes, but is not limited to, the following:

- I.D. badges should be worn at all times in the hospital and clinics, in an easily visible location, above the waist whenever possible.
- Beards, mustaches and sideburns should be neatly trimmed.
- Haircuts should be neat. Long hair should be pulled back away from the collar during patient care activities.
- Shoes must have closed toes during patient care activities.
- Jeans, tank-tops, sweatshirts, and t-shirts should not be worn during patient care activities.
- Tops/shirts should provide adequate coverage of the abdomen, back and chest (no exposed cleavage, midriffs, or open-backed shirts).
- For men, neckties/bowties are preferred during patient care activities.
- Scrubs may be worn when on day call, overnight call and weekend calls. White coats must be worn when wearing scrubs and is mandatory during all patient care activities.

MEAL POLICY

The purpose of this policy is to provide specific guidelines for the administration of the House Staff Debit Card Meal Program and the distribution of meal tickets to qualified trainees and medical students at Montefiore Medical Center.

This policy applies to a) House Staff Officers ("House Staff") in Montefiore Medical Center ("Montefiore") programs and b) Third and fourth year Medical Students completing a Clerkship or Sub-Internship from Einstein rotating to one or more campuses within Montefiore.

The regulatory reference for this policy is section II.F.2.a of the Accreditation Council for Graduate Medical Education (ACGME) institutional requirements.

1. Montefiore Medical Center will provide \$15.75 per day meal allotments as defined below to supplement the cost of meals through individual debit card accounts to House Staff on Montefiore payroll for all assigned rotation days (i.e. excluding days out on vacation, leave of absence, and medical/maternity leave..)
2. House Staff Identification Badges (IDs) will be programmed to serve as debit cards and loaded with weekly allotments (\$15.75 per day)
3. The debit cards can be used to purchase food items in the Medical Center Food Pavilion at Moses Campus, the Coffee Shop at Moses, the CHAM Kiosk, the Northwest Kiosk, the Cafeteria at Weiler, the Cafeteria at the Wakefield Campus, the coffee shop at the Hutch, and the Cafeteria at Montefiore New Rochelle. The debit cards cannot be used for purchases from the mobile food carts.
4. The \$15.75 daily allotment expires at midnight each night. Any inappropriate use of this benefit for meals when House Staff are off duty and/or during the required 24 hours off duty assignment will be treated as a violation of this policy, and could subject House Staff to discipline.

5. House Staff cannot transfer or assign all or any part of his/her daily allotment to another House Staff or any associate at Montefiore.
6. The following group of trainees will continue to use meal tickets for purchases of food items:
 - a. Third year Clerkship Medical Students from the Albert Einstein College of Medicine and rotating to Montefiore Medical Center.
 - b. Fourth year Sub-Internship Medical Students from the Albert Einstein College of Medicine and rotating to Montefiore Medical Center.
7. Debit card and meal ticket purchases may exceed the value approved for breakfast, lunch and dinner. House Staff and/or Medical Students will be required to pay the difference whenever the value of any purchase exceeds the approved amount.

Monitoring and Reporting Requirements

1. Montefiore House Staff Office will monitor the utilization of this benefit and compliance with the stated policy through the GemPay database system.
2. House Staff Office will prepare periodic utilization report.

House Staff found to have violated this policy may be subjected to disciplinary action.

ON-CALL ROOMS

On-Call Rooms are available to House Staff. They are cleaned daily, in good condition and secure. The on-call rooms are located in the Northwest Pavilion next to the Blue Zone Elevators, on the first floor. Check with your Program Coordinator to see if you have an assigned room.

PAYCHECKS

House Staff may sign up for their paychecks to be directly deposited into their account. House Staff who do not sign up for direct deposit may pick up their checks at the House Staff Office every other Thursday or have it mailed to their home address.

LAUNDRY & LINEN SERVICE

House Staff are required to wear prescribed apparel in training. The lab coats or jackets are cleaned free of charge, in certain programs, when they are dropped off at the laundry office located at the rear of the Food Pavilion in the North Building (Silver Zone) second floor.

The hours of operation are:

Mon., Wed., Fri. 7:00AM - 3:00PM

Tues., Thurs. 9:00AM - 5:00PM

Uniform Room: (718)920-5357

PARKING

Subsidized garage parking is available to House Staff on the medical center premises. There is also parking available to House Staff who reside at 3450 Wayne Avenue. For more information please call (718) 920-5691. Limited parking is also available to House Staff who reside at 3636 Waldo Avenue. For more information please call (718) 920-5088.

EDUCATIONAL RESOURCE ALLOWANCE

It is the policy of Montefiore Medical Center to provide an educational resource allowance of up to a maximum of \$500.00 to Montefiore Medical Center House Staff Officers on Montefiore payroll each academic year for the following items:

1. Purchase of academic textbooks, journal subscriptions
2. Payment of professional society membership dues
3. Purchase of educative software
4. Purchase of personal digital assistant (PDA) capable devices (for example: PDA wireless telephones, PDA touch, PDA devices, I-Touch, I-Phone, I-Pad, and e-readers) and lap tops.

5. Payment for approved Board Review Courses
6. Medical Equipment – stethoscopes, digital cameras, loops
7. For ACLS, BLS, PALS and ATLS
8. Educational Courses (Spanish, etc.)
9. Licensure Fees
10. Payment for USMLE's and Boards

For a copy of the Educational Resource policy please go to the intranet and click on Administrative Policies and Procedures, click on House Staff and see policy #JH24.2

For more information please call our office at 718-920-2341.

HOUSING

Montefiore is able to offer a limited number of apartments to House Staff members. Housing is NOT guaranteed.

The Housing Office (Real Estate Department)
 3300 Bainbridge Avenue
 Monday through Friday 8:30AM – 4:00PM
 718-920-5088

Our properties include:

MONTEFIORE II BUILDING

This 28 story high rise offers central air conditioning, laundry facilities, high speed elevators and 24 hour security guard service. At 3450 Wayne Ave., Bronx, NY 10467, this property is conveniently located to all campuses. Apartment sizes range from studios to two bedrooms, all with very affordable rent which includes gas and electricity. All units offer balconies, a refrigerator and a gas range.

RIVERDALE BUILDING (WALDO AVENUE)

Situated perfectly in the Bronx's most desirable neighborhood, the historic Riverdale district, and approximately 7 minutes by car from the Moses Campus, is Montefiore's Waldo Avenue Building, located at 3636 Waldo Avenue, Bronx, NY 10463. These beautiful rentals offer fantastic amenities, including a large backyard for the use of all tenants, a laundry room and 24-hour security guard service. Most units are supplied with a refrigerator, gas range and a dishwasher (small studios have countertop range and do not have dishwashers). Unit sizes range from studios to 2 bedrooms, many of which have balconies. Montefiore provides free door-to-door shuttle service to and from the Moses Campus at designated times.

Please be aware that we generally receive three times as many applications for July 1 housing, as there are available units. We do our best to accommodate all wait-listed applicants as soon as availability allows. Also, those assigned housing for July 1 should be aware that units are generally not available prior to this date and alternate accommodations should be arranged for Orientation. House Staff must vacate their apartment upon completion of their accredited residency/fellowship training program.

Please see the Montefiore's housing website for further details, including current ranges of rent, occupancy standards, and our assignment criteria to apply for housing.

<http://www.montefiore.org/housing>

**MONTEFIORE MEDICAL CENTER
MEDICAL EDUCATION POLICIES PROCEDURES
MEDICAL STAFF/HOUSE STAFF ORIENTATION MANUAL
ACKNOWLEDGEMENT FORM**

I have received and reviewed a copy of The Montefiore Medical Center House Staff Manual.

I understand that the policies and procedures are in no way to be interpreted as a contract between the Medical Center and myself. I further understand that the Medical Center reserves the right to change, modify or delete any policies and procedures at any time.

I understand that the manual is not a contract of employment and that no express or implied promise or guarantee made to me with regard to the duration or terms of my employment, wages or benefits is binding on the Medical Center unless made in writing and duly executed by the Medical Center's President, and specifically identified as a contract.

Printed Name

Signature

Department

Date

Please review the Manual completely, sign and return this form to the House Staff Office.