Ascension St. Vincent Hospital

Medical Education Department

House Staff Handbook
2026 - 2027

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

Revised April 2026

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MEDICAL EDUCATION ADMINISTRATION

Name	Title
W. Graham Carlos MD,MSCR,ATSF, FACP	CMO, Executive Director, Medical Education;
R. Grace Greist, MD, FACP	ACGME DIO, Medical Director, Joshua Max Simon Primary Care Center
Tom Malasto	Director of Physician Practice Operations, Primary Care Center
Brianne Nickel, MA, C-TAGME	Director of Graduate Medical Education
Spencer Romstadt	House Staff Council and Faculty Development Sponsor
Open	Director of Student Medical Education
Tyler Fletcher	Medical Education Student Coordinator
Martha Fahrbach	Medical Education GME Institutional Coordinator
Michael Glenzer, MPH	Medical Education Research Scientist

GME PROGRAMS – ACGME ACCREDITED

Residency Program	Director	Associate Director	Coordinator
Internal Medicine	Samantha Loeser, MD	Stephen Knaus, MD Spencer Romstadt, MD	Hannah Ramirez Erica Apollos
Transitional Year	Jennifer Mundell, MD		Katy Wenzel
Family Medicine	Kimberly Smith, DO	Elizabette Johnson, MD Puja Samudra, MD	Marton Eric Ramirez
Obstetrics/Gynecology	Adina Ionescu, MD	Megan Buechel, MD	Christine Roberts
Pediatrics	Rebecca Rothstein, DO	Kristin Hem	Sophia Smith
Surgery	Chad Wiesenauer, MD	Ian Ferris, MD Gregory Roberts, MD Sarah Strot, DO	Lisa Stuart
Anesthesia	Ryan Harris, MD	Alexander Kokini, MD Elliot Trosky, MD	Anita Batza
Radiology	OPEN		OPEN
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	Open	Marton Eric Ramirez
Micrographic Surgery and Dermatologic Oncology	C. William Hanke, MD	MarthaFahrbach/Katherine Gamez
Pulmonary Disease and Critical Care	Emily Cochard, MD	OPEN

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					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 electronic version of the pay stub is available online at ***my*Ascension**. The direct deposit is not available until Friday of pay week.

Salary Schedule for Academic Year – 2026-2027

PGY - 1	$66,116.00 annually	PGY - 5	$76,174.00 annually
PGY - 2	$67,172.00 annually	PGY - 6	$80,253.00 annually
PGY - 3	$68,997.00 annually	PGY - 7	$83,873.00 annually
PGY - 4	$71,778.00 annually	PGY - 8	$87,694.00 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.

Education Spending Account

All residents and fellows are given $2400 annually.

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 Program 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, portable ultrasound - 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 - **Limited to a maximum of $500.00 per year.**
- Conference Attendance with Program Director Approval

Receipts should be submitted to the program coordinator 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 and CFO approval which will be the program coordinators responsibility to obtain.

Only one computer, tablet, portable ultrasound 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.

Education 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.

Education Spending Account balances do not roll over into subsequent years. If a resident is off-cycle, the annual amount of the Education Spending Account will be prorated to reflect the amount of training time.

Funds may be also temporarily withheld due to remediation, probation, failure to meet competency expectations, or compliance with program requirements.

All requests for reimbursements need to be submitted by June 15th of each calendar year. Exceptions can be made with approval by the Medical Education Office.

Meal Cards

Meals cards are provided to assist residents with access to food while on call and over weekend shifts. These cards are to be used for the individual resident only for the purchase of food or drinks only. The cards cannot be used to purchase gifts cards or merchandise. Lost cards should be reported immediately to the medical education office.

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. Additional lab coats may be purchased through the Office of Medical Education using choice spending dollars or personal funds.

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 is provided by ProAssurance Indemnity Company, Inc. for employed MD and DO residents and fellows. Coverage is provided on a claims-made basis and includes tail coverage upon employment termination. In addition to the coverage provided by ProAssurance, MD and DO residents are enrolled individually as qualified healthcare providers with the Indiana Patient's Compensation Fund, which was established by the Indiana Medical Malpractice Act in 1975, on an annual basis for the duration of their employment.

Professional liability insurance is provided by the Ascension Trust for employed Podiatry residents. Coverage is provided on an occurrence basis, which does not require tail coverage upon employment termination. In addition to the coverage provided by the Ascension Trust, DPM residents have shared coverage through the Hospital's enrollment as a qualified healthcare provider with the Indiana Patient's Compensation Fund.

Coverage under both ProAssurance and the Ascension Trust is for those activities occurring on or after a resident's employment start date that are performed within the scope of employment, regardless of when claims arise. Note, there is no 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 enroll as a qualified healthcare provider under the separate policy with the Indiana Patient's Compensation Fund.

In addition to professional liability insurance, general liability insurance is provided through the Ascension Trust for all employed residents.

Certificates of Insurance are available to all residents and through program leadership or through the office of Medical Education.

Residents and Fellows will be provided with written advance notice of any substantial change to the details of their professional liability coverage.

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 - please review
- Vehicle Registration

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 daily for important communications. Personal emails are acceptable as a secondary email only. Email is a commonly used method of communication by the program and the hospital. For security, your Ascension email is the preferred address for all 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 AMSConnect 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. All admission history and physical exams, daily progress notes, discharge summaries and operative notes must be completed within 24 hours. 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/AIMs – 2nd Floor ICU Call Rooms

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 - Near EP Lab

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

Family Medicine - 5th Floor Women and Infants Tower

Anesthesia: - 5th Floor Women's and Infants Tower, PMCH basement

Neurosurgery - Lucas Family Brain/Spine 2nd Floor

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 as needed. When a resident is out of the office or is unavailable for patient care, the clinic office must be made aware of plans at least 6 weeks in advance, when possible. It is the resident's responsibility to arrange for coverage of clinic tasks and mailboxes when they are not available.

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. Any member of the GME Office or Occupational Health 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.

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 on any resident related concerns. 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 several IRB Offices across the system. Ascension requires the IRB 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 may be available through Marian College of Osteopathic Medicine. 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 Management Plan

In the event of an emergency, GME programs will follow the Emergency Management 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 residency 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 phone number to call for a code 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

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.

GME Policies and Procedures

I. Employment/Recruitment Policies

Ascension St. Vincent Hospital Resident and Fellow Appointment Policy

Department:	Medical Education	**Reviewed and Approved by GMEC:**	April, 2026
Origination Date:	March 1999	**Next Review Date:**	March, 2027

Purpose
To ensure that each resident and fellow receives a written Agreement of Appointment that clearly outlines the terms and conditions of participation in an Ascension St. Vincent-sponsored graduate medical education program, in accordance with ACGME Institutional Requirements.

Policy
All residents and fellows appointed to Ascension St. Vincent Hospital Graduate Medical Education (GME) programs must receive a **written Agreement of Appointment** prior to the start of training. This agreement establishes the rights, responsibilities, and obligations of both the resident/fellow and the Sponsoring Institution.

Agreements for new residents are issued following the annual National Resident Matching Program (NRMP) Match or equivalent matching process. Agreements are made for the term of the residency**.** Promotion to the next PGY level is evaluated annually based on satisfactory performance and eligibility.

Procedure/Process
A. Agreement of Appointment

1. Each Agreement of Appointment will include, at minimum:
    - The **duration of the appointment**.
    - The **financial support** provided to the resident or fellow;
    - Resident responsibilities
    - Obligations of the employer
    - Information regarding **professional liability insurance**
    - The **terms of termination**, including non-renewal or dismissal; and
    - At no time will residents or fellows be required to sign non-compete agreements

2. The written Agreement must be signed by both the resident/fellow and an authorized institutional representative before the start of training.
3. Neither the Sponsoring Institution nor any of its ACGME-accredited programs will require a resident/fellow to sign a non-competition guarantee or restrictive covenant.

B. Reference Materials

Additional terms and conditions of appointment are detailed in the **House Staff Handbook**, which is updated annually. Program-specific policies may supplement institutional policies to address specialty-specific requirements.

The House Staff Handbook includes, but is not limited to, policies on:

- Resident Reappointment and Promotion
- Resident responsibilities and professional behavior
- Clinical and educational work hours (duty hours)
- Moonlighting
- Physician impairment
- Harassment and discrimination prevention
- Health and Disability Insurance; which are effective on the first day of employment
- Benefits and leave policies
- Remediation and grievances

C. Program-Specific Requirements

Each program must maintain a written policy, compliant with ACGME Program Requirements, describing the **impact of leaves of absence** (for any reason) on completion of training and eligibility for specialty board certification. This must include timely notice of the effect of the leave of absence on program completion and board eligibility.

D. Board Eligibility

It is the responsibility of each trainee to familiarize themself with board eligibility criteria, deadlines, application procedures, and fees. Questions and concerns regarding board eligibility should be directed to program leadership. Below are the major boards for common specialties:

- Internal Medicine: American Board of Internal Medicine
- Pediatrics: American Board of Pediatrics
- Obstetrics & Gynecology: American Board of Obstetrics and Gynecology
- Surgery: American Board of Surgery
- Anesthesiology: American Board of Anesthesiology
- Neurosurgery: American Board of Neurological Surgery
- Family Medicine: American Board of Family Medicine
- Dermatology: American Board of Dermatology
- Podiatry: American Board of Podiatric Medicine

E. Insurance and Benefits

- **Professional Liability Insurance:** Provided by the institution to all residents and fellows, with documentation maintained in the GME Office and available upon request. Must be active no later than the first day of employment.

- **Health and Disability Insurance:** Must be provided no later than the first official day of the resident or fellow's training program.

Ascension St. Vincent Hospital Resident and Fellow Evaluation Policy

Department:	Medical Education	**Reviewed and Approved by GMEC:**	April, 2026
Origination Date:	March 1999	**Next Review Date:**	March, 2027

Purpose
To establish a standardized process by which teaching faculty evaluate the performance and competency of residents under their supervision.

Policy
Teaching faculty must evaluate residents' knowledge, skills, and professional development using the applicable CPME or ACGME competency framework.

Procedure/Process
Each program director should implement a resident evaluation process that aligns with and fulfills the institutional policy outlined below.

A. Rotation Evaluations
All residency programs at Ascension St. Vincent will utilize formal evaluation tools for each monthly rotation. At minimum, residents must be evaluated at the completion of every clinical rotation. If a resident's performance is determined to be unsatisfactory or in need of remediation, the program director will meet with the resident to develop a formal corrective action plan. If performance does not improve, the procedures described in the Academic/Corrective Actions policy will be followed.

B. Ownership and Access to Evaluations
Completed rotation evaluations are the property of the residency program. Residents may view evaluations of their performance through New Innovations. Residents may not alter or remove evaluations from their files but may submit additional information or request additional evaluations from individuals who have directly observed their performance. Removal or amendment of an evaluation may occur only upon review and approval by the program's Clinical Competency Committee in conjunction with the program director.

C. ACGME Competencies and Milestones
Residency programs accredited by the ACGME require residents to achieve competence appropriate for independent practice in the following domains:

1. Patient Care
2. Medical Knowledge
3. Practice-Based Learning and Improvement
4. Interpersonal and Communication Skills

5. Professionalism

6. Systems-Based Practice

Programs will define the knowledge, skills, behaviors, and attitudes required for competency and will provide educational experiences necessary to support resident development. Evaluation methods may include multiple assessment strategies, such as direct observation, milestone based evaluations, entrustable professional activities, procedural competency, review of procedural logs, knowledge testing and quizzes, and multisource feedback from healthcare team members, patients, and administrative staff. Because competency assessment continues to evolve, evaluation processes may be modified during training.
Each resident and fellow will meet with their program director to review their summative evaluation at least semiannually. This will include a discussion of progression towards the next level of training.

Ascension St. Vincent Hospital Resident and Fellow Reappointment and Promotion Policy

Department:	Medical Education	**Reviewed and Approved by GMEC:**	April, 2026
Origination Date:	March 1999	**Next Review Date:**	March, 2027

Purpose

To establish a consistent institutional process for evaluating resident and fellow performance and determining eligibility for reappointment and promotion, in accordance with ACGME Institutional and Common Program Requirements.

Policy

All residents and fellows are appointed on a **year-to-year basis**. Reappointment and promotion to the next level of training are **not automatic** and are contingent upon satisfactory academic, clinical, and professional performance as determined by the Program Director, faculty and the program's clinical competence committee (CCC)

Each program will conduct regular assessments to ensure that every trainee is progressing appropriately toward achieving competency in all six ACGME Core Competencies.
The following criteria will be used to determine satisfactory educational progress:

- Performance evaluations from clinical rotations and other educational experiences.
- Other sources of feedback from the interdisciplinary team (360 degree evaluations if available)
- Attendance and active participation in required conferences, teaching rounds, and other educational activities.
- Assessments and milestone ratings from the program's **Clinical Competency Committee (CCC)** in accordance with ACGME requirements.

Procedure/Process

1. **Mid-Year Review:**
    - Each program must review and discuss the performance of every resident or fellow individually by the **end of the sixth month** of the academic year.
    - If performance is **substandard or at risk of affecting reappointment or promotion**, the Program Director must:

        - Provide **verbal and written notification** to the resident.

        - Develop an **Individualized Learning Plan (ILP)** or **Performance Improvement Plan (PIP)** outlining specific goals, timelines, and expectations for remediation.

    - The Program Director and faculty must **evaluate progress by the end of the tenth month** of the academic year. (see End of Year review)

2. **End of Year Review**

    - The Program Director and faculty must **evaluate each resident/fellow's progress by the end of the tenth month** of the academic year.

    - The program director in conjunction with the program's CCC must determine whether the resident has met the required standards for reappointment and promotion to the next level of training.

3. **Notification:**

    - Decisions regarding promotion or non-promotion must be finalized by the **tenth month** of the academic year.

    - Residents who **will not be promoted or reappointed** must receive **written notice no later than sixty (60) days before** the end of their current appointment year.

    - Exceptions to the 60 day notice must be approved by the GMEC

    - The Medical Education Office should be notified of any decision involving non-promotion, probation or extension of training as soon as the decision is made.

    - Residents in **good standing** who meet all requirements for advancement will be notified by **June** of the institution's intent to promote or reappoint.

4. **Grievance Rights:**

    - A resident or fellow who receives written notice of non-promotion or non-reappointment retains the right to initiate the institution's **grievance process** as outlined in the Graduate Medical Education Resident Handbook and Institutional Policy.

Ascension St. Vincent Hospital Resident and Fellow Recruitment Policy

Department:	Medical Education	**Reviewed and Approved by GMEC:**	April. 2026
Origination Date:	March 1999	**Next Review Date:**	March, 2027

Purpose

To establish institutional standards for the fair, ethical, and consistent recruitment and selection of residents and fellows, ensuring that all appointed trainees meet eligibility requirements as defined by the Accreditation Council for Graduate Medical Education (ACGME).

Policy

Recruitment efforts will be directed exclusively toward candidates who meet the eligibility criteria for appointment to residency or fellowship training as outlined in ACGME Institutional and Common Program Requirements. This includes applicants who meet one of the following qualifications:
Graduation from a medical school accredited by the Liaison Committee on Medical Education (LCME)
Graduation from a college of osteopathic medicine accredited by the American Osteopathic Association (AOA)
Graduation from a medical school outside of the United States that holds a valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior appointment
Ascension St. Vincent Hospital affirms its commitment to providing equal opportunity in recruitment, selection, appointment and advancement of residents and fellows.

Procedure/Process

A. Application Systems:

- Most ACGME-accredited residency and fellowship programs will utilize the **Electronic Residency Application Service (ERAS)** for recruitment and screening of applicants.

- The **Obstetrics and Gynecology** programs use **ResidencyCAS**, and **Council on Podiatric Medical Education (CPME)** programs use **CASPR** as appropriate.

B. Selection for Interview:

- Applicants will be selected for interviews based on criteria established by each program in accordance with institutional policies and ACGME requirements.

- Selection criteria should include, but are not limited to:

    - Academic achievement and credentials

- Interpersonal and communication skills
- Professionalism, work ethic, and integrity
- Commitment to compassionate, patient-centered care
- Alignment with institutional values.

C. Eligibility for Appointment:

All applicants must meet one of the eligibility pathways defined in the **ACGME Institutional and Common Program Requirements**, including but not limited to:

- Graduation from a medical school in the United States or Canada accredited by the **LCME** or **COCA**; or
- Graduation from an international medical school with appropriate **ECFMG certification**; or
- Other approved pathways as outlined in ACGME requirements or program-specific accrediting bodies.
- Any exceptionally qualified candidates for resident/fellow appointments who do not satisfy the Sponsoring Institution's resident/fellow eligibility policy and/or resident/ fellow eligibility requirements in the ACGME Common Program Requirements must be approved by the GMEC.

D. Applicant Information:

All applicants must be fully and accurately informed about the program to which they are applying. Program materials and communications should clearly describe the training experience and institutional environment, ensuring applicants understand what to expect upon joining Ascension St. Vincent.

E. Required Information for Applicants:

At a minimum, each applicant must be provided with the following information prior to appointment:

- Curriculum and educational structure
- Didactic and evaluation processes
- Sample resident contract or appointment agreement
- Professional liability coverage
- Salary and benefits

- Disability and health insurance coverage

- Institutional policies on leave of absence, duty hours, and supervision

This information is publicly available on the **Ascension St. Vincent Medical Education website** and may also be distributed directly to applicants during the recruitment and interview process.

Ascension St. Vincent Hospital affirms its commitment to providing equal opportunity in recruitment, selection, appointment, and advancement of residents and fellows.
No applicant or trainee shall be discriminated against based on **race, color, religion, gender, gender identity or expression, sexual orientation, national origin, age, disability, genetic information, marital status, veteran status, or any other characteristic protected by applicable law**.
Recruitment and selection processes shall comply with all **federal, state, and local regulations**.

Ascension St. Vincent Hospital Resident and Fellow Selection Policy

Department:	Medical Education	**Reviewed and Approved by GMEC:**	April, 2026
Origination Date:	March 1999	**Next Review Date:**	March, 2027

Purpose

To ensure that the selection of residents and fellows across all accredited programs is conducted in a fair, equitable, and mission-aligned manner, consistent with ACGME Institutional Requirements, and applicable laws.

Policy

All accredited residency and fellowship programs must select from among eligible applicants based on objective and mission-consistent criteria, including but not limited to:

- Academic and professional credentials
- Medical school transcripts
- Personal statement
- Letters of recommendation
- Board examination scores
- **ECFMG certificate**, if applicable

Selection decisions must be made **without discrimination** and in full compliance with applicable **federal, state, and local laws**. Programs must not discriminate on the basis of:
race, color, religion, sex, gender, sexual orientation, gender identity or expression, pregnancy, childbirth or related medical conditions (including lactation and breastfeeding), national origin, age, disability, genetic information, veteran status, marital status, or any other legally protected characteristic.

Ascension St. Vincent affirms its commitment to **fostering an inclusive learning environment** and **advancing health equity**.

Procedure/Process

A. First-Year Residents

- All ACGME-accredited first-year (PGY-1) positions will be listed and filled through the **National Resident Matching Program (NRMP)** in accordance with NRMP policies.

- **Podiatric Medicine and Surgery Residency Programs** will list and fill first-year positions through the **Centralized Residency Interview Process (CRIP)**.

B. Unfilled Positions After the Match

If a residency or fellowship program sponsored by Ascension St. Vincent remains unfilled following completion of the National Resident Matching Program (NRMP) process, the Program Director may recruit and select qualified candidates **outside of the Match** in accordance with NRMP policies and institutional guidelines.

All post-Match appointments must:

1. Comply with ACGME eligibility and selection requirements as outlined in the **Institutional and Common Program Requirements**;

2. Adhere to institutional and program policies on **fair and equitable selection**;

The Program Director is responsible for ensuring that any candidate accepted outside of the Match meets all institutional credentialing and onboarding requirements prior to beginning training.

Any exceptionally qualified candidates for resident/fellow appointments who do not satisfy the Sponsoring Institution's resident/fellow eligibility policy and/or resident/ fellow eligibility requirements in the ACGME Common Program Requirements must be approved by the GMEC.

C. Residents Beyond the First Year (Transfers or Advanced Positions)
[See ASVI Resident and Fellow Transfer Policy]

D. Fellows

Fellowship positions may be filled through the **NRMP Fellowship Match** or directly by the fellowship Program Director in accordance with institutional policy. Selection criteria should include:

- Academic and professional credentials
- Residency training record including a summative evaluation from the residency program directors
- Personal statement
- Letters of recommendation
- Board examination scores
- **ECFMG certificate**, if applicable
- Current medical license and/or board certification as required for the specialty, as applicable

Ascension St. Vincent Hospital GME Resident and Fellow Transfer Policy

Department:	Medical Education	**Reviewed and Approved by GMEC:**	April, 2026
Origination Date:	March 1999	**Next Review Date:**	March, 2027

Purpose

To ensure that all resident transfers into or out of Ascension St. Vincent Hospital–sponsored programs comply with the **Accreditation Council for Graduate Medical Education (ACGME) Common Program Requirements**, and that appropriate verification and documentation of previous educational experiences and performance are obtained to maintain the integrity of the training environment and ensure continuity of education.

Policy

Ascension St. Vincent Hospital requires that all residency and fellowship programs under its sponsorship follow consistent procedures when accepting or releasing residents who transfer between programs. These procedures ensure that all relevant educational and performance information is obtained or provided in a timely and complete manner in accordance with ACGME standards.

Procedure/Process

A. Incoming Resident Transfers
If a **Program Director** of an Ascension St. Vincent–sponsored program is considering accepting a resident or fellow who has completed prior graduate medical education training at another institution, the following must occur:

1. The Program Director **must obtain written or electronic verification** of the resident's **previous educational experiences** and a **summative competency-based performance evaluation** from the transferring institution.

2. This documentation **must be received and reviewed prior to extending a formal offer or contract** to the transferring resident or fellow.

3. The verification should include:

    - Dates and levels of prior training

    - Completed rotations and procedural experience

    - Milestones or competency-based evaluations

- Documentation of professionalism, clinical performance, and any disciplinary actions, if applicable

4. It is **strongly recommended** that the receiving Program Director discuss the transferring resident's performance — including **clinical judgment, medical knowledge, procedural skills, test performance, and professionalism** — with the current or former Program Director.

5. A brief **summary of this discussion should be documented** in the applicant's file to demonstrate due diligence.

6. Upon matriculation, the program's **Clinical Competency Committee (CCC)** should assess the resident's baseline performance and assign an appropriate level of training, with Milestones evaluations completed within the first evaluation cycle.

B. Outgoing Resident Transfers

When a resident or fellow leaves an **Ascension St. Vincent–sponsored program**, whether prior to completion or at the end of training, the **Program Director must provide**:

1. **Verification of Residency or Fellowship Education**, when requested, to include dates and levels of training completed. This should be provided in a timely manner.

2. A **Final Summative Evaluation**, documenting the resident's performance while in the program, as it pertains to the six ACGME Core Competencies.

3. This documentation must be transmitted to the receiving institution as soon as possible following the resident's departure and maintained in the resident's permanent educational record.

Ascension St. Vincent Hospital Graduate Medical Education Moonlighting Policy

Department:	Medical Education	**Reviewed and Approved by GMEC:**	April. 2026
Origination Date:	March 1999	**Next Review Date:**	March, 2027

Purpose

To establish guidelines governing professional activities performed by residents and fellows outside the scope of their approved residency or fellowship training programs, in order to protect educational integrity, resident well-being, and patient safety, and to ensure compliance with ACGME requirements.

Policy

Moonlighting is defined as any professional clinical activity performed or arranged by a resident or fellow that occurs **outside the course and scope of the ACGME-approved training program**, regardless of whether the activity is compensated. Activities described as "internal" or "external" moonlighting are both considered moonlighting and are subject to this policy.

Ascension St. Vincent Indianapolis Hospital is committed to providing graduate medical education of the highest quality. GME leadership recognizes that moonlighting—whether internal or external—may interfere with educational objectives, resident wellness, and the provision of safe patient care if not appropriately monitored. Accordingly, moonlighting is **not an entitlement**, and participation is subject to program approval and ongoing oversight.

Each residency and fellowship program may maintain a program-specific moonlighting policy that clearly states whether moonlighting is permitted. Residents are **never required** to participate in moonlighting as part of their training.

PGY-1 residents are not permitted to moonlight.

Requirements

- All residents and fellows must complete a **Moonlighting Status Disclosure Form annually**, regardless of whether they intend to moonlight.
- A new disclosure form must be completed and approved **prior to initiating moonlighting or upon any change in moonlighting activity**.
- Disclosure forms must be signed by the resident/fellow and Program Director and maintained in the residency file, with a copy forwarded to the GME Office.
- Moonlighting participation is voluntary and may be approved, limited, or denied at the discretion of the Program Director.

All moonlighting activities must be closely monitored by Program Directors and the GME Office.

Clinical and Educational Work Hours

- All moonlighting hours, internal and external, **must be included in the ACGME 80-hour weekly limit**, averaged over four (4) weeks.
- Program Directors who permit moonlighting are responsible for ensuring:
    - All moonlighting hours are accurately logged in **New Innovations**
    - Duty hour compliance is regularly reviewed

- Moonlighting must not interfere with required educational activities, clinical duties, or adequate rest.

Compensation

- Residents approved to moonlight within Ascension will be compensated at an hourly rate of the greater of:
    - **$75.00 per hour**, (subject to change)
    - **PCC Clinic moonlighting** will be compensated at **$66.67 per hour**
    - **All moonlighting pay is subject to payroll tax deductions.**

Licensure and Regulatory Requirements

Residents approved to moonlight must meet the following requirements:

- Possession of an **unrestricted Indiana medical license** permitting unsupervised practice
- Possession of an active Controlled Substance Registration (**CSR) and individual Drug Enforcement Agency (DEA) registration**
- Verification by the hiring institution and Program Director that the resident has the appropriate training, skills, and competence to perform the proposed duties

Compliance with these requirements is a shared responsibility of the hiring entity, the resident or fellow, the program director, and the GME Office.

Medical Malpractice and Indemnification

- Moonlighting performed:
    - **Within an Ascension facility** and **With Program Director approval** is covered under Ascension's medical liability policy.
    - Without Program Director approval or outside an Ascension facility is **not covered** under Ascension's medical liability policy.
        - Residents must provide **written documentation of individual malpractice coverage** prior to initiating moonlighting at non-Ascension facilities.
    - Ascension and its insurers bear no responsibility for acts or omissions arising from moonlighting activities performed outside the training program or outside Ascension facilities. Responsibility for liability rests with the moonlighting employer and/or the resident's personal insurer, as applicable.
    -

Noncompliance

- Residents who engage in moonlighting without prior approval may be subject to **disciplinary action, up to and including dismissal from the residency program**.
- If moonlighting conflicts with scheduled training responsibilities or negatively impacts educational performance, professionalism, or patient safety, the Program Director may require **immediate reduction or cessation of moonlighting activities**.

Resident Responsibilities

Residents and fellows who wish to moonlight must:

1. Submit an annual Moonlighting Status Disclosure Form
2. Submit an updated disclosure form prior to any change in moonlighting activity
3. Provide documentation of an unrestricted Indiana medical license

4. Provide documentation of active CSR and DEA registration
5. Provide documentation of individual malpractice coverage for non-Ascension moonlighting

Visa Related Restrictions

- **H-1B Visa Holders**
  Residents on H-1B visas may moonlight **only if**:
  - Moonlighting is approved by the Program Director, and
  - The moonlighting employer obtains approval for concurrent employment through a separate H-1B petition filed with U.S. Citizenship and Immigration Services (USCIS)
  - All disclosure and documentation requirements are met
- **J-1 Visa Holders may participate in moonlighting if all requirements are met below:**
  - Activities must take place within the same institution or primary clinical site as the physician's accredited or non-standard training program.
  - Activities must be educationally appropriate and not extend the training period.
  - Prior written approval from both the program director and Intealth's Responsible Officer is required; completion and submission of a new request form (available on the Forms and Memos page of the ECFMG website) constitutes this approval. Programs, not individual J-1 physicians, must initiate these requests.
  - All activities must comply with institutional policies, ACGME duty hour limits, and the physician's core training responsibilities.

II. Academic/Supervision/Grievance Policies

Ascension St. Vincent Hospital Graduate Medical Education Academic Remediation/Corrective Action Policy

Department:	Medical Education	**Reviewed and Approved by GMEC:**	April. 2026
Origination Date:	March 1999	**Next Review Date:**	March, 2027

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.

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.

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.

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.

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).

These policies apply to all programs under the Sponsoring Institution unless otherwise specified.

Definitions and Types of Academic Corrective Actions

Resident - medical intern, resident or fellow.

Remediation: The strengthening of a resident's performance when academic 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 include the 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 formal remediation 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. This is typically 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/promote 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 and termination of employment at Ascension St.Vincent Hospital for failing to maintain academic, professional or behavioral expectations (including but not limited to academic, 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.

Procedure/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 in conjunction with the program's CCC must notify the resident of the specific deficiencies in writing. The plan for corrective action should contain the following:

- The specifics of the academic or behavioral deficiency discussed with the resident
- The type of corrective action being implemented (informal remediation, warning, probation, immediate suspension)
- An outline of what corrective action is required of the resident
- Time stamps (timeline) for when the correction(s) are to occur
- How performance will be monitored and measured
- Expected outcome(s) that will indicate successful completion of the performance improvement plan
- Signature of 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. For ethical/behavioral misconduct or substance abuse, a resident may be placed on probation indefinitely, through the remainder of the training program to ensure close monitoring throughout the resident's training..

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

Ascension St. Vincent Hospital Graduate Medical Education Grievance and Due Process Policy

Department:	Medical Education	**Reviewed and Approved by GMEC:**	April, 2026
Origination Date:	March 1999	**Next Review Date:**	March, 2027

Purpose

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

Policy

This policy is intended to outline the process and procedures related to resident academic or professional remediation and 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

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 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).

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 DIO must work with the GMEC to appoint a grievance committee that includes at minimum, two residents (who are peer selected Chief Residents or Housestaff Council Officers and who are not in the same

program as the appealing resident), 2 program directors outside of the resident's program and the DIO. The resident may choose one additional program director or faculty member to be on the committee.

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 hearing will include the following steps:

1. Statement of purpose by the committee chair
2. Introduction of the committee members
3. Statement by the program director, not to exceed 30 minutes
4. Statement by the resident, not to exceed 30 minutes
5. Relevant information/testimonies by those invited by the resident, not to exceed 30 minutes total
6. Response by the program director, not to exceed 20 minutes
7. Questions/clarifications asked of the resident and program director by the committee, not to exceed 30 minutes
8. Closed session deliberation and vote by the committee.

The decision will be made by a majority vote with the DIO abstaining. In case of a tie, the DIO will cast the deciding vote. Decisions may include:

- Non-promotion, Remediation, Suspension or Dismissal upheld
- Modification or reversal of a prior decision
  Removal or revision of a disciplinary action
- Escalation of a previous disciplinary action
- New or revised remediation plan
- Restoration of privileges, status, or responsibilities
- Renewal or continuation in training with or without continued remediation
- Requirement for additional training, supervision, or evaluation

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 and in writing to both parties within 10 business days of the vote. Any decision that is mailed should be mailed via certified US mail.

Ascension St. Vincent Indianapolis Fellow Supervision Policy

Department:	Medical Education	**Reviewed and Approved by GMEC:**	April, 2026
Origination Date:	October 2009	**Next Review Date:**	March 2027

Purpose

This policy ensures compliance with ACGME Common Program Requirements regarding supervision of fellows. It is designed to promote safe, high-quality patient care while fostering progressive independence, professionalism, and readiness for unsupervised practice.

Policy

1. **Principle of Supervision**
    a. Fellows must provide patient care under the supervision of qualified faculty members at all times.

    b. The supervising physician retains ultimate responsibility for patient care.

    c. The degree of supervision must balance patient safety with the educational needs of the fellow.

    d. Residents, fellows and faculty must clearly identify their respective roles to each patient when providing care.

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, fellows should never assume responsibility for patients who do not have a teaching physician of record as the primary provider or consultant.

2. **Levels of Supervision**
    a. The following levels of supervision apply:

        i. **Direct Supervision:** Supervising physician is physically present with the fellow and patient.

        ii. **Indirect Supervision with Direct Supervision Immediately Available:** Supervising physician is physically within the site of care and immediately available to provide direct supervision.

        iii. **Indirect Supervision with Direct Supervision Available:** Supervising physician is not physically present but immediately available by phone/electronic communication

and able to come to the site if needed.

iv. **Oversight:** Supervising physician reviews patient care after delivery with feedback provided to the fellow.

v. All programs must have a program specific supervision policy that clearly defines when each level of supervision is appropriate.

3. **Progressive Responsibility**
    a. Fellows are granted increasing responsibility and independence as they progress through training.

    b. The Program Director and Clinical Competency Committee (CCC) will determine and document each fellow's level of supervision required based on:

        i. Demonstrated competence,

        ii. Prior experience, and

        iii. Complexity of patient care.

    c. Delegation of responsibility to fellows and residents must be clear, documented, and communicated to both residents and faculty.

4. **Responsibilities**
    a. **Faculty:** Must provide appropriate supervision, communicate expectations clearly, and offer regular feedback to fellows.
    b. **Fellows:** Must recognize their limits of knowledge and skills, seek supervision appropriately,
    c. Fellows are required to contribute to the educational development and supervision of less experienced trainees. Nevertheless, an attending physician will always be available to oversee and promptly notify faculty of any concerns about patient care.
    d. the fellow and all aspects of patient care.

    e. Fellows **must notify the attending faculty** in all scenarios below:

        i. Any patient care situation beyond the fellow's level of competence or comfort.
        ii. Significant or unexpected changes in a patient's clinical status
        iii. Any unexpected patient death
        iv. New life-threatening diagnoses or complications
        v. Before performing any procedure or intervention for which competence has not been formally documented.
        vi. Any discharge against medical advice
        vii. At the request of the patient or patient's family

5. **Procedures**

a. Fellows must be directly supervised for all procedures until competence is formally documented.

b. Once competence is established, fellows may perform procedures under indirect supervision in accordance with program specific policies.

6. **Emergency Situations**
    a. Fellows may initiate urgent or emergent care necessary to preserve life or prevent serious harm.

    b. Supervising physicians must be notified as soon as possible and assume responsibility for ongoing management.

7. Medical Staff Privileges
    a. The Office of Medical Affairs may grant additional privileges for unsupervised services or procedures appropriate to the fellow's scope and competence after completion of a categorical residency.

    b. To practice in their primary specialty (e.g., moonlighting), the fellow must obtain medical staff privileges and independent licensure.

    c. The fellow may require additional malpractice coverage and insurance provider credentials, depending on the situation and location of service.

    d. Confirmation of malpractice coverage must be provided to the Office of Medical Affairs.

    e. Any services provided as a member of the medical staff (not as a trainee) must be mutually agreed upon by the program director and department chair.

    f. Fellows functioning as members of the medical staff are subject to all usual and customary policies, procedures, and bylaws of the medical staff, including peer review

8. **Documentation & Oversight**
    a. Each program must maintain written supervision guidelines aligned with this policy and ACGME requirements.

    b. Questions or problems relating to resident supervision should be directed to the program director, associate director or in their absence, a member of the Medical Education staff. Unresolved issues will be discussed and resolved by the DIO and the Ascension St. Vincent Graduate Medical Education Committee (GMEC).

    c. Residents and fellows should be free to report issues concerning supervision without fear of reprisal. There are mechanisms to report concerns anonymously through the Pathway to Report and My HR.

d. Compliance will be reviewed by the Program Director and program leadership. Concerns will be reported to the DIO and GMEC.

Ascension St. Vincent Indianapolis Resident Supervision Policy

Department:	Medical Education	**Reviewed and Approved by GMEC:**	April, 2026
Origination Date:	March 1999	**Next Review Date:**	March 2027

Purpose

This policy ensures compliance with ACGME Common Program Requirements regarding supervision of residents. It promotes patient safety, high-quality care, and professional development by balancing supervision with graduated responsibility.

Policy

1. **Principle of Supervision**
    a. Residents must provide patient care under the supervision of attending physicians and qualified faculty at all times.

    b. Supervising physicians retain ultimate responsibility for patient care.

    c. Supervision must ensure patient safety while promoting progressive autonomy appropriate to the resident's level of training.

    d. Residents, fellows and faculty must clearly identify their respective roles to each patient when providing direct care.

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 provider.

2. **Levels of Supervision**
    a. **Direct Supervision:** Supervising physician is physically present with the resident and patient.

    b. **Indirect Supervision with Direct Supervision Immediately Available:** Supervising physician is within the site of care and immediately available to provide direct supervision.

    c. **Indirect Supervision with Direct Supervision Available:** Supervising physician is not physically present but available by phone/electronic communication and able to come to the site if needed.

d. **Oversight:** Supervising physician reviews patient care after delivery with feedback provided to the resident.

   All programs must have a program specific supervision policy that clearly defines when each level of supervision is appropriate.

3. Progressive Responsibility

a. Residents assume increasing levels of responsibility as they advance through training.

b. The Program Director and Clinical Competency Committee (CCC) determine supervision requirements and authority for each resident, based on:

   i. PGY level,

   ii. Documented assessment of competence, and

   iii. Complexity of patient care.

c. Delegation of responsibility to residents must be clear, documented, and communicated to both residents and faculty.

4. Responsibilities

a. **Faculty:** Must provide supervision appropriate to the resident's level, clearly communicate expectations, and give regular feedback.

b. **Residents:** Must understand their limits, request supervision as needed, and notify supervising faculty promptly in circumstances requiring attending input including but not limited to:
   i. Any patient care situation beyond the resident's level of competence or comfort.
   ii. Significant or unexpected changes in a patient's clinical status
   iii. Rapid deterioration or need for higher-level care (e.g., ICU transfer)
   iv. Unexpected or serious adverse events
   v. New, life-threatening diagnoses or complications
   vi. Before performing any procedure for which competence has not been formally documented.
   vii. Any discharge against medical advice

c. In the case where senior residents are responsible for the supervision of students and/or interns, there will always be a designated attending physician available to the senior resident.

d. 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.

5. Procedures

a. Residents must be directly supervised for all procedures until competence is documented by faculty.

b. Once competence is established, residents may perform procedures under indirect supervision, consistent with program-specific guidelines.

6. Emergency Situations

a. Residents may provide care necessary to preserve life or prevent serious harm in emergent situations.

b. Supervising faculty must be notified as soon as possible to assume responsibility for ongoing care.

7. Documentation & Oversight

a. Each residency program must maintain program specific supervision guidelines aligned with this policy and ACGME requirements.

b. Questions or problems relating to resident supervision should be directed to the program director, associate director or in their absence, a member of the Medical Education staff. Unresolved issues will be discussed and resolved by the DIO and the Ascension St. Vincent Graduate Medical Education Committee.

c. Residents and fellows should be free to report issues concerning supervision without fear of reprisal. There are mechanisms to report concerns anonymously through the Pathway to Report and My HR.

d. Compliance will be monitored by the Program Director and problems and concerns reported through the Graduate Medical Education Committee (GMEC).

Ascension St. Vincent Hospital Graduate Medication Education Workplace Harassment Policy

Department:	Medical Education	**Reviewed and Approved by GMEC:**	April, 2026
Origination Date:	March 1999	**Next Review Date:**	March, 2027

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.

Procedure/Process

If subjected to harassment, residents should report the problem immediately to their director, the DIO, the 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

Ascension St. Vincent Hospital Graduate Medical Education Policy on Transitions of Care

Department:	Medical Education	**Reviewed and Approved by GMEC:**	April, 2026
Origination Date:	August 2013	**Next Review Date:**	March, 2027

Purpose

To establish a standardized framework for safe, effective, and high-quality patient care during all transitions of care within Ascension St. Vincent Hospital's residency and fellowship programs. This policy sets forth expectations for structured handoff processes that safeguard continuity of care whenever responsibility for patient care is transferred between healthcare providers or teams, including during duty hour shift changes, changes in patient care level or location, and other scheduled or unscheduled transitions.

Scope

This policy applies to all ACGME-accredited residency and fellowship programs sponsored by Ascension St. Vincent Hospital and to all faculty, residents, and fellows involved in direct patient care within the institution and its participating sites.

Policy

Programs must ensure that:

1. **Transition of Care Policy and Training**
    - A program-level policy exists addressing transitions of care.
    - Residents and fellows receive instruction in effective handoff communication and are periodically assessed on their ability to perform safe and accurate transitions of care.
    - Faculty oversee and evaluate the effectiveness of handoff processes to promote patient safety and learning.
2. **Design of Schedules and Clinical Assignments**
    - Clinical schedules and rotations are structured to optimize both learning and patient safety.
    - Transitions are minimized to the extent possible and occur in a structured, predictable manner.

3. **Standardized Elements of a Transition of Care**

   Each transition (Hand Off) must include, at minimum, the following essential patient information:

   - Principal diagnosis and active problem list
   - Medication list, including recent changes and critical medications
   - Allergies
   - Code status and relevant advance directives
   - Cognitive and functional status
   - Pending diagnostic tests
   - Follow-up needs
   - Contact information for responsible physicians or teams

4. **Communication Standards**

   - Handoffs must be conducted in a **structured, interactive format** that allows for confirmation and questions.

   - Communication systems used for transitions must be **secure, HIPAA-compliant,** and readily accessible to the care team.

   - Programs and clinical sites must maintain and communicate up-to-date schedules of attending physicians and residents currently responsible for patient care.

5. **Timeliness and Continuity**

   - Transitions of care must occur in a timely fashion to prevent lapses in patient care or information transfer.

   - Programs must ensure continuity of patient care in cases where a resident is unable to perform duties due to fatigue, illness, or family emergency.

6. **Monitoring and Continuous Quality Improvement**

   - Programs, in partnership with the Sponsoring Institution, must establish metrics to monitor the effectiveness and safety of handoff processes.

   - Findings from monitoring activities should be incorporated into ongoing quality improvement initiatives within each program and reviewed periodically by the GMEC.

Definitions

Transition of Care (Handoff):

The process of transferring responsibility and essential information about a patient's care from one healthcare provider or team to another to ensure the continuity and safety of patient care.
Transitions of care occur under the following common circumstances:

Change in level of patient care (e.g., admission, transfer to higher/lower acuity unit)
Admission from the Emergency Department
Transfer to or from intensive care or procedural areas
Postoperative transfer from PACU to inpatient care
Consultation or service changes between teams
Shift change sign-outs among residents, fellows, or attendings
Discharge to home or another facility

INSTITUTIONAL RESPONSIBILITY

The Ascension St. Vincent Hospital GME Office will:

- Review program policies on transitions of care during annual program evaluations.
- Monitor any available outcomes related to handoff effectiveness and patient safety.

Medical Record Documentation and Dictation Standards Policy

(Reviewed with legal and compliance)

Department:	Medical Education	**Reviewed and Approved by GMEC:**	April. 2026
Origination Date:	December 2020	**Next Review Date:**	March, 2027

Purpose

To establish standardized requirements for medical record documentation and transcription processes to ensure accuracy, completeness, and compliance with regulatory standards.

Policy

In accordance with all applicable laws and regulations, it is the policy of Ascension St. Vincent to maintain complete, accurate, and timely medical records for every patient encounter. The medical record serves as both a clinical history of the patient's care and a communication tool among healthcare professionals.

All licensed practitioners are responsible for ensuring that documentation within the medical record is accurate, timely, authenticated, and completed according to organizational standards. Providers utilizing the Ascension eScription dictation system must also comply with standardized transcription workflow requirements.

The medical record shall:

- Support the patient's diagnosis and clinical condition
- Justify the patient's care, treatment, and services
- Document the course and results of care provided
- Promote continuity of care among providers

This policy applies to all providers documenting in the Ascension St. Vincent electronic medical record and to those dictating within the Ascension eScription dictation system.

Definitions

Licensed Practitioner (LP)
An individual licensed and qualified to provide or direct care, treatment, and services in accordance with applicable state law, federal law, and organizational policy. Examples include physicians (MD/DO), physician assistants (PA), and nurse practitioners (NP).

Protected Health Information (PHI)
Individually identifiable health information maintained or transmitted by a covered entity or its business associates in any form or medium.

Personally Identifiable Information (PII)
Information that can be used alone or with other data to identify a specific individual.

Addendum
Information added to the medical record after initial documentation to ensure the record accurately reflects patient care.

Correction/Amendment
A modification made to existing medical record documentation after initial authentication.

Redaction
The editing of a document to remove protected or confidential information.

General Requirements

A. Legibility

1. All medical record documentation must be legible.
2. An entry is considered illegible if it cannot be read by two caregivers.
3. Illegible orders will not be carried out.

B. Date and Time

1. All medical record entries must include the date and time of documentation.
2. If military time is not used, AM or PM must be indicated.
3. Documentation should reflect the actual time services were provided when applicable.

C. Signature Requirements

1. All medical record entries must be authenticated by the author.
2. The author must be identifiable through signature, initials, or electronic authentication.
3. Signatures must allow for identification of the author for follow-up as needed.
4. Signatures may be handwritten or electronic.

D. Electronic Signatures

1. Electronic signatures are acceptable when linked to a secure and unique identifier such as a password, biometric identifier, or other approved authentication method issued solely to the individual author.

F. Resident and Trainee Supervision

Residents and fellows participating in patient care are responsible for timely and accurate documentation in the medical record.

1. Documentation by residents must clearly identify the supervising attending physician responsible for the patient's care.
2. The supervising physician must review and authenticate resident documentation in accordance with institutional and program supervision policies.

3. Documentation of supervision may occur through:
    - A supervising physician note
        i. Must reference the resident's note and document the attending's physical presence during the key portions.
        ii. If the primary care exception is used, the attending's physical presence is not necessary but the attending must still document that they have reviewed and agree with the care provided by the resident.
    - A supervising physician addendum to the resident note
        i. Must be more than a signature; it must state the attending's involvement in the medical decision-making or physical exam.
    - Documentation within the resident note indicating discussion with the supervising physician.
        i. If the resident documents the attending's presence, the attending must still personally sign and date a statement confirming that presence and their agreement.

Dictation and Transcription

To ensure consistency and accuracy in the transcription workflow, the following standards apply to all providers utilizing the Ascension eScription dictation system.

A. Date of Service (DOS)

1. If the provider states the date of service within the dictation, transcription will populate the date in the patient documentation.
2. If the date of service is not dictated, the field will remain blank.
3. Providers must then add the date of service to the first line of the documentation prior to electronic signature.

B. Addendums and Additional Dictations

1. Once documentation has been uploaded into the electronic medical record, any additional information must be entered as a separate document.
2. Providers must dictate a new report when adding, modifying, or clarifying a previously authenticated report.
3. Addendums must clearly reference the original report.

C. Carbon Copy Distribution

1. Distribution of documentation occurs through the electronic medical record.
2. If carbon copies are requested, the provider must clearly state and spell the first and last name of the physician or facility to receive the copy.
3. If the requested recipient is not clearly identified, transcription will not distribute the document.

D. Text Corrections

1. Transcription services will not modify documents after they have been uploaded into the electronic medical record.
2. Providers must review and correct documentation prior to electronic signature.

3. Any corrections after authentication must be completed through a new dictation or addendum.

Blanks in Documentation

1. Providers are responsible for ensuring all blanks are completed prior to electronic signature.
2. Documents containing incomplete fields should be corrected before authentication.

Corrections and Amendments

1. Medical record entries should not be deleted or altered in a way that obscures the original documentation.
2. Corrections or amendments must clearly identify the author, date, and time of the modification.
3. Addendums should reference the original documentation and explain the reason for the addition when appropriate.

Use of Copy and Paste (Copy Forward) in the Medical Record

The electronic medical record may allow providers to copy and paste (also known as "copy forward") information from prior documentation. While this functionality can improve efficiency, it must be used responsibly to ensure the accuracy and integrity of the medical record.

Appropriate Use

Copy and paste functionality may be used to:

1. Reference relevant historical clinical information
2. Maintain continuity of documentation
3. Improve efficiency in documentation of stable or unchanged information

Provider Responsibility

When using copy and paste functionality, the author of the note is responsible for ensuring that:

1. All copied information is **reviewed and verified for accuracy** prior to authentication.
2. The documentation **accurately reflects the current patient condition and encounter**.
3. Outdated, incorrect, or irrelevant information is **edited or removed**.
4. The provider **takes ownership of the entire content of the note**, including copied material.

Prohibited Practices

The following practices are not permitted:

1. Copying documentation from another provider without verification of accuracy
2. Copying information that does not pertain to the current patient encounter
3. Copying forward entire notes without appropriate updates or modifications
4. Copying documentation in a way that creates **duplicate, misleading, or inaccurate information**

Documentation Integrity

Improper use of copy and paste functionality can compromise patient safety, documentation integrity, and billing compliance. Providers must ensure that documentation reflects **independent clinical assessment and decision-making** for each patient encounter.

Compliance

Failure to comply with medical record documentation and dictation standards may result in follow-up by Health Information Management (HIM) or medical staff leadership and may require corrective action in accordance with medical staff and GME policies.

QUESTIONS
For questions regarding transcription services or dictation workflow, please contact:
Transcription Operations
US_Specialists@R1RCM.com

1. All copied information is **reviewed and verified for accuracy** prior to authentication.

Cellular Phone & Mobile Device Policy

Department:	Medical Education	**Reviewed and Approved by GMEC:**	April, 2026
Origination Date:	December, 2015	**Next Review Date:**	March, 2027

Hospital policies to be followed.

Cellular Phone and Mobile Device
Texting Wireless Video Photographs
Mobile Device Security

IV. Vacation and Leave Policies

Ascension St. Vincent Hospital Graduate Medical Education Time Off Policy

Department:	Medical Education	**Reviewed and Approved by GMEC:**	April, 2026
Origination Date:	March 1999	**Next Review Date:**	March, 2027

PURPOSE

To ensure that residents and fellows (“house staff”) are provided adequate time away from clinical duties to support rest, wellness, personal needs, and patient safety, in accordance with Accreditation Council for Graduate Medical Education (ACGME) requirements.

Definitions:

Front Loaded Time Off (FLTO)

Front Loaded Time Off (FLTO) refers to institutionally approved, paid time away from training used for vacation, personal time or short-term illness. FLTO is scheduled in advance when possible and is subject to educational and patient care requirements.

Leave of Absence (LOA)

A **Leave of Absence (LOA)** is an approved period of time away from residency or fellowship training that may be paid or unpaid and may be required for personal, medical, family, or other qualifying reasons. An LOA may result in an extension of training to meet ACGME and specialty board requirements.

Parental Leave

Parental Leave is paid time away from training granted for the birth or adoption of a child, available to all residents and fellows regardless of gender or caregiver status.

Bereavement Leave

Bereavement Leave is a short, approved period of paid time away from training following the death of an immediate family member.

Jury Duty

This is considered an approved time away from work when associates are summoned for jury duty.

Front-Loaded Time Off (FLTO)

Annual Leave Allocation

- House staff are granted **fifteen (15) days of paid FLTO per academic year**.

- In addition, the institution recognizes the following paid legal holidays: New Year's Day, Martin Luther King Jr. Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.

2. **Compliance and Advancement**

- Time away from training must not compromise achievement of program educational requirements or patient care responsibilities.

- T**ime away from training exceeding six weeks in an academic year**, inclusive of vacation, sick leave, and other paid or unpaid leave, **may require extension of training** to ensure competence and eligibility for advancement or completion.
- Decisions regarding make-up time or extension of training are made by the Program Director in collaboration with the Clinical Competence Committee and should be consistent with specialty board requirements. These decisions must be clearly communicated to the resident as soon as they are made.

- Program Directors are responsible for communicating with the resident regarding make-up time and for obtaining approval for funding for any extension of training.

- More information on board eligibility requirements can be found here:
  Internal Medicine: American Board of Internal Medicine
  Pediatrics: American Board of Pediatrics
  Obstetrics & Gynecology: American Board of Obstetrics and Gynecology
  Surgery: American Board of Surgery
  Anesthesiology: American Board of Anesthesiology
  Neurosurgery: American Board of Neurological Surgery
  Family Medicine: American Board of Family Medicine
  Dermatology: American Board of Dermatology
  Podiatry: American Board of Podiatric Medicine

3. **Program-Specific Policies**

- Individual residency and fellowship programs should establish additional guidelines for time away from training, including restrictions during specific rotations or training

periods, provided such guidelines remain compliant with Institutional policy and ACGME standards.

Holiday Responsibilities

- Recognized holidays are paid days off **unless the resident/fellow is scheduled for clinical duty between 8:00 a.m. and 8:00 p.m. on the holiday**.

- If clinical duty is required during this time, the house staff member will be granted **one compensatory day off**, to be scheduled with Program Director approval.

- Compensatory days must be used within **90 days** of accrual or will be forfeited.

- Clinical duty occurring between 12:00 a.m. to 8:00 a.m. on the holiday, or 8:00 p.m. to 12:00 a.m. following the holiday does **not** constitute holiday duty for purposes of compensatory time.

- Over the Christmas and New Year holidays, most house staff will be scheduled for an additional period of time off, typically **five (5) consecutive weekdays and one weekend**. This time off is intended to ensure meaningful rest and time away from clinical responsibilities and serves as compensation for the December 25 and January 1 holidays.This does not count towards FLTO.

- **No elective vacation may be scheduled between December 20 and January 4**, unless otherwise approved by the Program Director.

- Holiday schedules are assigned by the Program Leadership to ensure continuity of patient care and equitable distribution among trainees.

3. Vacation Scheduling

- One week of vacation consists of **five (5) FLTO days plus one weekend (Saturday and Sunday)**.

- Additional weekends adjacent to vacation periods may be granted at the discretion of the Program Director based on service needs.

- Vacation requests should be submitted **at least six (6) weeks in advance**.

- House staff with continuity clinic or scheduled patients must provide sufficient notice to allow for appropriate rescheduling.

- Vacation may be restricted during required rotations or other specific months as outlined in program specific policies. When possible, vacation should be scheduled during elective rotations.

4. Use and Carryover of FLTO

- FLTO is intended for use **within the academic year in which it is granted**.
- FLTO generally **may not be carried over** into the subsequent academic year.
- Unused FLTO has no cash value and is forfeited at the end of the academic year unless otherwise required by law or hospital policy.

5. Additional Professional and Academic Leave

Additional paid professional leave may be granted at the discretion of the Program Director for:

1. Medical licensure or board examinations
2. Presentation of scholarly work at regional or national meetings
3. Residency, fellowship, or employment interviews
4. Other academic or professional responsibilities consistent with program goals

Any additional days off will be counted towards the annual maximum of 6 weeks (30 days) off

Professional leave does not count against FLTO unless otherwise specified by program policy.

Leave of Absence

Each residency and fellowship program is subject to specific requirements established by its Residency Review Committee (RRC), certifying board, and other applicable governing bodies regarding time away from training and eligibility for program completion and board certification. Residents and fellows who request a Leave of Absence (LOA) must review and understand the potential impact of such leave on satisfactory program completion and eligibility for certification examinations.

Residents and fellows are responsible for discussing the educational and certification implications of a LOA with their Program Director prior to or as soon as possible after the need for leave is identified.

Leave Request Process

Requests for a Leave of Absence should be submitted **as soon as the need for leave is recognized** and must be coordinated through the following:

- Program Director
- Graduate Medical Education (GME) Office
- Sedgwick, Ascension's Human Resources Leave of Absence Administrator

Approval of an LOA is contingent upon compliance with institutional policy, applicable laws and ACGME requirements.

Requests for a Leave of Absence (LOA) should be submitted as soon as the need for leave is recognized. When possible, advance notice is encouraged to support appropriate planning and coverage.

All leave requests must be coordinated through the following:

1. **Program Director**
   The resident/fellow must have a documented discussion with their Program Director regarding the need for leave, anticipated timing, and potential impact on training.
2. **Human Resources (Sedgwick)**
   A formal leave request must be submitted through Sedgwick, Ascension's Human Resources Leave of Absence administrator.
   Requests can be initiated via: *My Ascension → My HR → Leave of Absence*.
3. **Graduate Medical Education (GME) Office**
   The GME Office will receive written notification once the leave request is approved. This notification is automatically generated through Sedgwick. The GME Office will track all leave activity, including status changes, expirations, and extensions, and will communicate updates to the Program Director in a timely manner.

Approval of an LOA is contingent upon compliance with institutional policy, applicable laws, and ACGME requirements.

FMLA Eligibility

All residents and fellows are entitled to the protections afforded under the **Family and Medical Leave Act (FMLA) of 1993**, when eligibility criteria are met. Eligibility for FMLA requires:

- At least twelve (12) months of employment with Ascension, and

- A minimum of 1,250 hours worked during the preceding twelve (12) months.
- Residents and fellows who meet FMLA eligibility requirements may also qualify for **Paid Parental Leave**, as defined by Ascension Human Resources policy.

ACGME-MANDATED PAID LEAVE

In compliance with ACGME Common Program Requirements, Ascension provides all residents and fellows with a **minimum of six (6) weeks of approved paid medical, parental, or caregiver leave** for qualifying reasons. This leave:

- Is available **at least once during the training program**
- May be taken **at any time during training**, beginning on the first day of employment
- Provides **100% salary continuation for the first six (6) weeks of the first approved leave**
- **Leave of absence must be an approved medical, parental or caregiver leave consistent with applicable laws.**

To maintain full salary during the paid leave period, available associate **Paid Time Off (PTO)** will be applied, while reserving **five (5) PTO days** for use outside the leave period, when feasible. The remainder of the leave will be covered by any combination of short term disability, paid parental leave, or pay continuation.

For residents/fellows eligible for **six (6) weeks of paid leave**, the GME Office will assist with appropriate leave designation and entry into institutional systems.

During any approved LOA, **health and disability insurance benefits will continue** in accordance with institutional policy.

IMPACT ON TRAINING AND ADVANCEMENT

Time away from training due to an LOA must not compromise the resident's or fellow's ability to meet educational milestones, competency requirements, or specialty board standards. If total time away exceeds allowable thresholds, an **extension of training may be required**. Any such determination will be made by the Program Director in consultation with the Designated Institutional Official (DIO) and communicated to the resident in writing.

Residents and fellows will not be penalized or retaliated against for utilizing approved leave.

Additional Information

Detailed information regarding Leave of Absence procedures is available on the Ascension St. Vincent intranet:

MyAscension → MyHR → Leave of Absence

Parental Leave

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 parental leave 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

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Bereavement

All programs to follow the hospital approved Bereavement Policy

Ascension Bereavement Leave Policy

Jury Duty

Programs follow the hospital approved Policy on Jury Duty.

Ascension Jury Duty Policy

V. Other GME Policies

Ascension St. Vincent Indianapolis Policy on Institutional or Program Closure

Department:	Medical Education	**Reviewed and Approved by GMEC:**	April. 2026
Origination Date:	March 2007	**Next Review Date:**	March 2027

Purpose

This policy establishes the procedures to be followed when a sponsoring institution or its Graduate Medical Education (GME) programs undergo reduction in size or closure. The goal is to ensure compliance with ACGME Institutional Requirements, minimize disruption to resident/fellow education, and protect the welfare of trainees.

This policy applies to the Sponsoring Institution (SI) as well as all ACGME-accredited residency and fellowship programs sponsored by the institution.

Policy

1. **Commitment to Continuity of Education:** The sponsoring institution is committed to ensuring that all residents and fellows currently enrolled in affected programs will be able to complete their education at the institution or be assisted in transferring to another ACGME-accredited program.

2. **Notification**
    a. The Designated Institutional Official (DIO), in collaboration with the Graduate Medical Education Committee (GMEC), will promptly notify (within 30 days):

        i. Residents and fellows in the affected program(s).
        ii. Program faculty and leadership.
        iii. The ACGME and relevant Review Committees.
        iv. Institutional leadership (e.g., hospital administration, legal, HR).
        v. Affiliated programs
        vi. Licensing boards as needed

3. **Resident and Fellow Support**
    a. The institution will:

        i. Provide timely written notice to all residents/fellows regarding program closure or reduction.

ii. Will assist residents/fellows in identifying and securing placement in another accredited program if completion at the institution is not possible.
iii. Provide career, wellness, and counseling support during the transition.
iv. Continue salary, benefits, and malpractice coverage for all residents/fellows for a reasonable amount of time, ideally until they complete training at the institution or transfer to another program.
v. Provide necessary administrative support for transfers.

4. **Program Leadership Responsibilities**
    a. Program Directors will work with the DIO and GMEC to:

        i. Ensure accurate documentation of each trainee's progress and competencies. Facilitate transfer of records to receiving institutions.
        ii. Maintain academic integrity and fairness in evaluations during the transition period.

5. **GMEC Oversight**
    a. The GMEC will review and monitor all program closure or reduction activities to ensure that:

        i. Residents/fellows receive adequate notice and support.
        ii. Educational commitments are honored.
        iii. ACGME reporting requirements are met.

6. **Communication**
    a. Clear, timely, and transparent communication will be prioritized. All stakeholders will be kept informed throughout the closure or reduction process.

Ascension St. Vincent Hospital Indianapolis Policy on Dress and Personal Appearance

Department:	Medical Education	**Reviewed and Approved by GMEC:**	April, 2026
Origination Date:	March 1999	**Next Review Date:**	March, 2027

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 follow Ascension's Personal Appearance Policy. That policy can be found on MyHR.

> Home→Knowledge→HR Knowledge (Knowledge Base)-->Associate Conduct & Behavior→Policy: Personal Appearance

Clothes must be clean, neat and considered professional attire. Good personal hygiene and body cleanliness are mandatory.

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 scrubs are 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 hospital issued scrubs 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 in certain work environments as approved by the Program Director. Personal scrubs can qualify as a reimbursable expense through housestaff Choice Spending Account.

Ascension St. Vincent Indianapolis Graduate Medical Education Clinical and Educational Work Hours Policy

Department:	Medical Education	**Reviewed and Approved by GMEC:**	April, 2026
Origination Date:	March 1999	**Next Review Date:**	March, 2027

Purpose

To ensure compliance with the Accreditation Council for Graduate Medical Education (ACGME) Institutional and Common Program Requirements, including Review Committee (RRC) expectations regarding resident and fellow clinical and educational work hours.

Policy

Clinical and Educational Work Hours include all clinical and academic activities directly related to the training program. These activities encompass:

- Patient care (both inpatient and outpatient)
- Handoffs and transfer of care responsibilities
- In-house call
- Time spent performing patient care and other clinical duties from home while on at-home call
- Required educational activities, such as conferences and didactics
- Clinical and Educational Work Hours **do not include** time spent reading, studying, non clinical time while on at-home call or preparing for clinical duties while away from the duty site.

Procedure/Process

1. **Compliance with ACGME Standards**

   Ascension St. Vincent Hospital and all ACGME-accredited residency and fellowship programs will adhere to the ACGME Clinical and Educational Work Hours Policy as defined in the *Common Program Requirements (effective September 3, 2025)*.

2. Programs should **structure clinical and didactic schedules to minimize the impact on duty hour limits** and to **prioritize physician-level educational and patient care activities**.
   - Non-physician or clerical tasks should be minimized or delegated to appropriate support staff whenever feasible.

- Clinical responsibilities and conference schedules should be coordinated to maximize learning opportunities within work hour limits.

3. Programs must not schedule residents or fellows to exceed the maximum duty hour limits established by the ACGME.

4. Moonlighting activities must not interfere with the ability to meet the clinical work hour requirements.

5. **Monitoring and Oversight**

    - Residents and fellows are required to accurately document their Clinical and Educational Work Hours using **New Innovations**.

    - Any requests for exceptions to work duty hours must be justified, reviewed and approved by the GMEC

    - Program Directors are responsible for consistent monitoring of compliance and addressing potential violations on at least a quarterly basis. The frequency of monitoring should be sufficient to ensure compliance with institutional requirements.

    - Persistent issues with work duty violations must be escalated to the DIO and the GMEC for review.

    - The DIO in conjunction with GMEC should review work duty hour dashboard and violation reports at least quarterly.

    - The DIO may collaborate with hospital leaders to restructure clinical teams in order to mitigate persistent duty hour violations.

Ascension St. Vincent Indianapolis Resident and Fellow Fatigue and Stress Management Policy

Department:	Medical Education	**Reviewed and Approved by GMEC:**	April, 2026
Origination Date:	March 2011	**Next Review Date:**	March, 2027

Purpose

To affirm the institution's recognition that residents and fellows may experience fatigue and stress throughout the course of their training, and to demonstrate the institution's commitment to providing education, resources, and processes that promote well-being, ensure patient safety, and support the mitigation of fatigue-related risks.

Policy

The institution acknowledges that symptoms of fatigue and stress are normal and expected to occur periodically among residents and fellows, as in other demanding professional environments. Fatigue may result from prolonged clinical duties, inadequate sleep, or emotional stress associated with training.
The Graduate Medical Education Committee (GMEC) has adopted this policy to guide programs in identifying, managing, and responding to fatigue and stress in a manner that prioritizes resident well-being and patient safety.

1. **Education:**
    - Programs must educate all residents, fellows, and faculty on:
        - Recognition of fatigue, sleep deprivation, and stress-related symptoms.
        - Strategies for alertness management and fatigue mitigation (e.g., strategic naps, nutrition, hydration, and appropriate scheduling practices).
        - The importance of self-awareness and reporting fatigue concerns without fear of reprisal.
2. **Program responsibilities:**
    - Programs must implement procedures to ensure **safe and continuous patient care** if a resident or fellow is too fatigued to perform clinical duties safely.
    - Faculty and program leadership must foster a culture that encourages residents and fellows to **report fatigue or stress-related impairment** and to request relief when necessary.

3. **Institutional Support:**

    - The Sponsoring Institution, in collaboration with programs, will provide access to **adequate sleep facilities** for residents and fellows required to remain on-site.

    - Residents and fellows who determine they are **too fatigued to drive home** following duty hours must request safe transportation (e.g., Lyft, Uber, taxi). The program director, program coordinator or other program leadership can assist the resident in securing safe transportation home. The **GME Office will reimburse** reasonable transportation expenses upon submission of required documentation.

4. **Resident and Fellow Responsibilities**

    - Residents and fellows share responsibility for managing their own health and wellness to ensure patient safety and effective learning. Each resident and fellow is expected to:
        - **Recognize and acknowledge signs of fatigue and stress** in themselves and peers.

        - **Report excessive fatigue or stress-related impairment** to supervising faculty, chief residents, or other program leadership.

        - **Refrain from providing clinical care** if fatigue or stress could compromise patient safety.

5. **Oversight:**

    - Any fatigue related incidents or safety concerns should be reported to program leadership.
    - Persistent concerns related to the learning and working environment should be reported to the DIO and GMEC.
    - The DIO may collaborate with hospital and program leaders to restructure clinical rotations and teams in order to mitigate persistent issues.

Ascension St. Vincent Hospital Indianapolis Policy on Disasters and Substantial Disruption of Education and Patient Care

Department:	Medical Education	**Reviewed and Approved by GMEC:**	April, 2026
Origination Date:	March 2007	**Next Review Date:**	March, 2027

Purpose

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.

Policy

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 program(s) leadership.

Efforts to communicate with program leadership, residents and fellows, using available and appropriate modalities, will be made regularly (daily if possible) 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, security, transportation and rest spaces.

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 all 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 Management Plan 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 any disaster with prolonged impacts on graduate medical education. If needed actions will be taken to:

1. Maintain functionality of the program(s) and education of the learners
2. Temporarily transfer residents until the 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.

Ascension St. Vincent Hospital Indianapolis Off Campus Rotation Policy

Department:	Medical Education	**Reviewed and Approved by GMEC:**	April, 2026
Origination Date:	March 1999	**Next Review Date:**	March, 2027

Purpose

To ensure appropriate approval, documentation, supervision, and academic oversight of resident rotations occurring outside of Ascension St. Vincent facilities, in compliance with the requirements of the Accreditation Council for Graduate Medical Education (ACGME), and to ensure that residents receive appropriate educational credit and supervision.

Policy

Residents may participate in off-campus rotations when an educational experience is not available within Ascension St. Vincent facilities. This may include domestic or international experiences.

An **off-campus rotation** is defined as any clinical educational experience that occurs at a medical facility where supervision is provided by a teaching physician who is not a member of Ascension St. Vincent's employed medical staff or designated GME Program Faculty.

Due to institutional financial considerations, including the fact that time spent off site may not be reimbursed by the Centers for Medicare & Medicaid Services (CMS). Except under unusual or compelling educational circumstances approved by the Designated Institutional Official (DIO), off campus rotations are limited to no more than three (3) months of elective rotations during a resident's training program.

All off-campus rotations must meet ACGME Institutional and Program Requirements, including appropriate supervision, defined educational objectives, and a formal evaluation. process.

Procedure/Process

1. Request and Approval

- Residents must submit a formal written request using the designated Off-Campus Rotation Request Form.
- The Program Director must review and approve the request prior to submission to the DIO.
- Final approval must be granted by the DIO.

For institutions with an existing Master Affiliation Agreement, requests should be submitted at least 120 days prior to the planned rotation start date. When no Master Affiliation Agreement exists, additional time may be required for legal review and contract execution.

2. Affiliation Agreements and Program Letters of Agreement (PLA)

A written agreement that meets ACGME requirements must be fully executed prior to the start of the rotation.

This agreement must include:

- Names and qualifications of supervising faculty
- Rotation duration
- Educational goals and objectives
- Curriculum content
- Responsibilities for teaching, supervision, and evaluation
- Applicable institutional policies and procedures

If an Affiliation Agreement is required, it must be coordinated through the Legal Department and signed by the Hospital President or Chief Operating Officer in accordance with Ascension St. Vincent policy.

When an active Affiliation Agreement exists, a Program Letter of Agreement (PLA) may be executed by the Program Director and the Site Director, with final approval and signature by the DIO.

If a non–Ascension St. Vincent PLA template is used, it must undergo legal review prior to execution.

Programs are responsible for maintaining current PLAs in the program office and/or residency management software and updating them as required by ACGME standards (usually every 10 years).

3. Resident Responsibilities

The resident is responsible for:

- Providing all required documentation requested by the host facility (e.g., proof of professional liability coverage, immunizations, background checks, licensure verification).
- Obtaining appropriate medical licensure when required.
- Ensuring completion of medical records prior to departure.
- Coordinating clinic schedules and patient care responsibilities at least one month prior to the start of the rotation.

4. Financial Considerations

- The resident's salary and benefits will continue during an approved off-campus rotation.
- All expenses associated with travel, housing, transportation, and related costs are the responsibility of the resident and/or the residency program unless otherwise approved.
- Choice Spending Account funds may be used for off-campus rotations with Program Director approval.

5. International Rotations

International experiences must comply with the institution's International Medicine Rotation Guidelines. Supplemental funding may be available through the Ascension St. Vincent Foundation, subject to eligibility and approval.

6. Oversight and Compliance

The Program Director retains responsibility for ensuring educational quality, supervision, and evaluation during the off-campus rotation. The DIO and GMEC maintain institutional oversight to ensure compliance with ACGME Institutional Requirements.

Ascension St. Vincent Hospital Vendor Interaction Policy

Department:	Medical Education	**Reviewed and Approved by GMEC:**	April. 2026
Origination Date:	November 2009	**Next Review Date:**	March, 2027

Purpose

To establish institutional standards governing interactions between house staff and vendors, including pharmaceutical, medical device, and other industry representatives. This policy ensures that such relationships support ethical practice, educational independence, and patient-centered care.

Scope

This policy applies to **all interns, residents, and fellows** (collectively referred to as *house staff*) enrolled in Ascension St. Vincent Hospital Graduate Medical Education (GME) programs. Program Directors may establish more specific departmental guidelines, provided they meet or exceed the standards in this institutional policy.

Definitions

- **House Staff:** All interns, residents, and fellows enrolled in a GME program sponsored by Ascension St. Vincent Hospital.

- **Vendor:** Any individual or company engaged in promoting, marketing, or selling medical products, equipment, devices, or pharmaceuticals.

Policy Statement

Relationships between healthcare professionals and vendors should exist solely to benefit patients and advance the practice of medicine. Interactions must be professional, transparent, and focused on the exchange of scientific and educational information. Vendor relationships must **not influence clinical judgment**, **curricular content**, or **resident evaluation and advancement**.

All vendor interactions must comply with applicable **Ascension policies**, **federal and state laws**, and **ACGME standards**.

Procedures and Requirements

A. Vendor Relationships

- Programs and house staff should avoid any relationship with vendors that could reasonably be perceived as creating a conflict between personal gain and patient welfare.

B. Institutional Sponsorship and Activities

- The **Department of Medical Education** will not sponsor or co-sponsor events, meals, or other activities jointly with vendors or their representatives.

C. Educational Content and Speakers

- All speakers or presenters supported by vendors must receive **prior approval** from the **Program Director**, **Department Chair**, or designated faculty member.

- Vendors may not determine, plan, or influence the content of any program's educational conference or academic activity.

- Any financial or industry affiliations must be disclosed to learners **before** the presentation.

- Promotional presentations or activities designed to market specific products or services are **strictly prohibited** during required educational conferences.

D. Gifts, Meals, and Grants

- House staff are **prohibited** from accepting any direct personal monetary payments, grants, or gifts from vendors or their representatives. Scholarships, and other educational support for trainees, as long as the funds are provided and administered with GME Office oversight and the company does not select the beneficiary of such awards, is generally permitted. This will include a review by Ascension compliance teams.

- Educational materials or small items of nominal value (e.g., pens, notepads, or reference books) may be accepted only if they are directly relevant to patient care or education and not intended for marketing purposes.

E. Vendor Access and Presence

- Vendors are not permitted unsupervised or unapproved access to clinical or educational areas.

- Vendor presence in any educational or patient care setting requires approval from the **Program Director** and must serve a legitimate educational or technical function.

G. Accountability and Enforcement

- Residents and fellows uncertain about an interaction with a vendor should seek guidance from their **Program Director, the DIO** or the Office of Medical Education.

- Violations of this policy may result in disciplinary action consistent with institutional and GME disciplinary procedures.

All vendor interactions must also follow Ascension Procedure #706 which can be found by following this link.

ALL Ascension Policies AND Procedures
Vendor Access

Ascension St. Vincent Hospital Indianapolis Special Review Process

Department:	Medical Education	**Reviewed and Approved by GMEC:**	March 2026
Origination Date:	May 2023	**Next Review Date:**	March, 2027

Purpose

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

Policy

1. The Special Program Review (SPR) process must include a protocol that:
2. Establishes criteria for identifying underperformance; and,
3. Results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring and timing of outcomes.
4. Criteria for SPR: The DIO has discretion to initiate a SPR using any of the following criteria:
    a. Adverse accreditation status awarded by the Residency Committee (RC/ACGME), including Warning and Probationary Accreditation
    b. Pattern of resident or faculty attrition
    c. Resident or Faculty survey Results that are significantly below the speciality mean
        i. Two or more categories with 50% or less compliance on any question,
        ii. A pattern of significant downward category trends since the last survey,
        iii. A rating of less than 4.0 in the category “Overall Evaluation”, or
        iv. Survey completion rate below 70%
    d. Board pass rate below RC minimum requirement
    e. Multiple or significant program citations or areas needing improvement from ACGME.
    f. Request by the Program Director, faculty or trainee of the Program
    g. Any reason not listed that rises to the level of concern noted above
5. 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.
6. Special Program Review Process: The DIO will notify the program director of the Special Program Review.
    a. 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.
7. Timing of the Review and Report: The review will occur as soon as possible, following the appointment of members to the SPR Committee.
8. The Report will be submitted to the DIO, for discussion with the PD.
9. Program Action Plan: The program director will review the results of the SPR report 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:
    a. Name of program
    b. Date of action plan

c. Action Items to address all recommendations listed in SPR report
d. Names of Individuals responsible for follow-up of each action item

10. At the next possible GMEC meeting, DIO (or designee) will present the report and PD (or designee) presents the action plan.
11. Special Review Report: The report will contain, at a minimum:
    a. Name of program reviewed
    b. Current accreditation status of program
    c. Last RC site visit date
    d. SPR Committee members' names and titles
    e. Start and End dates of SPR
    f. Area of concern that prompted the review
    g. A brief description of review process, including materials reviewed and individuals interviewed
    h. Summary of the findings of the review
    i. Recommendations for quality improvement goals and/or corrective action
    j. The program's action plan
12. 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.

Guidance Documents and Attachments

Use of Artificial Intelligence (AI) in Residency and Fellowship Training – Guidance Document

Department:	Medical Education	**Reviewed and Approved by GMEC:**	April, 2026
Origination Date:	March 2026	**Next Review Date:**	March, 2027

Purpose

Artificial Intelligence (AI) technologies can enhance learning, research, and clinical efficiency within graduate medical education. However, their use must be guided by professionalism, academic integrity, and patient safety. This policy defines acceptable and prohibited uses of AI by residents and fellows under the Sponsoring Institution.

Definition of Artificial Intelligence (AI)

AI refers to computer systems or software capable of performing tasks that typically require human intelligence, such as generating text, analyzing data, creating images, or assisting in decision-making.

Examples include, but are not limited to:

- **Generative AI tools** (e.g., ChatGPT, Claude, Gemini)
- **AI writing assistants** (e.g., Grammarly, Quillbot)
- **AI image or video generators** (e.g., DALL·E, Midjourney)
- **AI coding assistants** (e.g., GitHub Copilot)
- **Clinical decision support tools** (e.g., predictive algorithms integrated into EMRs)

Levels of AI Use in GME

Level 1: AI Use Strictly Prohibited
AI use is prohibited in any activity intended to independently evaluate a resident's or fellow's medical knowledge, clinical reasoning, procedural competence, or authorship. This includes, but is not limited to:

- Drafting scholarly work (e.g., manuscripts, case reports, QI projects) without disclosure
- Answering quizzes, tests, or assessments
- Producing reflections or assignments intended to demonstrate personal understanding
- Fabricating or altering data, citations, or sources

Level 2: Limited Use (Disclosure Required)

Residents and fellows may use AI tools to **support**, but not replace, their own intellectual or clinical work. Acceptable examples include:

- Brainstorming QI or research ideas
- Refining the structure or clarity of scholarly writing
- Summarizing or paraphrasing background literature

Requirements:

- The resident or fellow must disclose the use of AI tools, including the name of the tool and a brief description of how it was used.
- Disclosure should appear in a footnote, acknowledgment section, or as otherwise specified by faculty or program leadership.

Level 3: Permitted Use (No Disclosure Required)

AI tools may be freely used for administrative efficiency, learning enhancement, or accessibility purposes that do not directly contribute to graded or evaluated work. Examples include:

- Grammar, spelling, or formatting assistance
- Study aids for independent learning
- Speech-to-text or text-to-speech accessibility tools
- Scheduling or task management support

AI Use in Clinical Documentation

Use of AI-assisted tools for clinical documentation (e.g., AI-generated progress notes, EMR-integrated clinical decision support, or summarization features) is permitted **only after a resident has been deemed competent by the Clinical Competency Committee (CCC)** to independently prepare clinical notes and exercise appropriate clinical judgment within their specialty. PGY-1 level residents cannot use AI in this category.

When using AI for clinical documentation:

- The resident remains fully responsible for the accuracy, completeness, and clinical judgment reflected in the note.

- All AI-generated text must be **reviewed, edited, and verified** by the resident before finalization.
- No identifiable patient information may be entered into non-institutionally approved AI platforms.
- Faculty and attending physicians retain ultimate responsibility for supervision and attestation in accordance with ACGME and institutional documentation policies

Resident and Fellow Responsibilities

- Maintain transparency, professionalism, and honesty in all uses of AI.
- Protect patient privacy and confidentiality at all times.
- Understand program-specific expectations for AI use and seek clarification when uncertain.
- Use only AI tools approved for use by Ascension

Consequences for Improper Use

Misuse of AI tools will be addressed according to institutional policies. Violations of these policies can result in disciplinary action up to dismissal from the program.

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.

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.

GUIDELINES ON RECORD RETENTION OF HOUSE STAFF FILES

I. APPLICATIONS and LETTERS OF REFERENCE

A. Applications of individuals who apply for a position but are not interviewed: One Year.

B. Applications of individuals who apply, are interviewed, but are not hired: Two Years.

C. Applications of individuals interviewed and accepted: Indefinitely.

II. ROTATIONS AND CALL SCHEDULES

Indefinitely

III. EVALUATIONS

A. Monthly: Three to five years.

B. Biannually: Three to five years.

C. End of year summative evaluation: Indefinitely

D. Final summative evaluation: Indefinitely

IV. DISCIPLINARY CASES

Keep all records indefinitely.

V. CONFIDENTIALITY ISSUES

House staff are treated as employees of Ascension for purposes of record keeping. Employee records are generally confidential except for certain public information.. Medical records of employees are required to be maintained in separate files, according to other laws, rules, and regulations.

House staff records, like those for employees, can be shared within the institution for those who have a legitimate need to know, i.e., those who have a supervisory role over the house staff officer. Specifically this would include Department Chairs, Program Directors, and the Residency Review Committees/Graduate Medical Education Committees.

VI. GRADUATE MEDICAL EDUCATION FILES INCLUDE:

1. Application
2. Medical School Diploma
3. Verification of Prior GME Training
4. Employment contracts
5. Medical Licenses
7. ECFMG Certificate
8. Visa and I-9 Certification
9. Fringe Benefit Enrollment Forms
10. Loan Deferments/Malpractice Letters/Salary Verifications
11. Patent Agreement and Miscellaneous Employment Forms

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**

_____ _____

Date Your Signature

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.

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.

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#:**
License and DEA numbers must be provided to moonlight.	

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 REQUESTED ☐ DISAPPROVE ☐ NO MOONLIGHTING

_____ _____

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 <u>your</u> 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 <u>program's</u> Goals and Objectives for the resident's rotation to be incorporated into the PLA to Medical Education.**

Updated: January 2026
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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:
  - OAHP during office hours (M-F, 7a-4p) located at 8402 Harcourt Rd, Suite 501, Phone: (317) 338-2347
  - ED during OAHP 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 OAHP 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.**

Ascension St. Vincent

Did You Experience a Bloodborne Pathogen Exposure?

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

Don't Delay – Help is a Scan Away!

Scan this QR Code for a "Next Steps" Checklist

Associate

- Immediately wash the exposed area with soap and water.
  - For splashes, flush the exposed area with water.
- Contact your immediate Supervisor/House Supervisor/Leader.
- Within the first two (2) hours of exposure, report to:
  - Associate Occupational Health (AOH) during office hours – **CALL FIRST**
  - or -
  - Emergency Department (outside of AOH office hours)

Supervisor/Leader

- Verify source patient consent and obtain order and collect specimens for source patient testing before the patient leaves the location where exposure occurred. Enter the order into EMR "Blood/Body Fluid Exposure Orders-Source Patient" and send it as "STAT."
- Obtain Source patient sample.

Healthcare Worker (HCW) Bloodborne Pathogen Exposure Checklist

(needle/sharps stick, splash to eyes and/or mucous membranes, etc.)

Name of Healthcare Worker: _____ Discipline: _____

Healthcare Worker's Employer (circle appropriate one): Ascension Associate, PT Solutions, TouchPoint, TRIMEDX, Medxcel, R1, Volunteer, Student, Physician/Licensed Practitioner, Other: _____

Date of Exposure: _____ Time of Exposure: _____

Location of Exposure: _____ Source Patient MR#_____

Healthcare Worker Exposed

- Immediately wash the area with soap and water. For splashes, flush the area with water
  - Eye exposures flush for 15 minutes
- Contact: 1) Hospital - the House Supervisor, or 2) AMG practices- the Clinic Manager
- **Within the first 2 hours of exposure** (for evaluation of need for possible prophylactic treatment), report to:
  - Associate Occupational Health (AOH) during office hours – **CALL FIRST – or**
  - Emergency Department (outside of AOH office hours)
  - HCW must tell ED and Registration that **"This is a work-related injury."**
    - **Registration:**
      - Admitting Physician – Charles Carroll, DO
      - Guarantor – Ascension Risk Management/WC
      - Primary Payor – Workers' Compensation – WC Ascension Indiana
      - **NOTE: DO NOT ENTER HCW's PRIMARY INSURANCE – DO NOT BILL HCWs**
      - Lab orders for exposed HCW – "Blood/Body Fluid Exposure Orders-Exposed Individual"

    Note: HCW should consider staying at the facility where HCW testing occurred until initial source patient HIV test is resulted to ensure timely PEP IF warranted, unless otherwise directed.
- For Ascension Associates ONLY – File a Work/Injury Claim (viaONE) as soon as possible after reporting to AOH or ED. (All others will file a Workers' Compensation Claim with their employer's occupational health.)
  - Two ways to report an exposure with viaONE:
    - Complete online form @ https://claimlookup.com/AscensionCares
    - Call viaONE at 1-866-856-4835, Option 1

House Supervisor/AMG Clinic Manager

- Verify that the **source patient** consent has been signed (hospital 16D signed on admission), order is obtained and specimens are collected for **source patient testing** before the patient leaves the location where exposure occurred. **Note: Source patient testing should always be done regardless of the HCW's election to not pursue treatment.**
- If the patient has not consented, provide the patient with education and obtain consent. If patient declines, inform AOH
- Enter the order into EMR "**Blood/Body Fluid Exposure Orders-Source Patient**" Add a ✔ **for HIV Rapid** in the order set if the patient consents to it. Send the order as **"STAT."**
- Obtain source patient sample – 4 Gold Tubes (3.5ml) and 2 Lavender Tubes (4.0 ml).

Other Comments/Details:_____

Healthcare Worker's Signature: _____ Date: _____

Fax a completed copy of this document to Associate Occupational Health and give the original to your supervisor.

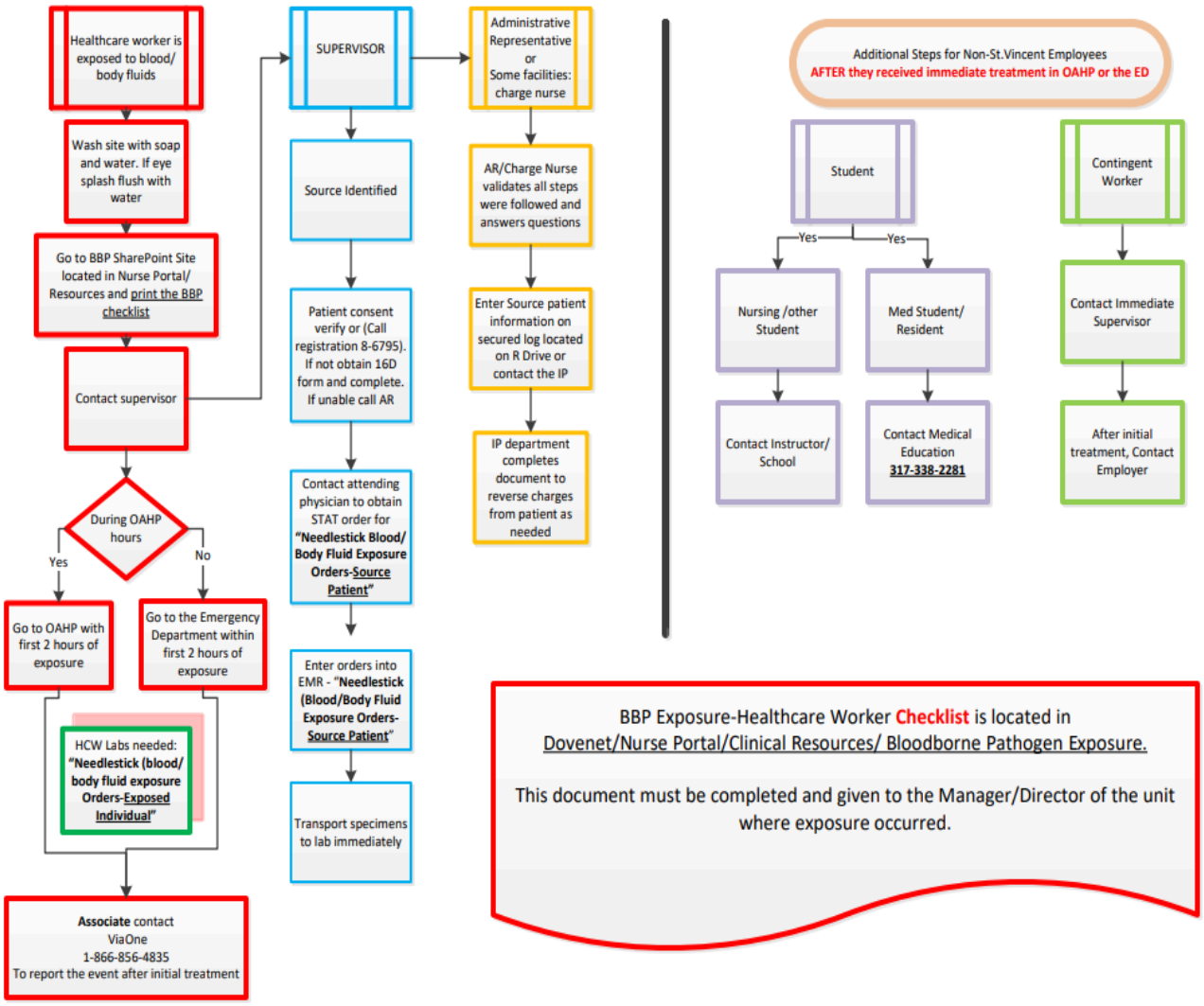
- INEVA – 812-485-7603
- Anderson – 765-646-8473
- Kokomo – 765-456-5823
- Indianapolis (ININD) and all other facilities not listed above – 317-338-9714

Updated: 9/2025LR

Ascension St. Vincent

Bloodborne Pathogen Exposure Response Process

Updated: 8/2019 LR

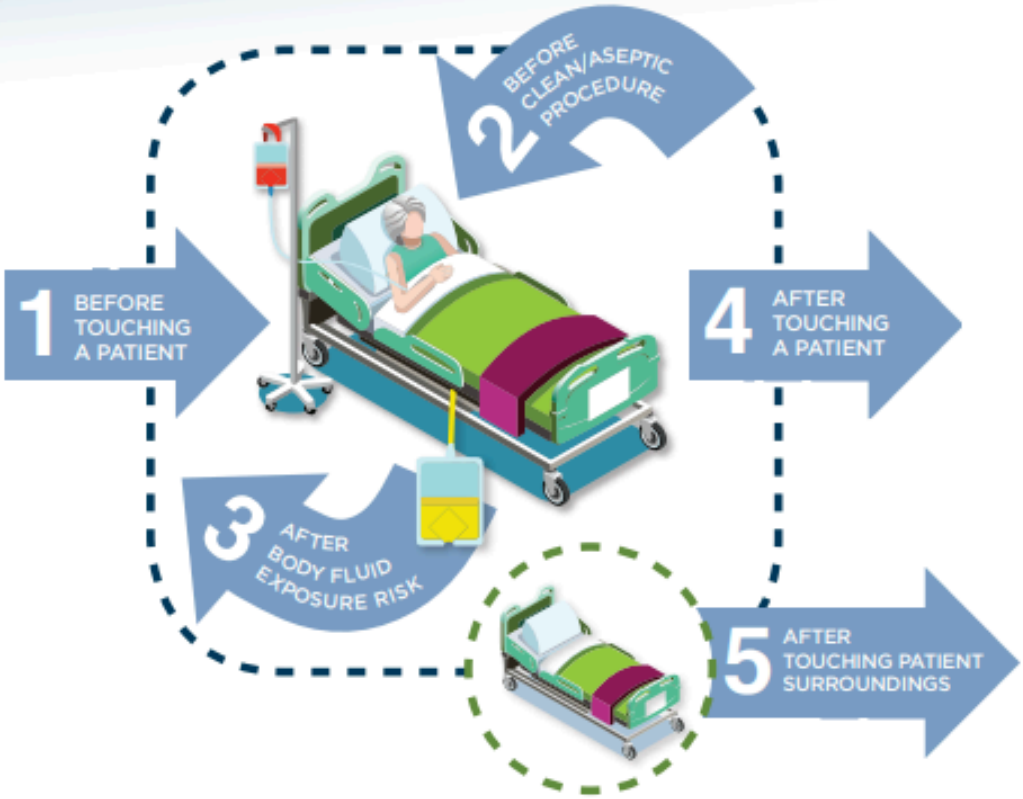


BBP Exposure-Healthcare Worker **Checklist** is located in Dovenet/Nurse Portal/Clinical Resources/ Bloodborne Pathogen Exposure.

This document must be completed and given to the Manager/Director of the unit where exposure occurred.

Raise awareness by raising your hand!

Remember the Five Moments for Hand Hygiene can save someone's life!



St.Vincent | ASCENSION

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.

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

Ascension St. Vincent

Pathway to Report

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

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
Fire ***Each facility needs to determine appropriate action for staff, patients, and visitors.***	**Fire alarm + location (and as appropriate, action for staff/patient/visitors.)**
Code Blue	**Code Blue + location (and as appropriate, adult or pediatric.)**
Protected Code Blue ***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).***	**Protected Code Blue + location (and as appropriate, adult or pediatric.)**
Code Pink (as applicable at each site)** **Alert for a neonatal emergency that includes a neonate currently in distress/arrest or the anticipated delivery of a compromised newborn.**	**Code Pink + location**
Rapid Response Team	**Rapid Response Team + location.**
Stroke Team Activation	**Stroke Team + location.**
Trauma Team Activated	**Trauma Team + location.**

Code OB (as applicable at each site)**	**Code OB + location**
Code OB (staff from PMCH & Women's) Activated	
Missing Person (includes Elopement) ***Each facility needs to determine appropriate action for missing person versus elopement.*** **Infant Abduction** **(not to be called as a missing person so that there is no confusion between this and an elopement).**	**Missing Person + descriptor + last seen information (and as appropriate, action for staff/patient/visitors.)** **Infant Abduction + description + last seen information (And, as appropriate, action for staff/patient/visitors.)**
Severe Weather ***Each facility needs to determine appropriate action for staff, patients, and visitors.*** ● **Tornado Watch** ● **Severe Thunderstorm Watch** ● **Tornado Warning** ● **Severe Thunderstorm Warning** ● **Ice Storm** ● **Snow Storm** ● **Extreme Heat**	**Severe weather + descriptor (and as appropriate, action for staff/patient/visitors.)**
Disaster (internal or external emergency) **(e.g., hazardous agent, mass casualty, biologic agent, evacuation, chemical spill, power outage, IT down)** **This is based on what Incident Command would typically be**	**Internal/external emergency + descriptor + *activate the* _____.** ***EG: Incident Command System, DECON team, Downtime procedures, Etc.***

established for.	
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 ****