



Medical Education Department

House Staff Handbook 2025 - 2026

Mission of Ascension St. Vincent Hospital

Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually centered, holistic care, which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.

Mission of Ascension St Vincent Graduate Medical Education

Our mission is to develop kind and compassionate physicians of diverse backgrounds to deliver excellent patient-centered care and to challenge them in their growth and development through innovation, scholarship, leadership and mentorship

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MEDICAL EDUCATION ADMINISTRATION

Name	Title
Jeffrey M. Rothenberg MD FACOG	CMO, Executive Director, Medical Education;
Lyndsey Ambler, RN, BSN, MBA	VP of Physician Services
R. Grace Greist, MD FACP	ACGME DIO, Medical Director, Joshua Max Simon Primary Care Center
Shivika Jain, MD	Associate DIO, Medical Education
Tom Malasto	Director of Physician Practice Operations, Primary Care Center
Joe Newman, MBA, BS	Director of Physician Services, Medical Education and Adult Hospitalist Service
Spencer Romstadt	House Staff Council and Faculty Development Sponsor
Shelley Kakar, DO	Director of Student Medical Education
Tyler Fletcher	Medical Education Student Coordinator
Martha Fahrbach	Medical Education GME Institutional Coordinator
Open	Medical Education Research Scientist

GME PROGRAMS – ACGME ACCREDITED

Residency Program	Director	Associate Director	Coordinator
Internal Medicine	Samantha Loeser, MD	Stephen Knaus, MD Whitney Fraiz, MD Michelle Solik, MD	Hannah Ramirez Erica Apollos
Transitional Year	Michelle Solik, MD		Katy Wenzel
Family Medicine	Kimberly Smith, DO	Elizabeth Johnson, MD Puja Samudra, MD	Marton Eric Ramirez
Obstetrics/Gynecology	Adina Ionescu, MD	Megan Buechel, MD	Sophia Wilson
Pediatrics	Rebecca Rothstein, DO	Kristin Hem	Sophia Smith
Surgery	Chad Wiesnauer, MD	Ian Ferris, MD Gregory Roberts, MD Sarah Strot, DO	Lisa Stuart
Anesthesia	Ryan Harris, MD		Anita Batza
Radiology	Johanne Dillon		Christine Roberts
Neurosurgery	Richard Rodgers, MD	Charles Kulwin, MD	Kerri Brinson Morris

FELLOWSHIP PROGRAMS – ACGME ACCREDITED

Fellowship Program	Director	Coordinators
Cardiovascular Disease	Eric Prystowsky, MD	Tricia Scheel/Erica Apollos
Interventional Cardiology	James Hermiller, MD	Tricia Scheel/Erica Apollos
Clinical Cardiac Electrophysiology	Eric Prystowsky, MD	Tricia Scheel/Erica Apollos
Advanced Heart Failure & Transplant	Ashwin Ravichandran, MD	Tricia Scheel/Erica Apollos
Geriatric Medicine	Kevin McNulty, DO	Marton Eric Ramirez
Micrographic Surgery and Dermatologic Oncology	C. William Hanke, MD	MarthaFahrbach/Katherine Gamez
Pulmonary Disease and Critical Care	Emily Cochard, MD	Vara Bonnell

NON-ACGME ACCREDITED PROGRAMS

Program	Director	Accrediting Agency	Coordinators
Oculofacial Plastic and Reconstructive Surgery	Harold Lee, MD	ASOPRS	Martha Fahrbach/Linda Samberg
Podiatry	Patrick DeHeer, DPM	Council of Podiatric Medical Education	Kerri Brinson-Morris

General Information

I. CATHOLIC IDENTITY

Catholic Identity and Relationship with Church Structure

St. Vincent is proud to be able to care for its patients and clients according to the highest professional standards. House Staff are an important part of that caring. However, even more than the appropriate professional standards, associates at St. Vincent are guided and inspired by the moral and spiritual principles of the Judeo-Christian Tradition, the teachings of the Catholic Church, particularly as expressed in the U.S. Bishops' Ethical and Religious Directives for Catholic Health Care Services ([Click here for copy](#)), and the Philosophy, Mission, and Values of the Daughters of Charity.

We honor the sacredness of all human beings by the provision of the highest quality service.

We respect the dignity of persons as free and responsible by ensuring they are adequately informed and appropriately involved in medical decision-making.

We also respect our patients and clients by maintaining the confidentiality of their medical information. This includes being mindful of where and with whom we discuss their case.

We are especially concerned with advocating for the poor; whether they suffer economic poverty, or from a poverty of meaning and power in their lives.

Core Values

As a member of Ascension Health, we are called to:

Service of the Poor

Generosity of spirit, especially for persons most in need

Reverence

Respect and compassion for the dignity and diversity of life

Integrity

Inspiring trust through personal leadership

Wisdom

Integrating excellence and stewardship

Creativity

Courageous innovation

Dedication

Affirming the hope and joy of our ministry

II. CERTIFICATIONS

Programs	Certifications						
	BLS	ACLS	PALS	ACLS-OB	NRP	ALSO	ATLS
Ob/Gyn	X	X		X	X		
Pediatrics	X		X		X		
Family Medicine	X	X	X		X	X	
Internal Medicine	X	X					
Transitional/Prelim	X	X					
Podiatry	X	X					
Surgery	X	X					X
Anesthesia	X	X	X				
Radiology	X	X					
Neurosurgery	X	X					
Fellowships	X	X					

Interns are expected to have BLS and ACLS certifications prior to beginning their residency. All residents are expected to continue their required certifications throughout residency. Every attempt is made to provide certification courses to residents at no cost. However, if the resident fails to enroll in a course or fails to attend a scheduled course, the resident may be responsible for paying for his or her own certification course.

DEA Number

The GME Office will assign the hospital DEA number to each resident to use for prescriptions at or for Ascension St. Vincent. As soon as the resident obtains a permanent license, he/she must request his/her own DEA number. This can be done by requesting a CSR from the Indiana Board of Pharmacy and a Federal DEA from the Federal Drug Enforcement Agency.

Residents who moonlight (both internally and externally) must obtain a permanent Indiana Medical license and their own DEA and CSR prior to moonlighting.

Information on Indiana Controlled Substance Registration can be found at the following website: <http://www.in.gov/pla/2487.htm>

Information on obtaining a DEA number can be found at the following website: <http://www.deadiversion.usdoj.gov>

Licensure

All house staff are required to have a medical license or other professional license, e.g. Podiatric license, to practice in the state of Indiana during residency training. **Before starting employment and orientation**, the license must be verified on the Indiana Professional License website. Depending on the level of training, this may be a full and unrestricted license or a temporary medical education permit. Each resident must pay all fees required for licensure.

NPI Number

National Provider Identification numbers identify health care providers throughout their professional careers. All residents must apply for a NPI number prior to the beginning of their residency and provide this number to their residency program coordinator and/or GME coordinator. The GME Office or residency coordinators can assist residents in applying for their NPI numbers. Graduating residents must update their NPI number information online upon completion of residency. <https://nppes.cms.hhs.gov/#/>

VISA/EAD Information

It is required to have a valid EAD (Employment Authorization Document) in order to work at Ascension St Vincent. We will not provide employer visa sponsorship. So long as the candidates are authorized to work

meaning they have a valid EAD) and we don't have to sponsor/administer a visa we are able to hire the candidate. H1B visas are not accepted by Ascension St. Vincent as these are Employer Sponsored Visas.

III. BENEFITS FOR HOUSE STAFF

Pay Days

House staff are paid on a biweekly basis; each pay period covers two weeks (14 days) beginning on a Sunday and ending on a Saturday. It is required that all associates utilize direct deposit into a bank account. An advice (electronic version of the pay stub) is available online at **myAscension**. The advice should be received on either Thursday or Friday. Since the paycheck is dated on the Friday of pay week, the check or direct deposit is not available until Friday.

Salary Schedule for Academic Year – 2025-2026

PGY - 1	\$64,190.00 annually	PGY - 5	\$73,955.00 annually
PGY - 2	\$65,216.00 annually	PGY - 6	\$77,916.00 annually
PGY - 3	\$66,987.00 annually	PGY - 7	\$81,430.00 annually
PGY - 4	\$69,687.00 annually	PGY - 8	\$85,140.00 annually

Benefits

Benefit information, including options and cost, will be provided to all new residents prior to and at orientation. Benefits are effective on the first date of employment. Changes in benefit coverage can be made during re-enrollment periods that occur in November each year (also known as “Open Enrollment”) and are effective January 1st of the following year.

Choice Spending Account

PGY-1	\$2,400	PGY-3	\$2,400
PGY-2	\$2,400	PGY-4-8	\$2,400

Residency and Fellowship educational spending accounts are to be used to support costs associated with residency training. Residents/fellows are eligible for reimbursement based on the schedule above for qualified academic expenses. Receipts must be submitted for reimbursement within 60 days of purchase to the GME Institutional Coordinator. The following items may be purchased without prior approval from GME:

- Medical or training-related:
 - books, audio, video tapes, CDs and DVDs
 - equipment (e.g., stethoscope);
 - electronics e.g. laptop, iPad or smartphone - reimbursed **one time** during 3-year residency programs
- Subscriptions for Medical Specialty Journals
- Medical License Application and/or Examination Fees
- Specialty Board Examination Fees
- Individual On Call Meals - amounts must be within the Ascension Accountable Plan
 - Breakfast - \$12.00
 - Lunch - \$13.00
 - Dinner - \$24.00

- Scrubs - pants/tops only
- Conference Attendance with Program Director Approval

Receipts should be submitted to Martha Fahrback by email – the receipts must have your name, description of purchase, current date and must show proof of payment. Receipts must be submitted within 60 days of purchase. Any receipts submitted after 60 days will take Controller approval which will be your responsibility to obtain and submit with your receipts to Martha.

Only one computer, tablet, or smart phone can be purchased during a 3-year residency or fellowship training period. If the program provides a device e.g. mini iPad, tablet or laptop GME must approve all additional mobile devices before the purchase. Residencies that have training periods greater than 3 years can be approved by GME for an additional device upon the resident entering his/her 4th year of training.

Choice Spending Account funds may be used for travel if travel is to attend an educational event and approval is first obtained from the Program Director. Any item not listed above requires approval prior to incurring the expense. Funds are generally reimbursed 3-5 days after submission of an Expense Report and is independent of the paycheck.

Choice Spending Account balances do not roll over into subsequent years. If a resident is off-cycle, the annual amount of the Choice Spending Account will be prorated to reflect the amount of training time. Funds may be also temporarily withheld due to poor performance, failure to meet competency expectations, or compliance with program requirements.

ID Badges

All members of the house staff will be issued an identification badge on their first day of employment. Badges provide residents with access to designated areas in the hospital and to the designated physician parking lot(s). Identification badges must be worn at all times. Identification badges must be turned in to the program coordinator or GME office upon termination of employment. A fee of \$25.00 will be charged for lost badges and is to be paid to Security upon issue of new badge.

Lockers

Residency office personnel will provide lockers if requested. Some lockers already have a lock, others will require that you bring in a lock from home.

Lab Coats

The GME office provides residents one coat at the beginning of their intern year. Please see a GME office staff member to order additional coats at your own cost. Lab Coats are included in the Dress Code/Lab Coat Policy detailed subsequently in the handbook.

Laundry

The House Staff Council has organized a self-pay lab coat cleaning service. Please speak to the GME office for details.

Malpractice Insurance

Professional liability insurance for employed house staff is provided through Pro-Assurance Indemnity Company, in partnership with Ascension, for events occurring on or after a resident's start date of employment. The policy is written on a claims-made form, with a prepaid tail, covering those activities that are performed

within the scope of employment regardless of when claims arise. General Liability Insurance is provided through Ascension's self-insured trust.

The Indiana Medical Malpractice Act, effective July 1, 1975, requires that every health care provider, including physicians, file proof of medical malpractice liability coverage with the Commissioner of Insurance in an amount not less than \$250,000 as well as pay into the Patient's Compensation Fund (PCF). As an associate and trainee of Ascension St. Vincent covered by the hospital's professional liability policy, filing proof of coverage and payment into the PCF is handled by the hospital and Ascension Health. The hospital's professional liability currently provides liability coverage as required by law.

Note that this policy does not provide coverage for any services performed outside the scope of Ascension St. Vincent employment. Residents intending to provide health care services outside of this relationship, such as moonlighting, must secure a separate malpractice insurance policy and file proof of coverage with the Indiana Insurance Commissioner.

Pagers

All house staff will receive a pager number to be used both in the hospital and during home calls through the AMS Connect application. However, a physical pager will not be issued. House staff will be contacted by pager through the AMS Connect application. The VoalteME application which will be accessed through each HouseStaff's personal cell phone is an internal messaging system and directory. Both of these applications need to be utilized by all house staff.

Parking

Parking for residents at the main Ascension St. Vincent facility on 86th Street is available in the north physician parking lot and/or in the parking garage located off Harcourt Road and Katie Knox Drive (All associates are to park on the 3rd or 4th floor of the parking garage). Associates are asked to not park in any of the patient/visitor designated lots. Parking at Women's and Infants Tower should be in parking lots across from Katie Knox Drive. Parking for residents at the Primary Care Center would be in the South, East and West Lots. Do not park in the North Lot as these spots should be reserved for Patients. Parking at other locations will be reviewed by the program. Please direct questions regarding available parking areas or parking restrictions to the GME Office or the Hospital Security Department. In accordance with Ascension St. Vincent parking policy, residents must register their vehicles. [Parking Policy](#)

https://docs.google.com/forms/d/e/1FAIpQLScEx7N9KyUdPtXGLgytIRIoQR1AZIu_OfJgBMcg9Ro5YE0t3w/viewform

IV. RESIDENT RESPONSIBILITIES

Daily Attendance

Daily attendance may be department or rotation specific and residents/fellows must understand their responsibilities. Generally, residents/fellows are expected to attend morning sessions of their department as set forth by curriculum guidelines and/or by the attending preceptor. House staff are expected to round and see patients on Saturday and Sunday mornings when appropriate or required.

Absenteeism

When a member of the house staff is to be absent from an assigned rotation for any reason (illness, seminar attendance, vacation, etc.), it is his/her responsibility to notify the supervising faculty and/or resident, and the residency program office at the earliest opportunity. Each specialty's program has rules regarding absences from residency or fellowship training as it pertains to program completion and/or board eligibility.

Communication

All Residents and Fellows are expected to use their Ascension email address for Primary communication and should be checking this for important communications. Personal emails are acceptable as a secondary email only. Residency Email Communication Policy - Email is a commonly used method of communication by the program and the hospital. For security, your Ascension email is the preferred address for program communications. You are expected to check your Ascension email at least daily (weekdays) unless on PTO. You are expected to reply to emails within 48 hours of receipt. Replies can be as simple as an acknowledgement of receipt if not a final response. For email containing patient information you must put -PHI- (dash PHI dash) in the subject line. For email containing non-patient related confidential information put -SECURE- in the subject line. Follow all Ascension St Vincent policies regarding email use.

The expectation is for all Residents and Fellows to use the Voalte Me App for communication with hospital staff in the care of patients. PHI must not be communicated through non-HIPAA compliant applications. Therefore, always use VoalteME or AMSCConnect to share PHI with members of the patient care team.

Conferences and Lectures

All residents are responsible for attending their department's planned conference and lecture programs. Residents that rotate through other departments should try to attend the didactic sessions of the department to which they are assigned. Each program has policies on minimum conference attendance that must be followed.

Confidentiality

It is necessary to respect the confidential nature of patient information. Even in the interest of learning, it is important to realize patient information should not be discussed in public places under any circumstances including presentation of cases and treatment options that use patient names. Residents should carefully review the hospital's policies, found on PolicyStat, on confidentiality and Protected Health Information, including use of social media. In some instances, a Release of Information form signed by the patient could be appropriate. All house staff must complete and understand the Ascension Annual Compliance WBT. House staff are not to review charts of patients for whom they are not providing care. Furthermore, house staff should never review their own medical record or those of family or friends. To do so is a violation of HIPAA and is grounds for corrective action, including dismissal.

Death Certificates

Residents do not complete death certificates. Attendings are responsible for the recording of death certificates in accordance with Indiana law.

Medical Records Completion

Documentation of patient care activity is essential. All patient care discussions with the attending or resident must be noted. Per hospital bylaws, all admission history and physical exams and operative notes must be documented within 24 hours of admission or surgery. Failure to do so can result in corrective actions. In addition, care of patients in the Ascension St Vincent Joshua Max Simon Primary Care Center must be documented in the electronic health record compliant with the PCC policy.

Night Call

The responsibilities of night call differ with each residency and rotation and will be thoroughly explained during orientation to the rotation. Each program has individual call responsibilities.

ON-CALL ROOM LOCATIONS
HOUSE STAFF IS NOT TO SLEEP IN PATIENT ROOMS AT ANY TIME

INTERNAL MEDICINE – ICU Call Room

SURGERY - 5th Floor South

PEDIATRICS - Children’s Hospital (3rd floor) and Peds residency suite on the 1st floor of PMCH

CRITICAL CARE - Call Rooms on 2 South just outside of ICU Team 2

OB/GYN - Call Rooms on the 3rd floor of the Women’s and Infants Tower

PODIATRY - Podiatry office/ call room in the basement by Radiology and the POB hallway

CARDIOLOGY - Cardiology Call Room

NICU - NICU Call Room 7th Floor of Women’s and Infants Tower

Family Medicine - Temporary Call Room basement of the main hospital by Radiology

CARMEL - Physician’s Lounge 582-7002

Personal Changes

In order to maintain efficient and accurate communication with house staff, the program coordinator must be notified of any changes in name, address, and telephone number. Additionally, updates to personal information should be submitted online through myAscension. Questions regarding updates can be directed to the HR Support at 1-844-847-4747. In the event that the resident experiences a change that is a “qualifying event” such as marriage, childbirth, etc., the health insurance carrier must be notified. **This must be filed within 30 days of the event** in order to initiate coverage and can also be done by calling HR Support.

Pre-employment Physical

Ascension St. Vincent Hospital requires all hospital associates, including house staff, to have a pre-employment physical evaluation. Other yearly items, including TB Questionnaire, fit testing for respiratory isolation and influenza vaccination, are required and must be completed in the time specified. Ascension highly recommends all associates be vaccinated against COVID-19, whether or not they provide direct patient care, and whether they work in our sites of care or remotely as well as booster vaccinations when available though these are not required at this time.

Pre-employment Drug Screening

The initial physical exam will include a urinalysis drug screen. A positive drug test, including marijuana, may result in termination of any training or employment agreement.

Primary Care Center (Ambulatory Care Training)

The St. Vincent Joshua Max Simon Primary Care Center (PCC) located at 8414 Naab Road houses clinics for the Internal Medicine, Family Medicine, Pediatrics, Podiatry, Surgery, Cardiology and Ob/Gyn residency programs as well as several subspecialty clinics. Outpatient training is an important aspect of the resident training experience and residents must understand the rules and policies of the PCC. At times, inpatient responsibilities may conflict with outpatient duties, but suitable solutions can and should be worked out. Residents’ clinic patients are their responsibility and patients’ needs should not be neglected. Residents are expected to take full responsibility for refilling prescriptions, triaging nursing questions and communicating test results to patients. When a resident is going on vacation or is unavailable to see patients, the clinic office must be made aware of plans at least 2 months in advance, when possible. It is the resident’s responsibility to

arrange for one of their colleagues to review task lists and mailboxes when they are not available and act on items that are urgent.

Work Related Injury

If injured on the job, house staff must seek care at the Associate and Occupational Health or, if after hours, in the Emergency Department. A report concerning the nature of the injury must be reported by calling 866-856-4835 or accessing viaOne express. A nurse or a member of the GME Office can assist in filing this report. Note that this process is only for residents or those employed by the hospital. A student must contact their school regarding their injury. (See Blood Borne Pathogens attachments.)

V. RESOURCES

House Staff Council

The House Staff Council was formed in 2009 for the purpose of advising the Graduate Medical Education Committee (GMEC) and to foster cross-program communication. Residents meet regularly and advise the Graduate Medical Education Committee. House Staff Council is led by a peer-selected President and Vice-President, and an appointed Faculty Sponsor. Spencer Romstadt serves as the Faculty Sponsor. The House Staff Council has two votes on the GMEC. In addition, the HSC appoints resident and fellow representatives to hospital and medical staff committees, ensuring house staff representation throughout Ascension St Vincent.

Medical Library

The Ascension St. Vincent Indianapolis Medical Library provides virtual support through online resources and research assistance from the Medical Librarian. The Medical Library website - <https://ascensionin5.tdnetdiscover.com> - is freely available 24x7 from any browser. Full access to all resources is available while onsite or offsite through single sign-on (SSO) authentication using Ascension email login credentials. Through the Medical Library website users have access to an extensive collection of thousands of subscription-based and open source electronic journals, ebooks and databases. A discover search widget on the homepage allows users to search all available resources at once. For searched resources for which Ascension St. Vincent does not have ready access to full text, a link to request the item is provided. The Library Request Form allows users to request article(s) or literature searches and may be accessed manually or through links from search results. Requests are routed to the Medical Librarian. For questions or needed assistance, please contact the Medical Librarian at stvincentlibraries@ascension.org.

Institutional Review Board (IRB)

Per Federal Regulations, all research involving human subjects requires review and approval by an Institutional Review Board (IRB) prior to initiation of the study. Ascension Health has established a full Human Research Protection Program (HRPP) serving the full Ascension system, including all Ascension Ministries. The infrastructure of the HRPP includes multiple internal IRBs and several IRB Offices across the system. Ascension requires one of its internal IRBs to review human subject research performed within any Ascension-owned or Ascension-controlled facility. If needed, the Ascension IRB Office will also review QA/QI projects and provide a formal "not human subjects research determination" as a service to Ascension associates and providers, however such review is not an Ascension IRB requirement. IRB staff are available to assist residents and fellows with submissions to the IRB. Contact the IRB at irb@ascension.org.

Clinical Research Scientist - Scholarly Activity

Within Graduate Medical Education, a Clinical Research Scientist is on staff to assist with any of your investigational study needs. Additional research support services are available through Actalent and Marian Research Services. Residents should work with their program director to be directed to the appropriate resource.

Physician Portal (MVD)

The Physician Portal site provides remote access to patient care applications, the hospital library and other educational resources, through MyVirtualDesktop at mvd.stvincent.org. It is not allowed for an Ascension associate to perform work while traveling outside of the contiguous United States, unless for business reasons subject to the Ascension Accountable Plan for Travel and Business-Related Expenses. Exceptions to this are only allowed by receiving approval in writing from the EVP, Chief General Counsel.

VI. SAFETY

Emergency Communication

Plain language codes are used to communicate emergencies in Ascension St. Vincent facilities. Residents must be aware of the policies for responding to “codes” as dictated by their residency programs. See appendix.

Emergency Preparedness Plan

In the event of an emergency, GME programs will follow the Emergency Preparedness Plan, which covers emergencies related to natural, technological, man-made and material hazards. In the event of an emergency, Ascension St. Vincent and its facilities organize their response utilizing the Hospital Incident Command System (ICS) to ensure a scalable response to diverse types of emergencies. This is the control center for the Emergency Preparedness Plan from which all communication will come regarding the response.

If the nature of the disaster is such that it will interrupt hospital operations and post graduate training for an extended period, please refer to the Housestaff Handbook Policy on GME Disaster Plan and Interruption of Education and Patient Care. Further questions should be directed to the Resident Program Director.

The Hospital uses an Incident Command System to manage all disasters, including but not limited to naturally occurring (weather-related, earthquakes), man-made (nuclear, biological, chemical), and infectious (anthrax, smallpox, pandemic viruses) disasters. The resident’s usual responsibility may be suspended by the Incident Command Center, in order to meet emergency needs. All plans are available on the hospital intranet.

Emergency Phone Number

The emergency phone number for both Indianapolis and Carmel Hospitals is **317-338-2000**.

Inclement Weather/Snow Plan

The hospital Snow/Ice Plan (Shelter In Place) provides all programs with policies and practices for such circumstances. Each individual program is responsible for updating and maintaining a departmental Disaster Call List and 4-Wheel Drive Vehicle List on an annual basis. For those critical services as determined by each program director, housestaff should remain on-duty until their replacement arrives. Each program director reserves the right to request housestaff on non-critical services to assist with emergency coverage.

Hand Washing

While it seems obvious to wash your hands between patients, a high percentage of physicians fail to do so. Hand washing is one of the best ways to stay healthy and prevent nosocomial infections. Use soap and water, or alcohol-based foam or gel both before and after seeing a patient. Random audits are performed and house staff are expected to comply with hospital policies. Refer to **Five Moments for Hand Hygiene** with Peyton Manning located in the appendix. All New Interns will need to complete a Hand Hygiene Competency Validation during their onboarding which will be validated by the GME office.

High Reliability Principles

Human error is not the cause of failure, but a symptom of a broken system. Each year, nearly 100,000 people die or are seriously injured in U.S. Hospitals as a result of an error. On average, 8.3 mistakes occur before a serious event occurs; thus, we have a significant opportunity to improve the safe delivery of care. Safety is a science, and ultra-high levels of safety can be achieved by employing High Reliability principles. There are five High Reliability principles:

1. Preoccupation with failure – Remaining alert to small, inconsequential errors as a symptom that something is wrong.
2. Sensitivity to Operations – Paying attention to what is happening on the front line of care.
3. Reluctance to Simplify Interpretations – Encouraging diversity in experience, perspective and opinion
4. Commitment to Resilience – Developing capabilities to detect, contain, and bounce back from events that do occur
5. Deference to Expertise – Pushing decision-making down and around to the person with the most directly related knowledge and expertise.

Everyone makes errors – even very experienced people. We work in high-risk situations that increase the chance we will make an error. We can avoid making errors by practicing low risk behaviors, including the following:

- 200% accountability – Take advantage of working together! Check the accuracy of one another’s work. Identify slips and lapses. Point out unusual situations or hazards. An escalation and the assertion technique you can use is ARCC:
 - Ask a question
 - Make a Request
 - Voice a Concern (A safety phrase like, “I have a concern....”)
 - Use your Chain of Command
- Communicate effectively
 - Perfect your patient handoffs using the 5Ps (Patient, Plan, Purpose, Problems, Precautions)
 - SBAR for situational communication (What is the Situation, Background, Assessment, and Recommendation)
 - Check-backs (or read-backs) with clarifying questions
 - Document legibly and accurately in a manner that anyone else will be able to read and interpret correctly. This includes your signature – print your name and pager number.
- Have a questioning attitude – When questions arise, validate and verify the situation and/or information with an independent, expert source. This technique is used when you have questions about your planned actions.
- Take a mental “time out” before you take an action or perform a task to focus your attention on the critical aspects of the task. Think STAR:
 - Stop for one or two seconds to focus on the task
 - Think about the action you are about to take
 - Act and carry out the task, and
 - Review to verify the expected or desired results.

Event Reporting System (ERS)

Event reporting contributes to being a highly reliable organization and can positively impact patient experience and safety. Residents are instructed how to enter an event into the ERS or who can assist them in this process. Resident submission of events and near misses is required by all residency programs.

[Link can be found on the desktop of all Ascension computers.](#)



Patient Experience Overview

Patient Experience at Ascension St.Vincent Indianapolis is a department within the Quality Division, and includes services at the 86th Street facility, Women's, Peyton Manning Children's Hospital, Heart Center of Indiana on 106th Street, and the Joshua Max Simon Primary Care Center

The purpose of Patient Experience is to improve the hospital experience for patients, families, and associates. This is done through advocacy for those we serve. We advocate for the needs of patients and families, help to coordinate care among the various disciplines, and provide service recovery when expectations have not been met.

Operational responsibilities include coordination of patient satisfaction survey results, analysis and interpretation of data and training for improvement. Several unit-based and organizational-wide initiatives are in place to improve the Patient Experience.

BE KIND

K: Knock on the office door/room, know that your service/presence is needed

I: Introduce yourself, how are you going to help? What is your intention?

N: Nurture in a positive way, with Standards of Behavior, as if this was your loved one; share Need to know information with the patient/family prior to leaving; Neaten up the room before leaving

D: Determine your work is done; Demonstrate appreciation; Duration between checking with patient/family should be kept short

GME Policies and Procedures

I. Employment/Recruitment Policies

Agreement of Appointment			
Department:	Medical Education	Reviewed and Approved by GMEC:	March, 2025
Origination Date:	March 1999	Next Review Date:	March, 2026

PURPOSE: To ensure receipt of a written agreement of appointment

POLICY

Each resident will receive a written agreement of appointment which outlines the terms and conditions of appointment to the program. The written agreement for the all new housestaff will be delivered following the spring NRMP match. All housestaff agreements are given for the term of your residency and are evaluated each year.

Additional terms and conditions are enumerated in the House Staff Handbook. Other policies may be found in program-specific policies. The House Staff Handbook is updated annually.

Institutional policies concerning resident responsibilities, duration of appointment, financial support and conditions for reappointment are contained in the House Staff Handbook. Grievance procedures are thoroughly outlined and updated annually. Professional liability insurance will be provided to each resident and a copy of the certification is maintained by the Graduate Medical Education Office and is available upon request. Health and disability insurance is provided no later than the first day of the official start of the resident's program. Leave of absence and vacation policies and procedures are also outlined in the House Staff Handbook.

The House Staff Handbook also includes formal written policies and procedures concerning duty hours, moonlighting, physician impairment and harassment.

It is the responsibility of each program to provide a written policy in compliance with its Program Requirements concerning the effect of leaves of absence, for any reason, on satisfying the criteria for completion of the residency program. These program-specific policies must also include information relating to access to eligibility for certification by the relevant certifying board.

Resident Evaluation

Department:	Medical Education	Reviewed and Approved by GMEC:	March, 2025
Origination Date:	March 1999	Next Review Date:	March, 2026

PURPOSE: Provide a procedure by which teaching faculty can evaluate the skills of residents they have supervised.

POLICY - Teaching faculty are required to evaluate residents in terms of knowledge and skills including CPME or ACGME competencies.

PROCESS - Each program director will institute a policy that describes the process for resident evaluation which will be consistent with the institutional policy described in the following paragraphs.

A. All residency programs at Ascension St.Vincent will use formal evaluation forms for each monthly rotation or each time the supervising staff changes during the month. At the very least, evaluation of resident performance should occur upon completion of each clinical rotation. If a house staff member's performance has been judged to be unsatisfactory or requires remedial work, a meeting should occur between the house staff member and the program director. From this meeting a formal action plan should be instituted to remedy the deficiency. If there is no change in the resident's performance, the process in the Academic/Corrective Actions policy will be followed.

B. All completed rotation evaluation forms are to be considered the property of the residency program. Copies of these evaluations can be obtained by requesting them from the program office. Residents do not have the right to change or remove any evaluation from the file, but do have the right to add to this evaluation by providing other evaluations or information from those who have observed performance. Only the program's Clinical Competence Committee in association with the program director can vote to remove or amend an evaluation form at the resident's request.

C. ACGME Competencies and Milestones – Each residency program under accreditation of the ACGME must require that its residents attain competence in the six areas listed below to the level expected of an autonomous clinician. Programs must define the specific knowledge, skills, behaviors, and attitudes required and must provide educational experiences as needed in order for their residents to demonstrate the following:

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

Each program will construct evaluations to assess the accomplishment of the specific knowledge, skills, etc., required to be competent. These may include multiple methods from keeping portfolios to having nurses, patients and administrative personnel attest to competency in specific areas. The process of measuring competency is evolving, so residents may expect changes and additions to the evaluation process during the residency program.

Each resident and fellow will have at least a semi-annual summative evaluation following each Clinical Competency Committee meeting to discuss progress along the specialty-specific Milestones.

Resident Reappointment

Department:	Medical Education	Reviewed and Approved by GMEC:	March, 2025
Origination Date:	March 1999	Next Review Date:	March, 2026

PURPOSE: Guidelines for ensuring residents meet requirements for reappointment.

POLICY

All residents are appointed for one-year segments. During the appointment year, the program director and faculty will examine the performance of each resident to determine if satisfactory progress is being made. The following criteria will be used to determine satisfactory educational progress:

- Rotation performance evaluations
- Conferences and teaching rounds attendance and participation
- Program Clinical Competency Committee ratings in the core competencies and milestones required by Accreditation Council for Graduate Medical Education

PROCESS

- A. The performance of all residents should be examined and discussed individually before the end of the sixth month of each academic year. Performance that is substandard and may affect reappointment must be verbalized and documented to include an individualized learning plan or performance improvement plan.
- B. The resident will be reevaluated by the end of the tenth month. It will be determined if the resident has met criteria for promotion to the next year. A decision to promote the resident must be made by the tenth month.
- C. Residents who have not met criteria for promotion must receive notification of non-promotion no later than sixty (60) days prior to the end of their current academic year. All residents with satisfactory performance will be notified by June of intent to promote.
- D. In instances where a resident will not be promoted to the next level of training, the program will provide the resident with a written notice of intent not to promote.
- E. Residents are allowed to implement the grievance procedure if a written notice of non-promotion is received.

Resident Recruitment

Department:	Medical Education	Reviewed and Approved by GMEC:	March, 2025
Origination Date:	March 1999	Next Review Date:	March, 2026

PURPOSE: Establish minimum requirements for Resident Recruitment

POLICY

Recruitment efforts are directed toward only those candidates who meet eligibility requirements for appointment to residency training.

PROCESS

A. Most ACGME residency and fellowship programs will use the ERAS application service, when available, to acquire and screen potential applicants for residency and fellowship positions. OBGYN programs use Residency CAS. All CPME programs will use CASPR.

B. Applicants will be selected for the interview based on criteria established by the residency and fellowship programs. These criteria should include but not be limited to academic credentials, interpersonal skills, work ethic and values, with a desire to create a more inclusive culture and advocate for social justice which we believe can help to provide more equitable employment opportunities for all while also helping to remedy the healthcare disparities that have been perpetuated by racism and systemic injustice.

C. Applicants must meet one of the outlined eligibility qualifications in the ACGME Institutional and Common Program Requirements to be eligible for appointment to programs.

D. All applicants should be fully informed about the program to which they are applying. This information should be forthright, accurate, and as extensive as needed. The goal is to inform the applicant with information that describes exactly what they can expect if they come to Ascension St. Vincent.

E. At a minimum each applicant must be provided with information on curriculum, didactics, evaluations, contractual agreement, professional liability coverage, salary and benefits, disability coverage, policy on leaves of absence, and health insurance accessibility. Most of this is included on the Ascension St. Vincent Medical Education website.

Resident and Fellow Selection

Department:	Medical Education	Reviewed and Approved by GMEC:	March, 2025
Origination Date:	March 1999	Next Review Date:	March, 2026

PURPOSE: Ensure fairness in selection of residents and fellows.

POLICY

Accredited programs must select from among eligible applicants on the basis of criteria to include but not limited to preparedness, ability, aptitude, academic credentials, communication and alignment with the Ascension Mission and Values. Residents and fellows will be selected without regard to any protected status. Programs must not discriminate with regard to race, color, religion, sex/gender, sexual orientation, gender identity, pregnancy, childbirth and related medical conditions, lactation, breastfeeding, national origin, age, disability, genetic information, veteran status, marital status, all as defined by applicable law, and any other legally protected status or characteristic in accordance with applicable federal, state and local laws. Ascension is committed to fostering a more inclusive culture and advocating for social justice which we believe can help to provide more equitable employment opportunities for all while also helping to remedy the healthcare disparities that have been perpetuated by racism and systemic injustice.

PROCESS

A. First Year Residents

All ACGME first year positions will be listed through the National Residency Management Program (NRMP), and first year residents will be accepted through this organization. Any positions not filled through the NRMP will be filled in accordance with the policy for the selection of residents beyond the first year. The Podiatry Program first year positions will be listed through the Centralized Residency Interview Process (CRIP) and will be accepted through this organization.

B. Residents Beyond the First Year

All other residents will be selected by the program director using the following criteria:

1. A transcript of grades from the graduating medical school
2. A copy of the medical school diploma
3. Three letters of reference from either medical school faculty or residency faculty
4. A letter from the transferring program director, evaluating performance, knowledge, skills, and personal characteristics as well as a record of rotations and experience
5. National Board, COMLEX, USMLE scores
6. ECFMG certification where appropriate

C. Selection of Fellows

Fellowship positions may be listed and filled through NRMP or they will be selected by the fellowship program director using the following criteria:

1. Curriculum Vitae
2. Personal statement
3. Residency Program Director summative evaluation
4. Letters of recommendation
5. Board scores
6. ECFMG certificate, where appropriate
7. Medical License and Board Certification

Resident Transfer

Department:	Medical Education	Reviewed and Approved by GMEC:	March, 2025
Origination Date:	March 1999	Next Review Date:	March, 2026

PURPOSE: Comply with ACGME regulations

POLICY/PROCESS - If a program director of an Ascension St. Vincent sponsored program is considering accepting a resident with previous graduate medical education training from another institution, the program director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring resident. This is to be received by the program director prior to offering a formal offer/contract to the transferring resident. It is also suggested that the program director discuss the incoming resident's performance (clinical judgment, medical knowledge, test performance, etc.) with their current/former program director and that the discussion be documented in the applicant's file.

When a resident leaves an Ascension St. Vincent program, the program director must provide timely verification of residency education and a summative performance evaluation.

Non Academic Employment for House Staff (Moonlighting)

Department:	Medical Education	Reviewed and Approved by GMEC:	March, 2025
Origination Date:	March 1999	Next Review Date:	March, 2026

PURPOSE - Guidelines for professional activities of residents outside of the scope of residency or fellowship training.

POLICY - Moonlighting is defined as any professional activity conducted or arranged by an individual resident that is outside the course and scope of the approved residency program. Moonlighting is not defined by whether or not the resident receives additional compensation for their service time. The use of descriptors “internal” and “external” does not alter that both are considered to be moonlighting and are beyond the course and scope of the approved residency program.

The goal of Ascension St. Vincent Indianapolis Hospital is to provide education of the highest standards. It is the belief of Ascension St. Vincent Hospital Graduate Medical Education (GME) leadership that moonlighting, internal or external, by residents may conflict with the educational objectives and standards of the residency training programs. Further, moonlighting could interfere with consistently safe patient care by preventing sufficient rest and preparation for the residency educational requirements. Therefore, in order for a resident of Ascension St. Vincent Indianapolis Hospital to participate in moonlighting, a ***Moonlighting Status Disclosure Form*** must be completed and provided to the GME Office on an annual basis. All moonlighting requests and disclosures, both internal and external, will be closely monitored by the Residency Program Directors and the GME Office. Moonlighting participation is on a voluntary basis and residents at Ascension St. Vincent Indianapolis Hospital will **not** be required to engage in moonlighting as part of the residency program. Each residency program at Ascension St. Vincent Indianapolis Hospital will have a moonlighting policy which specifies whether or not moonlighting is allowed within that program. PGY1 Interns and those residents that have a J1 Visa status are not permitted to moonlight in any program.

Clinical & Educational Work Hours - When monitoring the moonlighting activities, the program directors will utilize the ACGME work hour regulations which limit residents to 80 hours per week. All moonlighting must be counted towards the 80 hour limit averaged over four weeks. Residency program directors that allow moonlighting will be required to monitor residents to ensure all moonlighting hours are logged on the New Innovations.

Compensation - The employer shall pay the moonlighting resident at an hourly rate the greater of Seventy-Five Dollars (\$75) or the amount pursuant to Employer’s then current Targeted Pay Program on file with and approved by Employer, less applicable payroll tax deductions. PCC Clinic moonlighting will be paid at a rate of \$66.67 per hour.

State Licensure and DEA requirements - All residents engaged in moonlighting (internal or external) must be licensed for unsupervised medical practice in the State of Indiana. Likewise, residents must have their CSR and individual DEA. Interns and those residents with a J1 Visa status are not permitted to moonlight. It is the responsibility of the hiring institution and the residency program director to determine whether the resident has the appropriate training and skills to carry out the proposed duties. It is the shared responsibility of the hiring institution, the program director and the Graduate Medical Education Office to verify that the resident is complying with the expectations of the moonlighting policy.

Medical Malpractice Coverage - Moonlighting which occurs in an Ascension Healthcare facility which has been approved by the residency program will be covered under the Ascension medical liability policy. Any moonlighting occurring without the consent of the residency program director or not in an Ascension Health facility will not be covered by Ascension Health medical liability policy. It will be the responsibility of the resident to provide written documentation of medical liability coverage in non-Ascension facilities prior to beginning moonlighting.

Indemnification - If a resident engages in employment outside the training program or outside an Ascension Health facility, their insurers will have no responsibility for acts or omissions occurring outside the jurisdiction of the hospitals or training program assignments.

Approval Procedure - The GME Office and residency or fellowship program must be fully informed about any moonlighting activity by the resident. The ***Moonlighting Status Disclosure Form*** must be completed **annually** by all residents even if they are not planning to perform moonlighting activity. If moonlighting status changes a new form must be completed prior to moonlighting. These forms are available in the program office and a copy of the completed forms will be kept in the residency file after being signed by both the resident or fellow and program director. Another copy will be forwarded to the GME Office. Moonlighting activities and schedules must be monitored by the residency program director. Ongoing audits of the ACGME duty logs must be performed by the program director to be sure all moonlighting activity is recorded accurately by the resident.

Noncompliance - Residents engaging in moonlighting activities that have not been approved by the residency program risk immediate dismissal from the program. If it comes to the residency program director's attention that a resident's moonlighting schedule coincides with the training program's assignment, the resident may be subject to disciplinary action, up to and including termination. If it is determined that the moonlighting activity is interfering with the training of the resident, the program director may require the resident to reduce or terminate the moonlighting activity immediately.

Resident Responsibilities

1. Complete an individual disclosure of moonlighting form annually and submit to the residency program.
2. Complete a new disclosure of moonlighting form prior to any change in moonlighting activities.
3. Provide documentation of an unrestricted Indiana permanent medical license.
4. Provide documentation of CSR & DEA license.
5. Provide documentation of specific medical malpractice coverage in the name of the resident if the moonlighting activity occurs in a non-Ascension facility.

Visa Regulations

H-1B Visas: Residents on H-1B visas may participate in moonlighting, if approved by the residency director and only if the moonlighting employer obtains approval for the concurrent employment from the INS by filing a new H-1B petition for concurrent employment for the resident. The disclosure of moonlighting activity form and documentation are required as above.

J-1 Visas: Residents on J-1 visas may not engage in moonlighting in the United States. The J-1 visa only grants permission for the residents to undergo medical training, not moonlighting in the United States.

II. Academic/Supervision/Grievance Policies

Academic/Corrective Actions			
Department:	Medical Education	Reviewed and Approved by GMEC:	March, 2025
Origination Date:	March 1999	Next Review Date:	March, 2026
<p>PURPOSE: To ensure that residents are aware of what constitutes a deviation from academic, professional or behavioral expectations, and define how an academic or professional concern can be managed. To ensure that concerns are addressed and responded to in an appropriate and timely manner.</p> <p>POLICY: Academic and behavioral expectations have been established by the hospital and residency programs. Any member of the house staff not meeting the program’s educational expectations is considered to have an academic deficiency. A resident not meeting a professional or behavioral expectation is considered to have a behavioral deficiency. Failure to meet the established academic or behavioral expectations will result in corrective action(s) ranging from informal remediation to dismissal from the program and employment at Ascension St.Vincent Hospital. With regard to behavioral deficiencies, residents are expected to abide by all applicable state and federal laws as well as all hospital and GME policies. Violation of these policies can result in corrective action ranging from informal remediation to dismissal from the residency program and Ascension St.Vincent Hospital, depending upon the severity of the situation.</p> <p>The program director and the resident should attempt to resolve problems with performance and/or behavior using appropriate means of feedback, coaching, and/or corrective action. Should the issue not be resolved, or the issue is of an immediate and significant safety concern, the program director may escalate the corrective action, including, but not limited to formal remediation. For significant violations, a resident may be immediately suspended from clinical responsibilities or immediately suspended from the program. The grievance policy creates a means for due process, allowing for a process for the resident to challenge any of these actions.</p> <p>The Ascension St. Vincent GME leadership may consult with or involve Ascension Human Resources or Associate Relations at any step outlined in this Academic/Corrective Action policy.</p> <p>Workplace complaints by employed residents should be made in accordance with Ascension Human Resources policies for appropriate investigation and response, including but not limited to complaints of discrimination or retaliation on the basis of a resident’s protected class, status, or characteristic as defined by applicable law. Residents should also refer to Ascension Human Resources policies and procedures for any requests for reasonable accommodation, including but not limited to requests for leaves of absence or other protected time off, which may be controlled by federal, state, or local laws, including but not limited to the Family and Medical Leave Act (FMLA), the Americans with Disabilities Act (ADA), or the Pregnant Workers Fairness Act (PWFA).</p> <p>These policies apply to all programs under the Sponsoring Institution unless otherwise specified.</p> <p>DEFINITIONS Resident - medical intern, resident or fellow.</p>			

Remediation: The strengthening of a resident's performance when deficiencies and/or behaviors may cause disruption to a resident's progression or ability to continue within the program. Remediation is more than formative or summative feedback. It is a deliberate documented corrective step when traditional feedback fails to result in the expected or needed outcome. Remediation may also include loss of certain program privileges, including but not limited to loss of moonlighting, conference or meeting travel, or Choice Spending Account.

Informal Remediation: Examples of informal remediation include but are not limited to repeating a rotation, attending a required program or participating in a defined learning activity. Other examples of remediation include Performance Improvement Plans, Individualized Learning Plans, or Citation. This type of remediation is not included in the resident's file (permanent record).

Formal Remediation: This is commonly referred to as a "warning" or "probation" and is a period of remediation and critical evaluation designated by the program director, usually with assistance of the program's Clinical Competence Committee (CCC). During formal remediation, a resident may repeat rotations, do additional learning activities, have more frequent meetings with program faculty and advisors, and other such activities to achieve a desired outcome. It may also include an evaluation for fitness for duty. The terms of formal remediation and the expected outcomes are provided to the resident in writing by the program director. Substandard performance during probation may be cause for immediate dismissal from the program. The period of formal remediation should be specified and normally should not exceed six (6) months; however, there may be instances where it is appropriate for the period to be as long as twelve (12) months. There are limited circumstances where the period of probation may be indefinite and could be imposed for the remainder of the program. These circumstances include, but are not limited to, substance abuse and ethical misconduct. Instances of formal remediation, warning or probation, become part of the resident file (permanent record) and the DIO should be notified. All instances of probation should be reflected in all letters of recommendation/reference from the program to future training institutions and employers.

Immediate Suspension from Clinical Responsibilities: This results in the removal of the resident from clinical responsibilities for an indefinite period of time, usually not to exceed thirty (30) calendar days, without prior notice or the probationary/remediation period described herein, due to significant academic or behavioral deficiencies including but not limited to quality of care concerns, workplace safety and/or patient safety issues. Immediate suspension from clinical responsibilities may be made at the discretion of the program director with prior approval of the CCC and the Designated Institutional Official (DIO). During the period of immediate suspension, the program director, the clinical competency committee (CCC), the Director of Medical Education and the DIO must determine whether the resident should be reinstated to clinical service. At times, human or associate resources (HR/AR) may be involved in the process.

Immediate Suspension from the Program: This is the removal of the resident from the program for an indefinite period of time without prior notice or the probationary/remediation period described herein due to significant violations of program or hospital policies or performance deficiencies related to patient care and/or professionalism, including but not limited to behavior that is potentially dangerous to patients, himself/herself, or others. The decision to immediately suspend a resident from the program may be made at the discretion of the program director with the prior approval of the DIO. During the period of immediate suspension, usually not to exceed thirty (30) calendar days, the program director, the CCC, the Director of Medical Education and the DIO must determine whether the resident should be reinstated to the program or dismissed. At times, human or associate resources (HR/AR) may be involved in the process.

Renewal without Promotion: The decision of the training program to not advance the resident to the next level of training (usually, but not always, set out as an academic curricular year). **In cases of non-promotion the DIO should be notified. At times, (HR/AR) may be involved in the process.**

Dismissal: The permanent dismissal by the program director of the resident from the educational program and termination of employment at Ascension St. Vincent Hospital for failing to maintain academic,

professional or behavioral expectations (including but not limited to moral, ethical, employment and professional standards) required to progress in or to complete the program. This can occur at any point during the academic year. In most cases, dismissal occurs after a formal period of probation, but this is not required. **In cases of dismissal, the DIO, the director of GME and HR/AR must be notified.**

Process

If the academic performance or behavior of a resident is found to be unsatisfactory for, but not limited to, any of the CPME or ACGME general competencies, program policies, GME policies, hospital policies, or expectations of the program's specialty board, the program director must notify the resident of the specific deficiencies in writing. The plan for corrective action should contain the following:

1. The specifics of the academic problem or misconduct discussed with the resident
2. An outline of what corrective action is required of the resident
3. Time stamps (timeline) for when the correction(s) are to occur
4. How performance will be monitored and measured
5. Expected outcome(s) that will indicate successful completion of the performance improvement plan
6. Signature by both the resident and the program director

The signature of the resident is mandatory and acknowledges that he/she has received a copy of the report. When a resident is placed into any defined remediation status, the performance improvement plan will define the specified period of time when the resident will be re-evaluated.

The program director will designate a period of remediation during which the resident must either correct the deficiencies or receive further intervention, or be dismissed. The remediation period together should not be less than thirty (30) calendar days in length and should not normally exceed six (6) months, but may last as long as twelve (12) months if appropriate (such as a case of academic probation for yearly board exams, etc.). For ethical/behavioral misconduct or substance abuse, a resident may be placed on probation indefinitely, through the remainder of the training program.

The program director may assign a faculty mentor. The mentor and/or program director will meet with the resident at least monthly during the remediation period to review the resident's progress. Meetings may be held more frequently if deemed necessary.

During and at the end of the remediation period, the program director and the CCC will meet to review the resident's progress and determine whether satisfactory improvement has been made based on information obtained from various sources. Information may be solicited from faculty, staff, patients and peers of the resident, as well as through the review of clinical documentation and other sources.

If improvement has been unsatisfactory during the remediation period, the resident may be continued on remediation or escalated to a higher level of remediation for another specific period of time not to exceed an additional six (6) months. The resident may also be dismissed without further attempts at remediation.

Any resident who is placed on formal remediation 3 times, for any reason, may be continued on probation indefinitely, through the remainder of the training program, or be dismissed without further notice. In the case of a resident who has been placed on probation for substance abuse or ethical misconduct, if that resident's performance again becomes unsatisfactory for any reason, during the length of the residency/fellowship period, the resident can be dismissed without any additional probationary/remedial period. Examples of ethical misconduct include, but are not limited to, sexual harassment, patient abandonment, abuse of prescribing privileges and unlawful discrimination. Certain programs may have stricter standards regarding substance abuse which may supersede this policy.

Information on Dismissal - If the resident's deficiencies are not satisfactorily corrected or if other deficiencies arise during the remedial/probationary period, the program director can dismiss the resident from the program. The program director will notify the Director of Medical Education and the DIO of the intent to dismiss the resident from the residency training program. In consultation with Human/Associate Resources, the DIO will review the department's intended action prior to any notification being sent to the resident. After such a review, the program director must notify the resident in writing of the decision to dismiss him/her. If the notification is mailed, certified mail is required. The letter must identify the deficiencies that have not been adequately corrected. In cases of suspension from the program, dismissal or renewal without promotion of a contract, it is expected that the appropriate probationary and remedial periods will have occurred as described in this policy. However, there may be instances where immediate suspension or dismissal from the program without probation or remediation will occur. In all instances where a program is considering immediate dismissal, without providing probationary and remedial periods, the Program Director must first obtain the approval of the Director of Medical Education and the DIO.

Attachments:

[Struggling Learner Algorithm](#)

Grievance and Due Process Policy

Department:	Medical Education	Reviewed and Approved by GMEC:	March, 2025
Origination Date:	March 1999	Next Review Date:	March, 2026

PURPOSE: Ensure that residents have a process to appeal academic, professional or behavioral remediation decisions.

This policy is intended to outline the program’s grievance and due process procedures related to resident performance management. Other workplace complaints by employed residents should be made in accordance with Ascension Human Resources policies for appropriate investigation and response, including but not limited to complaints of discrimination or retaliation on the basis of a resident’s protected class, status, or characteristic as defined by applicable law. Residents should also refer to Ascension Human Resources policies and procedures for any requests for reasonable accommodation, including but not limited to requests for leaves of absence or other protected time off, which may be controlled by federal, state, or local laws, including but not limited to the Family and Medical Leave Act (FMLA), the Americans with Disabilities Act (ADA), or the Pregnant Workers Fairness Act (PWFA).

PROCESS

1. The first step for a resident or fellow is to discuss their concerns with the program director. This must occur within 10 calendar days of the resident’s notification of the remediation action. If concerns are with the program director, the resident may bring the concern to the attention of the Director of Medical Education, Designated Institution Official (DIO) or to a representative from human/associate resources.(HR/AR). .
2. If the issue is not resolved following this first step, either party may request in writing a hearing before the program’s Clinical Competency Committee. The committee must meet within 21 calendar days of receipt of the request for a hearing. The Committee will hear testimony from the resident (maximum 1 hour) and program director (maximum 1 hour), review other relevant information, and vote without the resident and program director in attendance. The outcome of the vote will be conveyed verbally to both parties, in writing to the DIO, and also to the resident by certified U.S. Mail, within 5 business days of the vote.

If either party is not satisfied with the decision of the CCC, within 10 calendar days of the date of the letter of notification of the CCC's decision, the resident or the program director may petition the DIO to schedule an ad hoc grievance committee of the GMEC to resolve the matter. This petition must be submitted in writing and clearly define the reason for the request.

The GMEC grievance committee must include at minimum, two residents (who are Chief Residents or Housestaff Council Officers and who are not in the same program as the appealing resident), 2 program directors and the DIO. The resident may choose one additional program director or faculty member to be on the committee. The ad hoc committee may request and consider any additional information the members deem necessary. The resident may present any relevant information or testimony from any colleague or faculty member (note presentation time limit below). The committee must meet within 30 calendar days from the receipt of a request for a hearing before the GMEC grievance committee. The DIO will serve as the chair of this committee and will oversee the procedure. The resident will remain on the prior remediation status during this appeal.

The process will typically include the following steps:

- a. Statement of purpose by the committee chair

- b. Introduction of the committee members
- c. Statement by the program director, not to exceed 30 minutes
- d. Statement by the resident, not to exceed 30 minutes
- e. Relevant information/testimonies by those invited by the resident, not to exceed 30 minutes total
- f. Response by the program director, not to exceed 15 minutes
- g. Questions/clarifications asked of the resident and program director by the committee, not to exceed 30 minutes

- h. Closed session deliberation and vote by the committee

The resolution to the conflict will be decided by majority vote with the DIO abstaining. In case of a tie, the DIO will cast the deciding vote. Within 10 business days after the hearing, the committee will provide a written decision. The decision of the ad hoc committee of the GMEC is final and there is no further opportunity for appeal.

All findings and actions of the committee will be documented. The outcome of the vote will be conveyed verbally to both parties, and also to the resident by certified U.S. Mail, within 10 business days of the vote.

Fellow Supervision

Department:	Medical Education	Reviewed and Approved by GMEC:	March, 2025
Origination Date:	October 2009	Next Review Date:	March, 2026

PURPOSE: To specify the mechanism by which fellows are supervised by members of the teaching staff, safeguard patient care and enhance Medical Education, and to comply with ACGME and program specific RRCs. Supervision of Fellows provides safe and effective care to patients; ensures each fellow's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.

POLICY

This policy applies to all fellowships using Ascension St. Vincent Hospital facilities, regardless of length of training, accreditation, affiliation and sponsorship. Each fellowship program must have its own policy on supervision.

Fellows training at Ascension St. Vincent must be provided supervision for all program-related patient care activities and are expected to defer to their supervisor. The level of supervision and responsibility will vary based on the level of training and the individual's ability and experience. If appropriate and safe, procedural supervision may be limited (e.g., attending in the room but not scrubbed in), and only present for the key portions of the service (e.g., attending could skip supervising an experienced fellow closing an incision), but supervision must be readily accessible in person (not long-distance, such as attending out of hospital) except in extremely unusual circumstances (e.g., severe blizzard does not allow attending to come in for an urgent case). For some procedures (typically high volume and/or low risk), the fellow can be certified by their program director as "competent to perform without supervision" once they have achieved a predetermined number of successful, supervised procedures. The number of these procedures will be mutually agreed upon by the program director, department chair and chief of service (e.g., Chief of Surgery).

The program must define when physical presence of a supervising physician is required, guidelines for communication with supervising faculty members, and provision of graded authority and responsibility based on the ACGME classifications of supervision.

Each fellow will know and understand that there is a supervising physician who is available for education and who is responsible for patient care activities. If there is any question concerning who is supervising patient care activities, request a call schedule or supervisory schedule. If there is nothing provided, or the fellow is concerned about supervision they should report this to the program director immediately or to the DIO if the program director is unavailable. There can be no reprisal for reporting a legitimate concern about supervision. If the concern involves the program director then the department chair, chief of service (e.g., Chief of Surgery) and/or the DIO should be notified. Staff concerns about adequacy of supervision should be reported to their manager/team leader and then to the program director, department chair, chief of staff (e.g., Chief of Surgery) and/or the DIO.

Medical Affairs may provide additional privileges for unsupervised services or procedures that would be considered appropriate for the fellow's scope and level of competence after completing a categorical residency. To practice in their primary specialty (e.g., moonlighting), the fellow must obtain medical staff privileges. The fellow may need additional malpractice coverage and insurance provider credentials, depending on the arrangement. Confirmation of malpractice coverage must be provided to Medical Affairs. Any services provided as a member of the medical staff (not as a trainee) must be mutually agreed to by the program

director and department chair. Fellows functioning as a member of the medical staff are subject to all usual and customary policies, procedures and bylaws of the medical staff, including but not limited to departmental peer review and Focused Professional Practice Evaluation (FPPE) for new privileges.

All teaching patients admitted to Ascension St. Vincent must have the name of a teaching physician on the chart as the admitting physician. He/She is considered to be the responsible physician of record. The house staff will look to this person or their designee as the supervising physician responsible for the care provided. If an instance occurs when there is no responsible physician, the program director must be notified immediately. Except during an emergency, fellows should never assume responsibility for patients who do not have a teaching physician of record as the primary care provider or as a consultant.

All house staff rotations have a designated physician who is both responsible for the education of the fellow and serves as the acting supervisor during that course of study, even if not directly involved in an individual patient's care. A fellow will never assume responsibility for the service during the faculty member's time away. The faculty must designate a physician with privileges in the area of responsibility as the fellow's supervisor when leaving for vacation or time away.

Fellows will have significant responsibility for the educational activities and instruction of trainees at a less advanced training level. In all cases, however, the attending physician or preceptor will be available to supervise patient care activities and will assume responsibility for the decisions and activities related to patient care.

Fellows and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care.

Any other questions or problems relating to fellow supervision not addressed above should be directed to the appropriate program director, or in his or her absence, a member of the Medical Education staff. Unresolved issues will be discussed and resolved by the Ascension St. Vincent Graduate Medical Education Committee.

Resident Supervision

Department:	Medical Education	Reviewed and Approved by GMEC:	March, 2025
Origination Date:	March 1999	Next Review Date:	March, 2026

PURPOSE: To specify the mechanism by which residents are supervised by members of the teaching staff, safeguard patient care and enhance Medical Education and comply with CPME, ACGME and program specific RRCs.

POLICY

All residents, fellows and medical students in training at Ascension St. Vincent Hospital are provided supervision for all patient care activities and are expected to defer to their supervisor. The level of supervision and responsibility will vary based on the level of training and the individual's ability and experience toward progressive responsibility. Individual programs must have their own supervision policy and may choose to provide more specific guidelines related to supervision. However, at the institutional level, each resident, student and fellow will know and understand that there is a supervising physician who is available for education and patient care activities. If there is any question concerning who is supervising patient care activities, the resident should ask the instructor for a call schedule or supervisory schedule. If there is nothing provided, or the resident is concerned about supervision it should be reported to the program director (or to the DIO if the program director is not available) immediately. Under no circumstances can there be any reprisal for a resident reporting a concern about supervision.

PROCESS

All teaching patients admitted to Ascension St. Vincent must have the name of a teaching physician on the chart as the admitting physician. He/She is considered to be the responsible physician of record. The house staff will look to this person or their designee as the supervising physician responsible for the care provided for this patient. If an instance occurs when there is no responsible physician, the program director must be notified immediately. Except during an emergency, residents should never assume responsibility for patients who do not have a teaching physician of record as the primary care provider or as a consultant.

All house staff rotations have a designated physician who is both responsible for the education of the residents and serves as the acting supervisor during that course of study. The faculty must designate a physician with privileges in the area of responsibility as the resident's supervisor when leaving for more than 24 hours consistent with Medical Staff by-laws.

Each member of the house staff will have significant responsibility for the educational activities and instruction of residents, interns and students participating at a less advanced training level. In all cases, however, the attending physician or preceptor will be available to supervise patient care activities and will assume responsibility for the decisions and activities related to patient care. Every resident and medical student on call will have a designated individual (senior resident, faculty member, attending physician, program director) who will be available to assist in all matters relating to patient care. In the case where senior residents are responsible for supervision of students and/or interns, there will be a designated faculty member or attending physician available to the senior resident. Questions or problems relating to resident supervision should be directed to the appropriate program director, associate director or in their absence, a member of the Medical Education staff. Unresolved issues will be discussed and resolved by the Ascension St. Vincent Graduate Medical Education Committee. Ascension St. Vincent Hospital's policies regarding resident supervision will be in accordance with the AAMC "Compact Between Resident Physicians and Their Teachers" and with the CMS "Guidelines for Teaching Physicians, Interns and Residents".

Workplace Harassment

Department:	Medical Education	Reviewed and Approved by GMEC:	March, 2025
Origination Date:	March 1999	Next Review Date:	March, 2026

PURPOSE: To ensure commitment to high professional standards and a work environment in which all individuals are treated with dignity and respect.

POLICY

Ascension St. Vincent prohibits discrimination and harassment that is based on race, color, religion, gender, disability, protected veteran status, sexual orientation, gender identity, national origin, age or any other lawfully protected class. Harassment is a form of misconduct that undermines the integrity of the employment relationship. No associate should be subjected to unsolicited and unwelcome overtures or conduct, whether verbal or physical.

PROCESS

If subjected to harassment, residents should report the problem immediately to their director, DIO, Director of Medical Education, or an HR representative. All complaints will be examined impartially and confidentially and will be resolved promptly. The processes followed to address concerns of harassment are outlined in the Ascension St. Vincent Health HR Policy - "Harassment Free Workplace"

In addition, confidential reports may be submitted through MyHR by submitting a case or calling HR at 844-847-4747. You may anonymously report by calling the Values Line at 800-707-2198.

III. Patient Care Policies

Transitions of Care			
Department:	Medical Education	Reviewed and Approved by GMEC:	March, 2025
Origination Date:	August 2013	Next Review Date:	March, 2026
<p>PURPOSE: Establish a protocol and standards within Ascension St.Vincent Hospital Medical Training programs (residencies and fellowships) to ensure the quality and safety of patient care when transfer of responsibility occurs during duty hour shift changes, during transfer of the patient from one level of acuity to another, and during other scheduled or unexpected circumstances.</p> <p>POLICY Faculty and residents must be aware of their program policy. Individual graduate medical education programs will:</p> <ul style="list-style-type: none"> ● have a policy addressing transitions of care; ● provide instruction to and review program processes with residents regarding handoff of care; ● design schedules and clinical assignments to maximize the learning experience for residents as well as to ensure quality care and patient safety, and adhere to general institutional policies concerning patient safety and quality of healthcare delivery; and, ● evaluate trainees in their capacity to perform a safe, effective, and accurate transition of care. <p>It is recommended that individual program transition of care policies take into account the following:</p> <ul style="list-style-type: none"> ● Minimal data elements including, at a minimum, principal diagnosis and problem list, medication list, contact information for transferring to another physician or institution, test results including pending, code status and cognitive status. ● Requirements regarding timeliness of transition of care ● Accessibility of communication among care providers that is secure and HIPAA compliant ● Development of standardized metrics for the monitoring and improvement of transitions in order to lead to continuous quality improvement. ● Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency and structure. ● Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety. ● Programs must ensure that residents are competent in communicating with team members in the hand-over process. ● Programs and clinical sites must maintain and communicate schedules of attending physicians and residents currently responsible for care. ● Each program must ensure continuity of patient care in the event that a resident may be unable to perform their patient care responsibilities due to excessive fatigue or illness, or family emergency. <p>Information on Transitions of Care: A transition of care (“handoff”, “changeover”, etc.) is defined as the communication of information to support the transfer of care and responsibility for a patient/group of patients from one service and/or team to another. The transition/hand-off process is an interactive communication process of passing specific, essential patient information from one caregiver to another. Transition of care occurs regularly under the following conditions:</p>			

- Change in level of patient care, including inpatient admission from the ambulatory setting, outpatient procedure, or diagnostic area.
- Inpatient admission from the Emergency Department
- Transfer of a patient to or from a critical care unit
- Transfer of a patient from the Post Anesthesia Care Unit (PACU) to an inpatient unit when a different physician will be caring for that patient
- Transfer of care to other healthcare professionals within procedure or diagnostic areas
- Discharge, including discharge to home or another facility such as skilled nursing care
- Change in provider or service change, including fellow/resident sign-out, inpatient consultation sign-out, and rotation changes for fellows/residents.

Ethics Integration

Ascension St. Vincent has chartered an Ethics Committee and several subcommittees to aid patients, physicians, and families in medical decision-making. Consultation with any of these committees may be requested by residents, patients, their families, or any member of the treatment team. For more information, or to obtain a consultation, contact the Hospital Ethicist, Elliott Bedford, Ph.D. The Perinatal/Pediatrics ethics committee is a subcommittee of the larger Ethics Committee.

Resident/Fellow participation in the Ethics Integration Committee is encouraged. Residents/Fellows have a role in the Ethics Consultation Team. Residents/Fellows are encouraged to participate on the consultation team, especially following education through an Ethics Intensive training session.

Patient's Rights and Responsibilities

As a member of the house staff, it is important that residents be aware of the rights and responsibilities of the patients at all St. Vincent facilities.

Patient Rights:

In keeping with the Ascension Mission and Values, St. Vincent recognizes, affirms, and advises patients or responsible parties of their rights and responsibilities. Each patient has the right to receive the statement of Patient Rights and Responsibilities at registration.

- You have the right to receive considerate, respectful, quality care at all times and under all circumstances, with recognition of personal dignity, diversity, and religious or other cultural or spiritual preferences whenever possible.
- You have the right to receive care regardless of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.
- You have the right to receive care free from all forms of neglect, abuse, harassment, and exploitation.
- You have the right to have your pain addressed within a reasonable time, and to receive education about pain management, including the relief of physical and psychological symptoms associated with pain at the end of life.
- You have the right to have your condition, treatment, pain alternatives, and outcomes, including unanticipated outcomes, explained to you in a manner that you understand.
- You are entitled to privacy in treatment and in caring for your personal needs. You have the right to speak privately with anyone you wish, subject to hospital visitation restrictions, unless your doctor does not think it is medically advised.
- You have the right to request religious or spiritual support.
- You have the right to receive visitors of your choosing, without regard to race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sexual orientation, or gender identity or expression. Patient visitation is only restricted when the visitor's presence infringes on others' rights or safety, or is medically or therapeutically contraindicated for the patient.
- You have the right to the availability of language translation services when appropriate, and access to interpretive services and/or communication devices for those with visual or hearing limitations.

Participation in Care

- You have the right to participate in the development and implementation of your plan of care and to make informed decisions regarding your care, treatment, and services.
- You have the right to refuse treatment to the extent permitted by law. You have the right to know the medical consequences that could result from refusing treatment. If you refuse care or treatment, you are responsible for the results of your decision. When refusal of treatment by you or your legal representative prevents the provision of appropriate care in accordance with professional standards, our relationship with you may be terminated upon reasonable notice.
- You have the right to have your family and surrogate decision makers involved in your care, treatment, services, and decisions.
- You have the right to give or withhold informed consent or to produce or use recordings, films, or other images of yourself for purposes other than the provision of your care.

Information About Provider

- You have the right to know the identity and professional status of individuals providing services to you and to know which physician or other practitioner is primarily responsible for your care. Your health-care team may include other physicians, resident physicians, physician assistants, nurse practitioners, students, and other health care providers.

Second Opinion and Transfer

- You have the right to a second opinion from another health care provider at your request and expense.
- When medically permissible, you may be transferred to another facility after you or your authorized representative have received complete information and an explanation concerning the needs for and alternatives to such transfer.

Restraint and Seclusion

- You have the right to be free from seclusion and the use of any restraint that is not medically necessary. These measures are determined by your physician and used only to prevent injury to yourself or others, and only when less restrictive measures have been considered.

Advance Directives

- You have the right to choose a person to be your healthcare representative. This person can make health care decisions for you and be involved in your care.
- You have the right to receive information about advanced directives, formulate advanced directives and to have those directives followed in accordance with the law and St. Vincent's mission and philosophical directives. The existence or lack of an advance directive does not determine your right to access care, treatment, and services.

- You have the right to have the hospital document your wishes concerning organ donation when you make such wishes known, in accordance with law and within the limits of the hospital's capabilities.

Ethics and Advocacy

- You have the right to request an ethics consultation to address actual or potential issues that may arise.
- You have the right to request resources for advocacy and protective services.

Confidentiality of Patient Records

- Communication and records about your medical care will be confidential. You have the right to decide, in writing, who may receive copies of your medical record, except as required by law.
- You have the right to have a family member or representative of your choice, and your physician, promptly notified of your admission to the hospital.
- While you are a patient in the hospital, you have the right to view your medical record upon request and in accordance with hospital policy, if a doctor of designated healthcare professional is present.
- After you leave the hospital, you have the right to access information contained in your medical record within a reasonable timeframe. You also have the right to request amendments to your medical record and to obtain information related to disclosures of your health information, in accordance with law and regulation.

Emergency Treatment

- If you present to the emergency department, you have the right to receive at least a medical screening exam, regardless of your ability to pay, and the right to have any emergency medical condition stabilized or to be transferred appropriately.

Research

- You have the right to receive adequate information to consent or to decline participation in clinical research. You may decline at any time without compromising your access to care, treatment, and services.

Discharge

- You have the right to know what care you should seek after discharge from the hospital.
- You have the right to leave the hospital against your health care provider's advice. The hospital and your health care provider will not be responsible for any harm this action may cause you or others.

Billing and Payment

- You have the right to understand the source of payment for services provided and any limitations this payment source may place on your care.
- You have the right to see your itemized bill, have it explained to you, and to inquire about financial assistance in paying your billing or filing insurance forms.

Grievances

- You have the right to have your concerns and complaints addressed. Sharing your concerns and complaints will not compromise your access to care, treatment and services. You may share your concerns and complaints with St. Vincent by contacting the Office of Patient Experience. St. Vincent Indianapolis, including St. Vincent Seton, St. Vincent Women's, St. Vincent Stress Center, and Peyton Manning Children's Hospital: 317-338-3200

If you would like to make a complaint to the state or an outside agency, you may contact the following:

• **The Indiana State Department of Health -**

Toll Free Complaint Report Line: 1-800-246-8909

E-Mail: complaints@isdh.in.gov

• **The Joint Commission**

Office of Quality and Patient Safety

The Joint Commission

One Renaissance Boulevard

Oakbrook Terrace, Illinois 60181

Fax: (630) 792-5636

Web: https://www.jointcommission.org/report_a_complaint.aspx

Patient's Responsibilities:

We believe patients and families are partners in ensuring the best possible care is provided in a healthy, safe environment. Your role as a member of the team is to exercise your rights and to take responsibility by asking for clarification of things you do not understand. We count on you to participate in the following ways:

- You are responsible for providing, to the best of your knowledge, accurate and complete information about your present complaints, past illnesses, hospitalizations, medications, and insurance benefits.
- You are responsible for providing any existing advance directive documents or information about the content of such documents.
- You are responsible for requesting additional information or clarification about your health status or treatment when you do not fully understand information or instructions.
- You are responsible for following rules and regulations that apply to all patients, including interacting with hospital personnel in a courteous and civil manner.
- You are responsible for being considerate of the rights of other patients and hospital personnel in the control of noise, the number of visitors, and to be respectful of the property of other persons and the hospital.
- You are responsible for reporting anything that you believe is unsafe in regards to how your caregivers are providing your care.
- You are responsible for abiding by St. Vincent's policies prohibiting smoking, illegal substances, and weapons on St. Vincent property.

- You are responsible for making appointments and arriving on time. You must call in advance when you cannot keep a scheduled appointment.
- You are responsible for ensuring that your financial obligations for the health care received are fulfilled as promptly as possible.

A copy of the rights and responsibilities will be given to patients or their representatives at the time of registration. In addition, the statements are distributed in facility brochure racks and are posted in outpatient, practice management and emergency areas. There are several educational programs designed to familiarize associates with the rights and responsibilities, what they mean and how to implement them. Questions regarding the above information can be directed to program directors.

Cellular Phone & Mobile Device Policy

Department:	Medical Education	Reviewed and Approved by GMEC:	March, 2025
Origination Date:	December, 2015	Next Review Date:	March, 2026

Hospital policy to be followed.

[Cellular Phone and Mobile Device](#)

[Texting Wireless Video Photographs](#)

[Mobile Device Security](#)

IV. Vacation and Leave Policies

Bereavement			
Department:	Medical Education	Reviewed and Approved by GMEC:	March, 2025
Origination Date:	March 1999	Next Review Date:	March, 2026
Hospital policy to be followed.			
<u>Ascension Bereavement Leave Policy</u>			

Leave of Absence			
Department:	Medical Education	Reviewed and Approved by GMEC:	March, 2025
Origination Date:	March 1999	Next Review Date:	March, 2026
<p>PURPOSE: To provide a policy and process for medical, parental, or caregiver leave(s) of absence</p> <p>POLICY</p> <p>Each program’s Residency Review Committee, certification board, or other governing body has specific rules regarding absences from residency or fellowship training as it pertains to program completion and/or board eligibility. Residents taking leave(s) of absence must discuss the consequences of the leave upon the criteria for satisfactory completion of the program and upon eligibility to participate in examinations by the relevant certifying board(s).</p> <p>Leave of Absence (LOA) requests should be submitted to program directors, medical education office, and Sedgwick, Ascension Human Resources leave of absence administrator, as soon as the need for such leave is recognized.</p> <p>All associates are permitted all the rights allowed under the Family and Medical Leave Act of 1993. Associates qualify for FMLA leave upon working for Ascension for 1 year and at least 1250 hours. In addition, associates qualify for a personal leave once employed for 6 months. Also, for associates who qualify for FMLA, another type of leave is available - <u>Paid Parental Leave</u>.</p> <p>However, in compliance with the ACGME, Ascension provides all residents/fellows with a minimum of six weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons at least once and at any time during the program starting the first day of employment and provides at least the equivalent of 100% salary for the first six weeks of the first approved leave taken. In order to provide 100% salary, associate PTO (paid time off) is utilized as it is available, while reserving 5 days of PTO to be available outside of the leave. While on leave, health and disability insurance benefits are continued.</p> <p><u>Information regarding Leave of Absence procedures can be found on the Ascension St Vincent Intranet page by using the following links: MyAscension -> MyHR -> Leave of Absence link.</u></p>			

Parent Leave

Department:	Medical Education	Reviewed and Approved by GMEC:	March, 2025
Origination Date:	March 1999	Next Review Date:	March, 2026

PURPOSE: To provide leave for parents to provide care for their newborn or adopted child.

POLICY

Time away from training may affect program length, completion, or board eligibility. As such, residents should review requirements as outlined by each program's Residency Review Committee, certification board, or other governing body. Residents should discuss the need for upcoming family and/or medical leave of absence as soon as the need is recognized and submit, in writing, a request for leave to the program office as soon as the circumstances (i.e. dates, etc.) are more clearly known.

Ascension's parental leave policy doesn't determine required time in training and residents need to refer to their individual specialty rules with regard to leave and its effect on residency completion.

All associates of Ascension St.Vincent Hospital are permitted all the rights allowed under the Family and Medical Leave Act of 1993. Details of this policy are contained in Ascension Paid Parental Leave Policy. Depending on the reasons for requesting a LOA, residents may be eligible for Short Term Disability and should contact the HR Support Line at 1-844-847-4747.

Paid Parental Leave Policy can be found through the following path - My Ascension - My HR - search for Paid Parental Leave Policy

Front Loaded Time Off

Department:	Medical Education	Reviewed and Approved by GMEC:	March, 2025
Origination Date:	March 1999	Next Review Date:	March, 2026

PURPOSE: To ensure that House Staff/housestaff have appropriate time to rest and enjoy time away from work.

POLICY

The term Front Loaded Time Off (FLTO) is used by the hospital to designate paid vacation and holiday time allowed away from work. House staff are granted fifteen (15) days of paid vacation/sick leave. The Hospital also recognizes the legal holidays: New Year's Day, Martin Luther King Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day. As a general rule, time away from residency training in excess of four (4) weeks per year must be made up at the end of the academic year before proceeding to the next level of training. FLTO can be used within the following guidelines. Individual program policies concerning time away from work must be followed.

PROCESS

- A. The designated holidays are paid days off unless a resident has scheduled calls between the hours of 8:00 a.m. and 8:00 p.m. When call is scheduled during these hours residents will be granted another day off to be taken anytime during the academic year with the permission of his/her Program Director. These "compensatory" days must be used within 90 days or they will be forfeited. Call from 12:00 midnight to 8:00 a.m. the day before or 8:00 p.m. to 12:00 midnight the day of, does not constitute a holiday call.
- B. Most house staff will be granted time off, usually 5 working days and a weekend during the Christmas/New Year's time period. The purpose of this additional time off is to be sure that all house staff have time, without any responsibilities, during the holidays to spend with their families. This time off is also considered compensation for December 25th and January 1st holidays. There can be no scheduled vacations between December 20th and January 4th each year. Generally this time away from work is scheduled by the program director in a way that best serves the program and patient care responsibilities.
- C. Vacations should be taken in accordance with program specific guidelines. One week of vacation consists of 5 days of PTO and one weekend (Saturday and Sunday). The other 2 weekend days are given at the discretion of the Program Director and as required by workforce demands.
- D. Vacation time should be scheduled at least 6 weeks in advance of the time away. Residents who have scheduled patients in the clinic should provide 6 weeks notice. This period of time allows for proper notification of all the individuals affected by the resident's/fellow's vacation including the primary care patient scheduling office. Each residency may have other qualifying requirements for time off and vacation time away from duties.
- E. Vacation may not be taken during certain required months as dictated by each residency policy handbook.
- F. As a general rule, vacation should be taken on elective rotations or as dictated by the individual residency handbook.
- G. Vacation time, FLTO, is to be used during the academic year that it is provided. As a general rule, vacation (FLTO) cannot be carried over to the next year.
- H. Additional professional leave will be provided at the discretion of the program director in the following instances 1) to take the medical licensing and board examinations, 2) present a paper or poster or some other academic accomplishment at a state or national meeting, 3) attend a reasonable number of interviews for residency, fellowship or practice, or 4) other academic responsibilities.

V. GME Policies

Closing of Teaching Facilities or Residency Program			
Department:	Medical Education	Reviewed and Approved by GMEC:	March, 2025
Origination Date:	March 2007	Next Review Date:	March, 2026

PURPOSE: To ensure continuation of graduate medical programs at the institutional level.

POLICY: Ascension St. Vincent Hospital and Ascension Indiana have had successful and high quality medical training programs since 1893 and are committed to resident and fellow education. The Accreditation Council for Graduate Medical Education (ACGME), which accredits residency and fellowship programs, requires a formal policy stating the institution's intention and commitment to residents should the hospital or residency and fellowship programs be required to close.

PROCESS: In the event that either Ascension St. Vincent Hospital or any of the residency programs or fellowships were required to close, the residents and fellows involved would be notified at the earliest possible time. Unless there are unusual circumstances, every effort will be made to phase out the program so that all residents can complete the training they started. If it is necessary to close the hospital or programs during the training year, the residents/fellows will receive written notice of termination of employment and receive compensation pursuant to the terms of their employment agreement. If the hospital or program closes before the resident completes his program requirements, but at the end of the contracted training year, each resident can expect assistance in finding a new program in which to complete the residency. The Ascension St. Vincent program will be responsible for the transfer of all academic records and documents pertaining to the previous education to the new program. The hospital will be responsible for all notifications required by the ACGME, Indiana Licensing Board, and other institutions or facilities.

Dress Code/Lab Coat			
Department:	Medical Education	Reviewed and Approved by GMEC:	March, 2025
Origination Date:	March 1999	Next Review Date:	March, 2026

PURPOSE: Recognize the importance of a professional appearance and to promote hospital standards of professional dress code.

POLICY: All residents and fellows are expected to dress professionally when in the hospital, the primary care office or private physician preceptor's office. The expectation is that residents follow the hospital's Personal Appearance policies. In addition, clothes must be clean, neat and considered professional attire. Residents and fellows are provided one lab coat at the start of residency. Lab coats should be laundered regularly. When working in a private physician's office, it is appropriate to seek advice regarding appropriate dress for that office environment.

Hospital owned surgical scrub clothing is the property of Ascension St. Vincent Hospital. Hospital owned Surgical scrubs are to be worn in accordance with the hospital Surgical Attire policy. This policy states that they are not to be worn out of the hospital or removed from the hospital, and should be covered with a lab coat if outside the Operating or Procedural environment. The use of hospital owned surgical scrubs is at the discretion of the residency program and the dress requirements for the job. Personally owned scrub attire may be considered professional attire as approved by the Program Director. Personal scrubs qualify as a reimbursable expense through housestaff Choice Spending Account.

Clinical and Educational Work Hours			
Department:	Medical Education	Reviewed and Approved by GMEC:	March, 2025
Origination Date:	March 1999	Next Review Date:	March, 2026

PURPOSE: To comply with ACGME and RRC requirements.

POLICY

Clinical and Educational Work hours are defined as all clinical and academic activities related to the training program, i.e. patient care, the provision of transfer of care, time spent in-house during call and scheduled or required academic activities such as conferences or scholarly activity. Clinical and Educational Work hours do not include reading and preparation time spent away from the duty site.

PROCESS

Ascension St. Vincent Hospital and all ACGME residency programs and fellowships will abide by the ACGME Clinical and Educational Work Hours Policy as detailed in the Common Program Requirements effective July 1, 2023.

Each GME Program will have written policies and procedures that describe or explain Clinical and Educational Work hour rules, but these must be consistent with the Institutional and Common Program requirements for Clinical and Educational Work hours and the working environment. Either this policy or a consistent program policy must be distributed to the residents and the faculty. Monitoring of Clinical and Educational Work hours is required by the Program with oversight by the Sponsoring Institution to ensure compliance.

Residents and Fellows must use the New Innovations application for recording these hours.

The Graduate Medical Education Committee has agreed that at present there will be no exceptions made to the above Ascension St. Vincent and ACGME policy. If it is necessary for the GMEC to consider an exception to the Clinical and Educational Work Hour Policy, the Committee shall, at that time, create a protocol to handle an exception.

Fatigue/Stress			
Department:	Medical Education	Reviewed and Approved by GMEC:	March, 2025
Origination Date:	March 2011	Next Review Date:	March, 2026

PURPOSE: Communicate the institution’s acknowledgement that residents will experience fatigue and stress during their course of their residency and fellowship program and commitment to providing residents with methods for addressing it.

POLICY

Symptoms of fatigue and/or stress are normal and expected to occur periodically with the housestaff population, just as it would in other professional settings. During the course of training housestaff may, on occasion, experience some effects of inadequate sleep and/or stress. As an institution, the Graduate Medical Education Committee has adopted this policy to address resident fatigue and/or stress.

EDUCATION

Programs are responsible for developing their own policies and for enforcing them. Programs must educate all faculty members and residents to recognize the signs of fatigue and sleep deprivation. Programs must also educate faculty and residents on alertness management and fatigue mitigation. Programs must develop a process or strategy to ensure continuity of patient care in the event that a resident becomes excessively fatigued. Programs, in cooperation with the sponsoring institution must also provide adequate sleep facilities and safe transportation options for overly fatigued residents. If a resident is too fatigued to drive they should request transportation from Lyft, Uber, etc. The resident will be reimbursed for this cost and should submit the expense to the GME office for reimbursement.

GME Disaster Plan and Interruption of Education and Patient Care

Department:	Medical Education	Reviewed and Approved by GMEC:	March, 2025
Origination Date:	March 2007	Next Review Date:	March, 2026

PURPOSE: To provide guidelines in the event of a local disaster that would impact residency and fellowship training.

POLICY

The purpose of a GME Disaster Preparedness policy is to:

1. Provide guidelines for communication with and assignment/allocation of house staff workforce in the event of a disaster, affecting normal hospital operations
2. Address administrative support for Ascension St. Vincent programs and house staff in the event of a disaster or substantial interruption in normal patient care, and
3. Provide guidelines for communication with house staff and program leadership to assist in reconstituting and restructuring house staff's educational experiences as quickly as possible after a disaster or determining the need for transfer or closure if necessitated by events.

PROCESS

Communication

Hospital response teams will include the DIO and other relevant GME staff.

All programs will maintain contact information for all house staff and key faculty. The contact information will contain, at a minimum, the address, pager number and all available phone numbers (home, cell, etc.), all available email addresses and emergency contact information.

In the event that the hospital, program, or graduate medical education ceases to function for a significant length of time (>24 hours), the office of Medical Education will communicate with the Programs' leadership.

Efforts to communicate with program leadership, residents and fellows, using available and appropriate modalities, will be made regularly throughout the entirety of the event.

Efforts to support resident and fellow wellbeing during a disaster will be made, including but not limited to access to adequate food and rest spaces.

Compensation

During and after a disaster, house staff will be allowed, encouraged, and expected to continue their roles where possible and to participate in disaster recovery efforts. Unless otherwise instructed, house staff will continue to receive benefits and salary, (including liability coverage).

Workforce/Resource Allocation during a Disaster

In the event that the hospital's disaster plan is activated, refer to the Emergency Preparedness Plan policy as referenced in policy stat.

Decision-Making on Program and Institution Status and Resident Transfer

The DIO will communicate directly with the ACGME regarding the impact of the disaster. If needed, appropriate action will be taken to:

1. Maintain functionality of the program(s),
2. Temporarily transfer residents until program(s) is reinstated, or
3. Enact and support permanent resident transfer if needed

ACGME provides on its website, phone numbers and email addresses for emergency and other communication with ACGME from disaster affected institutions and programs. Program directors will follow all ACGME policies in regard to managing the impact of the disaster on GME programs.

Off Campus Rotations

Department:	Medical Education	Reviewed and Approved by GMEC:	March, 2025
Origination Date:	March 1999	Next Review Date:	March, 2026

PURPOSE: To ensure appropriate documentation of off site rotations and to ensure that academic credit and supervision are provided.

POLICY

There will be occasions when residents will need to leave the Ascension St. Vincent campus to acquire an experience that is not available on campus, including international experiences. An off campus rotation is defined as any rotation at a medical facility and under the supervision of a teaching physician who is not officially related to Ascension and its GME Program Faculty. The opportunity to take off campus rotations is limited due to the cost to Ascension St. Vincent as off site rotations are not reimbursed by the Center for Medicare and Medicaid Services. Except under unusual circumstances, no more than three months of off-campus elective rotations will be allowed during the duration of a resident's training program.

PROCESS

In order to take an off campus rotation, residents must seek the approval of the program director by using the attached form. Final approval is given by the DIO. For institutions where a Master Affiliation Agreement exists, residents should seek approval at least 120 days prior to the planned experience. Residents must be aware that when there is not a Master Affiliation Agreement, more time may be needed.

A written letter of agreement on the terms and conditions that meet ACGME guidelines will include descriptions of faculty, rotation duration, curricular content, learning objectives, responsibilities for teaching, supervision and evaluation, and applicable policies and procedures.

The Affiliation Agreement and/or Program Letter of Agreement (PLA) must be coordinated and executed prior to the onset of the rotation. Ascension St. Vincent policy requires that Affiliation Agreements be executed by the Legal Department and signed by the Hospital's President or COO. A PLA can be executed by the program director and site director at the facility when an active Affiliation Agreement exists with final approval and signature from the DIO. If using a non Ascension St. Vincent PLA, legal review should be completed prior to execution.

The resident is responsible for providing all required documents that facility requests of visiting residents, including but not limited to, malpractice coverage and evidence of licensure (medical licensure must be obtained for out-of-state rotations). The resident must ensure that medical records are completed and clinic schedules are adjusted one month prior to beginning the rotation.

All expenses related to the off-campus rotation will be the responsibility of the resident and/or the corresponding residency program. The resident's salary will continue to be paid during the off-campus rotation. Choice Spending Account funds may be used for off-campus rotations as approved by the programs director.

The requirements for International Medicine rotations are in the International Medicine Rotation Guidelines, and supplemental funding is possible through the Ascension St. Vincent Foundation..

Programs must maintain all Program Letter of Agreements in the program office and/or residency management software system and update them as needed.

Vendor Interactions with House Staff

Department:	Medical Education	Reviewed and Approved by GMEC:	March, 2025
Origination Date:	November 2009	Next Review Date:	March, 2026

PURPOSE: To establish an Institutional Policy to provide direction on appropriate relationships among house staff, vendors (to include pharmaceutical industry personnel) and their representatives.

POLICY - Relationships between healthcare professionals and industry representatives (Vendors) are intended to benefit patients and to enhance the practice of medicine. Interactions should be focused on informing healthcare professionals about products, providing scientific and educational information and supporting medical research and education.

Scope: This policy will apply to all house staff enrolled in a Graduate Medical Education (GME) training program at Ascension St. Vincent Hospital. All information contained in this policy shall be used as minimum criteria for house staff/pharmaceutical interactions. Each program director may establish more specific guidelines for house staff/pharmaceutical interactions within their department.

Definitions:

House Staff – refers to all interns, residents and fellows enrolled in a post-graduate training program.

Grant – a gift for a particular purpose

Vendor – someone who promotes or exchanges goods or services for money

PROCESS - Responsibilities/Requirements:

- A. Recognizing that house staff will encounter medical industry vendors and literature throughout their careers, teaching about the interplay between physicians and vendors should be part of the formal curriculum, specifically for the purpose of providing information on potential conflicts of interest and the influence of marketing.
- B. Ascension St. Vincent house staff should be guided by the American Medical Association Council on Ethical and Judicial Affairs (CEJA) published opinion 8.061 (reference <http://www.ama-assn.org>) for ethical guidance in identifying appropriate interactions with vendors.
- C. The Department of Medical Education will not sponsor house staff related functions with vendors and their representatives.
- D. Each program director, department chair and/or designated faculty member will develop the program curriculum based on educational requirements/topics set forth by the Accreditation Council for Graduate Medical Education and/or the program specific licensing board. Vendors and their representatives may not determine the conference and curriculum content.
- E. All sponsored speakers supported by vendors must be approved and monitored by each program director, department chair and/or designated faculty member. Financial disclosures must be given prior to their presentation.
- F. Speakers invited for the purpose of promoting a specific product and/or pharmaceutical, represented by a pharmaceutical company/vendor, are not permitted at any core educational conferences.
- G. House staff may not accept any monetary grant or gift from a vendor or their representative. House staff may accept gifts of minimal value (such as pens, notepads and similar “reminder” items with company or product logos) or practice related gifts (educational books, penlights, etc.) that are not of substantial value.

Special Review Process

Department:	Medical Education	Reviewed and Approved by GMEC:	March, 2025
Origination Date:	May 2023	Next Review Date:	March, 2026

PURPOSE: The Graduate Medical Education Committee (GMEC) must demonstrate effective oversight of underperforming program(s) through a Special Program Review process.

POLICY -

- a) The Special Program Review (SPR) process must include a protocol that:
 - i. Establishes criteria for identifying underperformance; and,
 - ii. Results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring and timing of outcomes.
- b) Criteria for SPR: The DIO has discretion to initiate a SPR using any of the following criteria:
 - i. Adverse accreditation status awarded by the Residency Committee (RC/ACGME), including Warning and Probationary Accreditation
 - ii. Pattern of resident or faculty attrition
 - iii. Resident or Faculty survey
 - 1) Results below the national average,
 - 2) Two or more categories with 50% or less compliance on any question,
 - 3) A pattern of significant downward category trends since the last survey,
 - 4) A rating of less than 4.0 in the category “Overall Evaluation”, or
 - 5) Survey completion rate below 70%
 - v. Board pass rate below RC minimum requirement
 - vi. Program citations or areas needing improvement from ACGME.
 - x. Request by the Program Director, faculty or trainee of the Program
 - xi. Any reason not listed that rises to the level of concern noted above
- d) Based on the type review needed, the DIO will appoint members to the Special Program Review Committee, which could include faculty, staff, and residents from other programs. The membership and charge given to the SPR committee will be based on the criteria met above.
- e) Special Program Review Process: The DIO will notify the program director of the Special Program Review. Documentation will be requested based on the nature of the problem identified. If indicated, individuals from the program could be interviewed during the review process.
- f) Timing of the Review and Report: The review will occur as soon as possible, following the appointment of members to the SPR Committee. The Report will be submitted to the DIO, for discussion with the PD. PD will be given at least two weeks to create an action plan. At the next possible GMEC meeting, DIO (or designee) presents the report and PD (or designee) presents the action plan.
- g) Special Review Report: The report will contain, at a minimum:
 - i. Name of program reviewed
 - ii. Current accreditation status of program
 - iii. Last RC site visit date
 - iv. SPR Committee members’ names and titles
 - v. Start and End dates of SPR
 - vi. Area of concern that prompted the review
 - vii. A brief description of review process, including materials reviewed and individuals interviewed
 - viii. Summary of the findings of the review
 - ix. Recommendations for quality improvement goals and/or corrective action
 - x. Process for monitoring of outcomes, including expected timelines
- h) Program Action Plan: The program director will review the results of the SPR prior to the report being presented to the GMEC. In conjunction with the DIO, the program director will develop an action plan addressing all concerns raised in the SPR report. The report will contain, at a minimum:
 - i. Name of program
 - ii. Date of action plan

iii. Action Items to address all recommendations listed in SPR report

iv. Timeline for each action item

v. Names of Individuals responsible for follow-up of each action item

i) GMEC Monitoring: The SPR Report and Program Action Plan will be presented together to the GMEC. The DIO and GMEC will monitor progress of the plan at all subsequent GMEC meetings until all concerns are addressed to the satisfaction of the committee.

Transcription Policies

Department:	Medical Education	Reviewed and Approved by GMEC:	March, 2025
Origination Date:	December 2020	Next Review Date:	March, 2026

PURPOSE: New Transcription Standardization initiative

POLICY - To standardize documentation workflow within HIM transcription handoff relating to Date of Service, addendums, responsibility of carbon copy distributions, text corrections, and blanks. This applies to all providers who are dictating in the Indiana Ascension Escription dictation system and starts on January 1, 2021.

PROCESS - Responsibilities/Requirements:

- A. **DATE OF SERVICE:** If provided/spoken within your dictation, Transcription will populate that Date within your patient documentation.
If you **DO NOT** provide spoken confirmation of DOS, the DOS will not be populated. The field will remain empty. Provider will be required then to add DOS to the first line of text prior to signature. This is the same procedure you do today when making modifications.
- B. **ADDENDUM/PARTIAL DICTATIONS:** Once a note is uploaded into your EMR, any addendum or additional documentation is sent into the patient record as a separate and unique document. You must dictate a separate dictation to addend, modify, or change a prior report which you have authenticated.
- C. **CARBON COPY DISTRIBUTION:** All distribution is out of your EMR. If carbon copies are requested, you **MUST** state and spell first and last the name of the physician/facility. If not provided, Transcription **WILL** err on the side of caution and not forward a copy of that document.
- D. **TEXT CORRECTIONS:** Transcription will no longer make corrections to a document that has been uploaded to your EMR. Providers should make changes, corrections or additions, **PRIOR TO ELECTRONICALLY SIGNING** every dictation. Once authenticated, corrections or changes are required to be documented via a second separate unique dictation.
- E. **BLANKS:** Providers are required to fill in all blanks **PRIOR TO ELECTRONICALLY SIGNING** every dictation

For questions please email Transcription Operations directly at US_Specialists@R1RCM.com Please note the underscore in between US and Specialists.

Ascension St.Vincent Indianapolis
Graduate Medical Education – Moonlighting Disclosure

Interns, residents and fellows must complete this form annually, at the commencement of their Physician Agreement, or when there is a change in moonlighting status or location. PGY1 Residents are not allowed to moonlight.

Date:	Name:	
Training Program Name:	Program Director Name:	PGY:
Are you moonlighting? YES NO <hr/> Date _____ Your Signature _____		
<p>If you are NOT moonlighting, print a copy of this form and submit it to your program coordinator. If you ARE moonlighting, please read and complete the below information.</p> <p>NOTE to resident: If moonlighting occurs in an Ascension Health facility medical malpractice coverage is through Ascension Health’s malpractice carrier. If moonlighting does not occur in an Ascension Health facility, you are responsible for securing medical malpractice coverage.</p>		
Enter location of moonlighting:		
Moonlighting employer name (the entity that issues your paycheck):		
Name of supervisor at moonlighting location:		
Name of medical malpractice carrier (if not Ascension):		
Indiana Permanent License#:	Federal DEA#:	
<i>License and DEA numbers must be provided to moonlight.</i>		

Print a copy of this form and submit it to your program coordinator. You may moonlight only after you have received approval from your program director. Your program director will notify you of the process for submitting worked moonlighting hours to ensure timely payment. Failure to request authorization to moonlight from your program director could result in disciplinary action. **A copy of this form must be submitted to the GME Office.**

APPROVE
 DISAPPROVE
 NO MOONLIGHTING REQUESTED

Date Program Director Signature

THIS SECTION FOR GME OFFICE USE ONLY

Date Received: _____ By: _____

**Ascension St. Vincent Indianapolis
Graduate Medical Education
Off Campus Rotation Request**

(Must be submitted 120 days in advance of rotation month)

Today's Date: _____ Month/dates of rotation: _____

Resident Name: _____

Place of Rotation: _____ Specialty of Study: _____

Supervising Physician Information

Name: _____ Email: _____

Institution/Facility Name: _____

Address: _____ Phone#: _____

Program Coordinator Name: _____ Email: _____

~~~~~

1. Indicate below why you wish to schedule this rotation. (Must be completed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. List below your goals and objectives for this rotation. (Must be completed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ Approved  
\_\_\_\_ Not Approved

Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

**Program Coordinator:**

- 1. Scan and email this completed form to Medical Education and retain a copy for the resident's program file.**
- 2. Email the program's Goals and Objectives for the resident's rotation to be incorporated into the PLA to Medical Education.**

Updated: January 2025

**Ascension St. Vincent Indianapolis and Seton Specialty  
Bloodborne Pathogen (BBP) Exposure SBAR**

**Situation:** At Ascension St. Vincent Indianapolis, healthcare personnel have had BBP exposures (e.g., needle sticks and other sharps-related injuries, splashes to eyes and/or mucous membranes, etc.). Several of these healthcare workers had an increased risk of injury due to failure of proper processes followed.

**Background:** Multiple BBP exposures have occurred and were not reported appropriately which delayed prophylaxis. (For effective response prophylaxis treatment must be initiated within the first 2 hours after exposure.)

**Assessment:** The following measures should be followed once a BBP exposure occurs:

- Immediately wash the area with soap and water. For splashes, flush the area with water.
- Contact shift supervisor.
  - Supervisor will contact the Administrative Representative as appropriate.
  - Supervisor will verify consent and obtain order for source patient testing.
- Report immediately (within the first 2 hours of exposure) to:
  - OAHF during office hours (M-F, 7a-4p) located at 8402 Harcourt Rd, Suite 501, Phone: (317) 338-2347
  - ED during OAHF non-office hours to determine if prophylactic treatment is necessary which **must occur within the first 2 hours of exposure**
- Ascension St. Vincent Associates (after initial treatment) contact ViaOne at **1-866-856-4835** and report event.

\*For students and contingent workers, after initial treatment, please follow your organization's policy regarding additional health care follow-up.

**Requirements:**

1. Ascension St. Vincent associates should seek treatment before reporting the event to ViaOne.
2. Source patient testing should always be done regardless if the healthcare worker refuses treatment.
3. Two new initiatives have been put into place to expedite process and inform healthcare workers of the processes
  - a. 338-OUCH-this phone number has a recorded message to provide the healthcare worker with initial steps to follow.
  - b. SharePoint Site-a new site has been set up in the Good Day Ascension/Quick Links/Blood Borne Pathogen Exposure. This site will have this document, a BBP exposure checklist, and other resources. Associates who have a BBP exposure event will need to visit this site and print off the checklist.
4. Managers and Directors-during associate/staff meetings should review the importance of seeking care immediately following a potential exposure. For departments that have the responsibility of drawing source patient labs, the need to draw labs urgently should also be discussed.
5. The talking points and flow chart may be used as a guide and are available on the Good Day Ascension under Clinical Resources, Quality and Patient Safety, Bloodborne Pathogen Exposure.
6. Contingent workers should always seek immediate initial assessment and potentially treatment at St. Vincent OAHF or ED (depending on hours) and then follow-up with their own organization's policies regarding follow-up.

**Note: If checking into the ED- make sure to tell them to register this as Workers Compensation or you will receive a bill.**





# Bloodborne Pathogen Exposure?

(Needle/sharps sticks and/or splashes to mucus membranes)

**CALL**  
**338-OUCH**

**and/or go to:**

**Good Day Ascension / My Ministry / Ascension St. Vincent  
(IN) / Clinical Resources/  
Quality and Patient Safety / **Bloodborne Pathogen Exposure****

**Healthcare Worker Bloodborne Pathogen Exposure Checklist**  
(needle/sharps stick, splash to eyes and/or mucous membranes, etc.)

Name of Healthcare Worker: \_\_\_\_\_ Discipline: \_\_\_\_\_

Date of Exposure: \_\_\_\_\_ Time of Exposure: \_\_\_\_\_

Location of Exposure: \_\_\_\_\_

Source MR# \_\_\_\_\_

| Healthcare Worker Exposed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>○ Immediately wash the area with soap and water. For splashes, flush the area with water.</li> <li>○ Contact shift supervisor</li> <li>○ Within the first 2 hours of exposure (for evaluation of need for prophylactic treatment) go to:               <ul style="list-style-type: none"> <li>○ AOH during office hours (M-F, 7a-4p) located at 8402 Harcourt Rd, Suite 501, Phone (317) 338-2347.</li> <li>○ ED during AOH non-office hours-Healthcare worker must tell ED that "this is a work-related injury."                   <ul style="list-style-type: none"> <li>▪ Lab orders for Exposed HCW- "Blood/Body Fluid Exposure Orders-Exposed Individual"</li> </ul> </li> </ul> </li> <li>○ Associate call ViaOne, after initial treatment, to report event at 1-866-856-4835</li> </ul> |
| Supervisor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <ul style="list-style-type: none"> <li>○ Verify source patient consent and obtain order for source patient testing</li> <li>○ Enter order into EMR "Blood/Body Fluid Exposure Orders-Source Patient"</li> <li>○ Obtain Source patient sample - 4 Gold Tubes (3.5ml) and 2 Lavender Tubes (4.0 ml)</li> <li>○ Send to Lab as "STAT"</li> <li>○ Contact the Administrative Representative:               <ul style="list-style-type: none"> <li>✓ 86<sup>th</sup> street and ambulatory sites 338-1172</li> <li>✓ Women's Hospital 415-7640</li> <li>✓ Seton (Charge Nurse) 415-8383</li> </ul> </li> </ul>                                                                                                                                                                                                                             |

**Note: Source patient testing should always be done regardless of healthcare worker election to not pursue treatment.**

*Signature acknowledges that all above steps were followed*

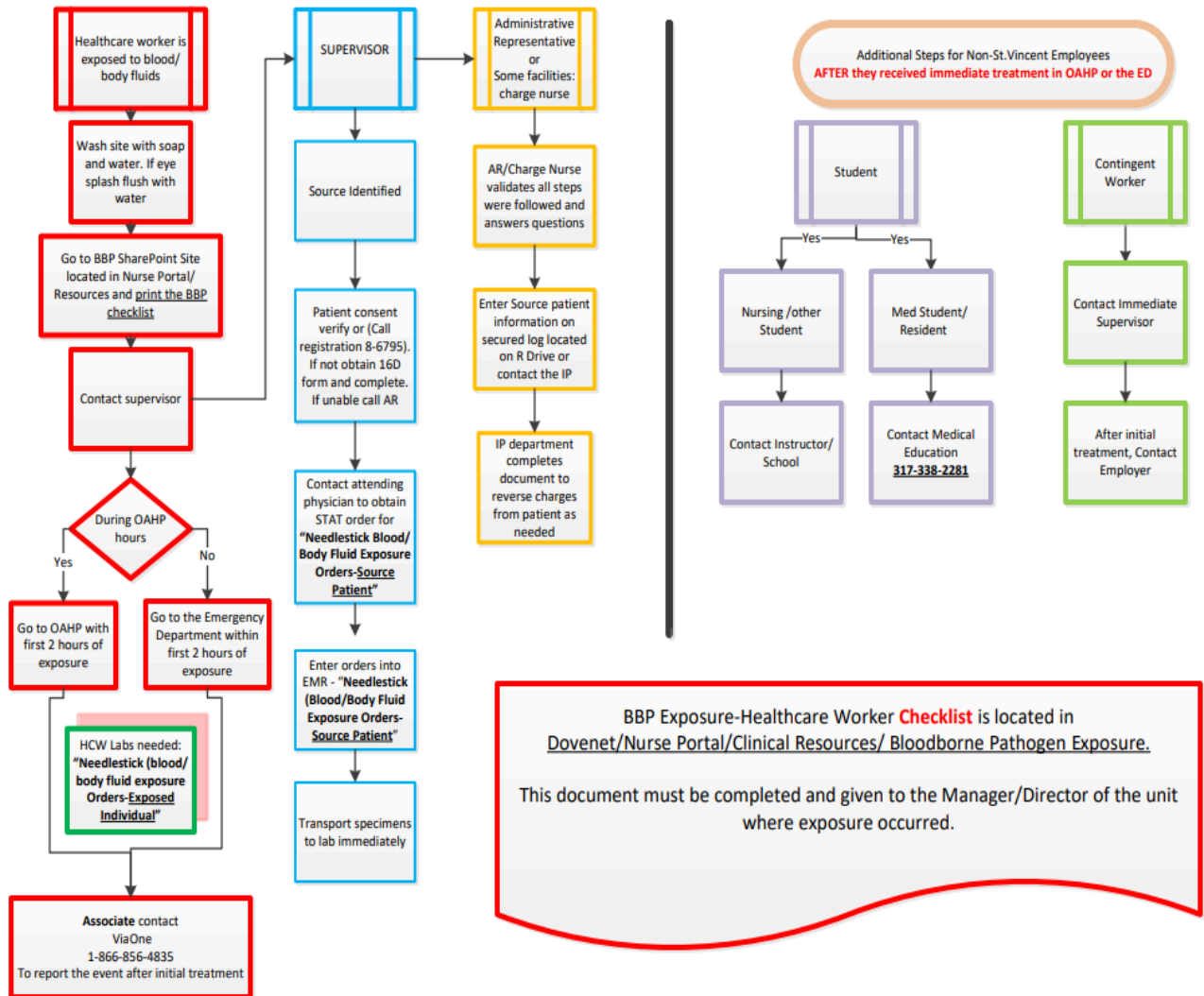
Healthcare Worker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*[Give this completed checklist to the Unit (where exposure occurred) Manager/Director]*

# Bloodborne Pathogen Exposure Response Process

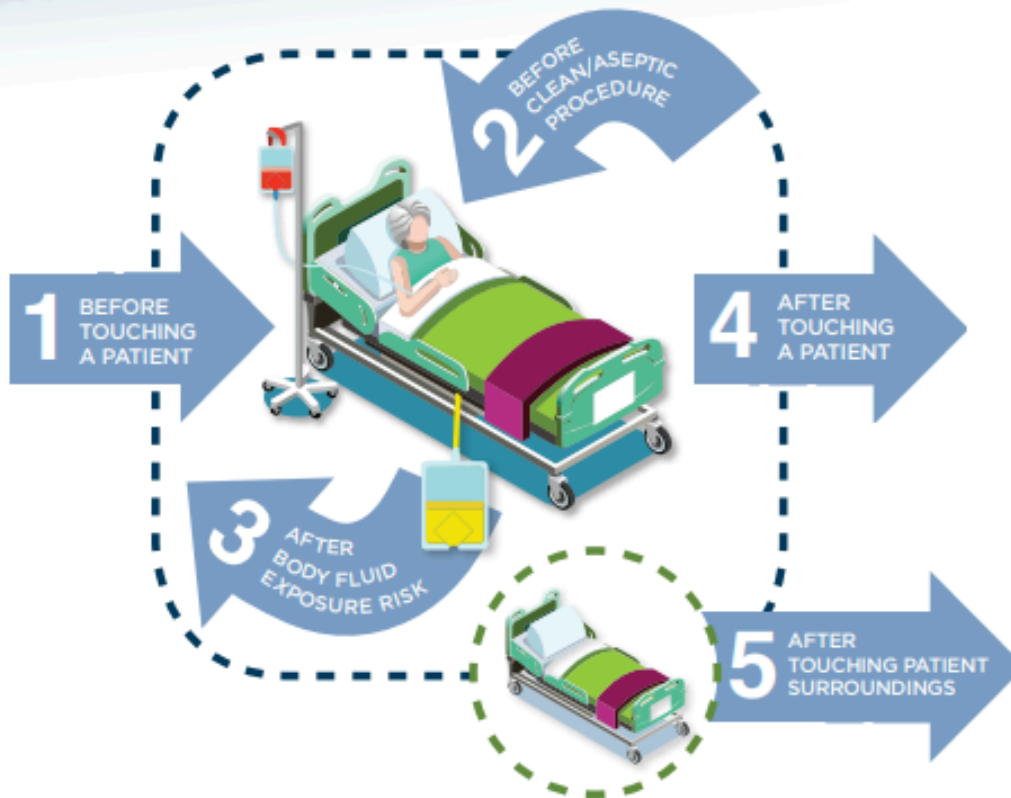
Updated: 8/2019 LR



BBP Exposure-Healthcare Worker **Checklist** is located in Dovenet/Nurse Portal/Clinical Resources/ Bloodborne Pathogen Exposure.  
 This document must be completed and given to the Manager/Director of the unit where exposure occurred.

# SPEAK UP for HAND HYGIENE

**Raise awareness by raising your hand!**  
Remember the **Five Moments for Hand Hygiene** can save someone's life!



# Ascension St. Vincent

## GME Behavioral Health & Physician Well-being Resources

### Introduction

Ascension St. Vincent Hospital and Graduate Medical Education are committed to the health and well-being of our residents, fellows, faculty, students, and all members of the healthcare team. All care providers can access affordable routine and urgent behavioral health resources 24/7 as follows.

All Ascension physicians have anonymous access to the MyWellbeingIndex app to monitor burnout/wellbeing.

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For physicians or students with **suicidal or emergent** behavioral health needs:

- **St. Vincent Stress Center (1-800-872-2210) Walk in assistance available**
- **Emergency Department** or call 911 all other times; physicians or supervisors can call the physician only ED line at 317-338-2121 to facilitate confidential evaluation
- Call the **National Suicide & Crisis Hotline —1-800-273-8255**
- **Suicide & Crisis Hotline - 988**

Alert any program director, program coordinator, DIO, or GME staff asap for additional support assistance

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For physicians or students with **urgent or routine** behavioral health needs:

#### St. Vincent resources

- **Employee Assistance Program 317-338-4900 or 1-800-544-9412**
- To search for outpatient services, consider psychologytoday.com
  - <https://www.psychologytoday.com/us/therapists/bluecross-and-blueshield/in/indianapolis>
  - If residents/students are interested in virtual therapy, they can see *any* provider in Indiana who accepts their insurance.

For physicians or students with alcohol, drug, or substance issues:

- **Employee Assistance Program 317-338-4900 or 1-800-544-9412**
- **Indiana State Medical Association** – For assistance, please call **1-800-257-4762 or 317-261-2060** and ask for the Physician Assistance Program staff. For additional information, visit [www.ismanet.org/resources/assistance/index.htm](http://www.ismanet.org/resources/assistance/index.htm)

# Find the right care for your well-being

## [myCare](#)

A website with resources, articles, videos and tools to enhance holistic well-being.

- Free, 24/7, self-paced resources all in one place.
- Designed and curated by Ascension subject matter experts.
- Accessible to associates.



## [Ascension Wya](#)

An app experience where you engage with a friendly chat bot to enhance well-being.

- Free, 24/7, anonymous.
- Interactive chatbot will engage with you on a continual basis.
- Helps manage stress, sleep, depression, anxiety, etc.
- Accessible to associates and family.



## [Employee Assistance Program](#)

An Ascension benefit that allows you and family members to speak to a counselor.

- Eight free sessions.
- Get help handling stress, managing relationships, getting out of debt, etc.
- Available to associates and immediate family.



## [Provider/Associate Care Team \(PACT\)](#)

Peers provide emotional support to coworkers following a significant work-related event.

- Trained associates provide a caring, listening presence and confidential space for fellow associates after an event.
- Find support or become a PACT Peer Supporter.
- Available to associates.



## [Spiritual Care](#)

Video chat with an Ascension chaplain anytime, anywhere.

- Free, available 24/7.
- Staffed by experienced Ascension chaplains who are committed to listening to and supporting through complex challenges.
- Available to associates.



## [SmartHealth](#)

A health insurance plan for Ascension associates and their dependents.

- Track deductibles on the app.
- Connect with your care management team to help you reach your health goals.
- Enroll in digital benefits and virtual programs to help manage your health, including online urgent care and psychiatry.



Scan QR codes or click headings to access links



Ascension

A team of professionals will be available to support you in a confidential manner to navigate challenging situations you encounter.



We recognize:

It will take us all to make a difference.  
It takes more than courage to do the right thing.  
The phrase “if you see something, say something” is only a phrase if there are no systems in place to support those brave enough to speak up.

**We are here to help.**

**Scan this barcode to start the process  
Pathway to Report**



# Plain Language Codes

Use of plain language will reduce confusion for health care professionals working in more than one hospital, which could otherwise lead to a potential delay in care or a patient safety event. This policy is not intended to replace any of the ministry emergency response policies, but only to guide the language used in alerting staff to the emergency situation. All facilities should maintain their individual emergency response policies related to the individual situations.

## SCRIPTS

### Emergency Overhead Paging Plain Language Scripts

|                                                                                                                                                                                                             | Plain Language                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <b>Fire</b><br><br><i>Each facility needs to determine appropriate action for staff, patients, and visitors.</i>                                                                                            | <b>Fire alarm + location (and as appropriate, action for staff/patient/visitors.)</b> |
| <b>Code Blue</b>                                                                                                                                                                                            | <b>Code Blue + location (and as appropriate, adult or pediatric.)</b>                 |
| <b>Protected Code Blue</b><br><br><i>Limit the number of healthcare workers (HCW) at the bedside during a code situation and ensure all staff wear the appropriate personal protective equipment (PPE).</i> | <b>Protected Code Blue + location (and as appropriate, adult or pediatric.)</b>       |
| <b>Code Pink (**as applicable at each site)</b><br><br><b>Alert for a neonatal emergency that includes a neonate currently in distress/arrest or the anticipated delivery of a compromised newborn.</b>     | <b>Code Pink + location</b>                                                           |
| <b>Rapid Response Team</b>                                                                                                                                                                                  | <b>Rapid Response Team + location.</b>                                                |
| <b>Stroke Team Activation</b>                                                                                                                                                                               | <b>Stroke Team + location.</b>                                                        |
| <b>Trauma Team Activated</b>                                                                                                                                                                                | <b>Trauma Team + location.</b>                                                        |
| <b>Code OB (**as applicable at each site)</b>                                                                                                                                                               | <b>Code OB + location</b>                                                             |
| <b>Code OB (staff from PMCH &amp; Women's) Activated</b>                                                                                                                                                    |                                                                                       |



|                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Missing Person (includes Elopement)</b></p> <p><i>Each facility needs to determine appropriate action for missing person versus elopement.</i></p> <p><b>Infant Abduction</b></p> <p>(not to be called as a missing person so that there is no confusion between this and an elopement).</p>                                                                            | <p>Missing Person + descriptor + last seen information (and as appropriate, action for staff/patient/visitors.)</p> <p>Infant Abduction + description + last seen information (And, as appropriate, action for staff/patient/visitors.)</p> |
| <p><b>Severe Weather</b></p> <p><i>Each facility needs to determine appropriate action for staff, patients, and visitors.</i></p> <ul style="list-style-type: none"> <li>● Tornado Watch</li> <li>● Severe Thunderstorm Watch</li> <li>● Tornado Warning</li> <li>● Severe Thunderstorm Warning</li> <li>● Ice Storm</li> <li>● Snow Storm</li> <li>● Extreme Heat</li> </ul> | <p>Severe weather + descriptor (and as appropriate, action for staff/patient/visitors.)</p>                                                                                                                                                 |
| <p><b>Disaster (internal or external emergency)</b></p> <p>(e.g., hazardous agent, mass casualty, biologic agent, evacuation, chemical spill, power outage, IT down)</p> <p>This is based on what Incident Command would typically be established for.</p>                                                                                                                    | <p>Internal/external emergency + descriptor + activate the _____.</p> <p><i>EG: Incident Command System, DECON team, Downtime procedures, Etc.</i></p>                                                                                      |

**Security Alert**

*It is recommended that each hospital convene a team to evaluate what security situations would be announced overhead or if other communication methods would be used such as email or silent page.*

- *Show of force – facilities will need to determine at what point this situation would reach an overhead page.*
- *Intruder – facilities will need to determine at what point this situation would reach an overhead page.*
- *Bomb threat – facilities will need a process in place to determine a credible bomb threat and at what point the situation would deem an overhead page.*
- **Active Shooter (Is NOT to be called as a “Security Alert” so that it is not confused with any other kind of security alert).**

**Security Alert + descriptor + location.**

**Active Shooter + descriptor + last known location.**

**\*\* Due to resources and services, not all sites may use Code OB \*\***