Ascension WI Family Medicine Residency Program Handbook

2024/2025
Revised 10/2024

Sponsoring Institution:
Ascension St. Vincent Hospital Indianapolis
Program ACGME ID: (Effective July 1, 2023): 1205600005
NRMP Program Code: 1189120C1

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Ascension Mission, Vision and Values

Mission

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.

Vision

We envision a strong, vibrant Catholic health ministry in the United States which will lead to the transformation of healthcare. We will ensure service that is committed to health and well-being for our communities and that responds to the needs of individuals throughout the life cycle. We will expand the role of laity, in both leadership and sponsorship, to ensure a Catholic health ministry of the future.

Values

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

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Table of Contents:

Leadership and Ascension Mission, Vision and Values Page 2

Mission and Overall Aims of the Residency Program Page 4

Purpose of the Handbook Page 4

ASV Institutional Policies and Procedures Page 5

Ascension National Policies and Procedures Page 5

Overall Educational Objectives Page 5

Primary Clinical Sites and Hospital Affiliations Page 7

Faculty Page 8

Curriculum, Electives, Individual Learning Plans, Away Electives Page 9

Academics- Didactics, Meetings, Scholarly Activity, Committees Page 11

Examinations- USMLE, In-Training Exam, ABFM Page 14

Resident Responsibilities, Medical Records Page 16

Clinical and Educational Work Hours, Summary of Policy Page 18

Call Schedules, Summary of Policy Page 20

PTO, Continuing Medical Education, Sick, Emergency Time Off Page 22

Resident Supervision, Summary of Policy Page 24

Resident CME and Educational Stipend Page 27

Computer Support & E-mail Expectations Page 28

Residency Governance and Progression Through Residency Page 30

Disciplinary Issues Page 32

Business Casual Attire and Personal Appearance Page 34

Library Services and Intranet Information Page 35

Controlled Substances, Summary of Policy Page 36

Physician Well Being Page 37

Attestation Action Required Page 39

Ascension

Mission and Overall Aims of the Residency Program

To develop transformative holistic physicians through courageous innovation, scholarship, mentorship, inquiry and the delivery of values-based, patient-centered, clinically excellent care. As a part of a national Catholic healthcare ministry, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. We are 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.

1. Our primary clinic is centrally located in a diverse, urban community with a long standing history of partnering with local organizations to serve the health needs of the community. Residents will have an orientation to the community as well as a designated Community Medicine Rotation early in their PGY1 to build knowledge and access to the vast resources available.
2. Our longitudinal curriculum on special populations continues to build on the dedication to our vulnerable populations with activities led by nurse educators, pharmacists and faculty who have special expertise in behavioral health, addiction,hospice/palliative care and integrative medicine. This allows residents to explore their own patient panel and build confidence in recognizing health disparities along with innovative ways to address them with an experienced multidisciplinary team.
3. Ascension national health system and our sponsoring institution use a justice and equity framework with toolkits for a variety of uses. This is currently our ABIDE framework and is outlined in many aspects of the curriculum and overall experience of our residents and faculty and is referenced throughout our program.
4. Faculty and resident well being are aligned with the values of the organization with active engagement of the larger system on Culture of Safety Surveys annually, Associate Engagement annual survey and opportunities to grow through programs for leadership and mission integration.

Purpose of the Handbook

This handbook is designed specifically for use by residents, faculty, and staff affiliated with the Ascension Wisconsin Family Medicine Residency Program. The manual's purposes are as follows:

A. Define policies of the Program as they relate to residency training.
B. Governing document that defines the "nuts and bolts" of residency training.
C. Guide to the content of residency education and how it is conducted.
D. Define relationships with other programs and establish a chain of command by which patient care and education are carried out in the most appropriate manner.

If there are areas where this manual conflicts with Ascension St. Vincent (ASV) GME housestaff rules, the ASV rules shall be the effective policy. Policy changes may occur but will not take effect without advance notice. The manual is revised annually.

Ascension St. Vincent Institutional Policies and Procedures and Ascension National Policies and Procedures

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Ascension Wisconsin Family Medicine Residency (AW FMR) operates under its sponsoring institution, Ascension St. Vincent (Indiana). All AW FMR policies and procedures align with those of our Sponsoring Institution and Ascension National, with minor variations that are ACGME Specialty Specific or by local markets. As a ministry of the Catholic Church, Ascension has adopted the *Ethical and Religious Directives for Catholic Health Care Services* as a matter of policy. **Adherence to the Directives is a condition for medical privileges and employment.**

- Institutional Policies for ASV GME are found on the opening page for New Innovations and are also on the general ASV GME website*:* https://medicaleducation.ascension.org/indiana/st-vincent-graduate-medical-education-home
  - *Pre-employment Physical and Drug Screening*
  - *Agreement of Appointment*
  - *Resident Evaluation, General*
  - *Resident Reappointment*
  - *Resident Recruitment*
  - *Resident and Fellow Selection*
  - *Resident Transfer*
  - *Non Academic Employment for House Staff (Moonlighting)*
  - *Academic/Corrective Actions*
  - *Grievance Procedure*
  - *Workplace Harassment*
  - *Transitions of Care*
  - *Closing of Teaching Facilities or Residency Program*
  - *GME Disaster Plan and Interruption of Education and Patient Care*
  - *Off Campus Rotations*
  - *Vendor Interactions with House Staff*
  - *Special Review Process*

- Residents are responsible to review the institutional policies as detailed on the above website. If you have questions, please address them to the chief residents or the program director.

- Good Day Ascension Intranet has links to National Policies and Benefits as well as a link to Ascension Wisconsin Intranet for more local Policies and Procedures.

Overall Educational Objectives

A. The Ascension Wisconsin Family Medicine residency program prepares physicians to independently and competently:
   a. Provide personalized care for adults and children with acute and chronic disease within the context of their families and communities through accessible, comprehensive, continuous, and coordinated care.
   b. Be experts in preventive medicine, as well as in managing complexities and co-morbidities through coordinated interdisciplinary and inter-professional care across the life span and in multiple settings.
   c. Use critical thinking skills in the service of understanding the patient's illness experience to arrive at a common shared therapeutic approach.

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d. Perform common ambulatory procedures.
e. Become lifelong learners who engage in self-reflection to become master adaptive learners to address their professional development needs.

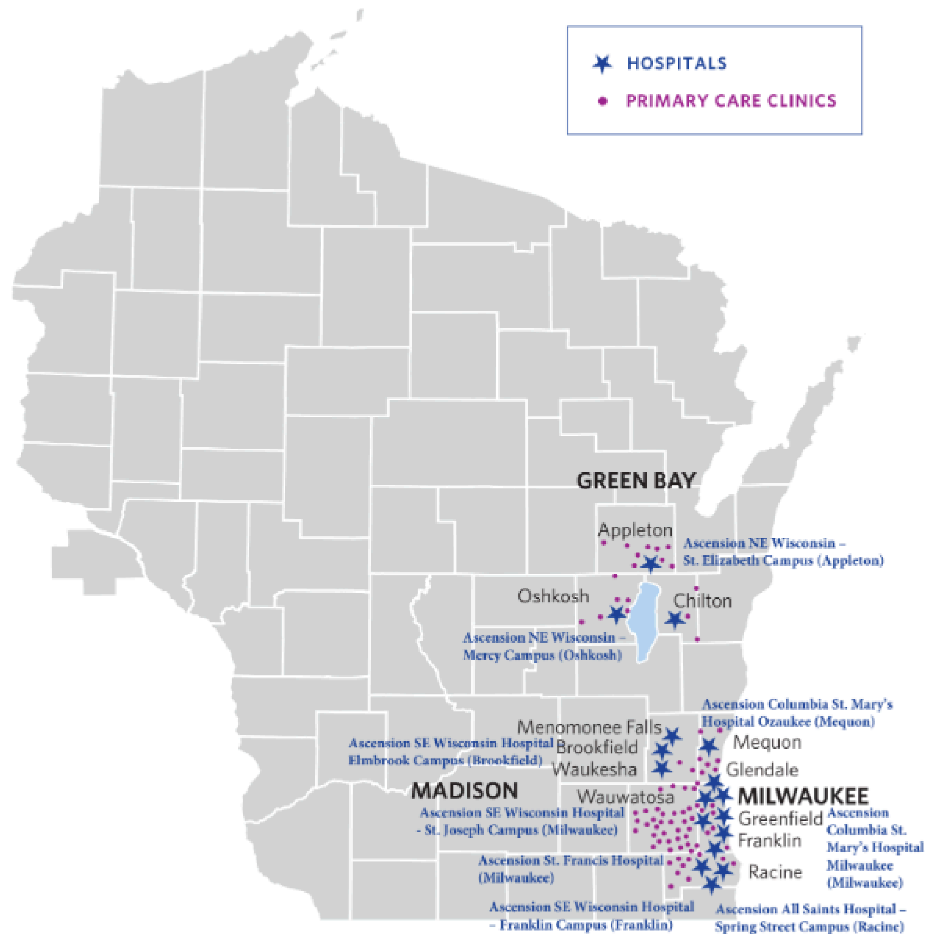
B. Our graduates will also be prepared for addressing and advocating for social justice to remove barriers to equitable care for all populations to promote better health in any community they choose to work in.

Primary Clinical Sites:

- Family Medicine Continuity Clinic
  Ascension Family Health Center
  2400 Villard Avenue, Milwaukee, WI 53209
  Clinic Supervisor: Denise Birmingham-Parker
  Ascension Medical Group Operations Manager: Jim Licari

- Primary Hospital Affiliations:
  - Ascension All Saints (Racine, WI)
    - Gynecology, Cardiology, ED, Electives
  - Ascension St. Joseph- (Milwaukee, WI)
    - Adult Inpatient, Maternal Child Health, ED, Electives
  - Ascension Peyton Manning Children's Hospital- (Indiana)
    - Pediatric Inpatient, Electives

January 2022



Faculty by Role:

A. Core Faculty- (Name, Areas of Responsibility within program)
    a. Andrew Clithero, DO: Hospital Medicine, Specialty Care, Academic Medicine
    b. Mike Brewer, DO: Obstetrics, Prenatal Care, Newborn Care, Pediatrics, OMT
    c. Dan Perrault, MD: Urgent Care, Emergency Medicine, Procedures, Orthopedics
    d. Nancy Havas, MD: Older Adult, Academic Medicine, TeleHealth, Student Liaison
    e. Sabrina Ali, MD: Ambulatory Clinic, Community Medicine, Addiction and Behavioral Health
    f. Lisa Casey, DO: Undergraduate Medical Education, Students, Ambulatory Clinic
B. Clinical Faculty- (Name, Areas of Responsibility within program)
    a. Lauren Keesler, LPC- Behavioral Health, Wellness
    b. Barbara Tong, NP- Ambulatory Practice
C. Preceptors- (Name, Speciality, Curriculum they help oversee)
    a. Dr. Amrinder Singh- Family Medicine Clinic Preceptor
    b. Dr. Patty Golden- Family Medicine Clinic Preceptor
    c. Dr. Amy Tamburrino- OB/GYN Program Director, OB/Gynecology
    d. Dr. Andy Makowski- Emergency Medicine Rotation and associated electives
    e. Dr. Rebecca Rothstein- Pediatric Inpatient, Peyton Manning Children's Hospital
    f. Dr. David Galbis-Reig- Addiction Medicine
    g. Randal Dei, DPM- Podiatric Medicine
    h. Dr. Chris Weber- Obesity Medicine
    i. Dr. Pla Xiong-Hang- Gynecology/Women's Health
    j. Dr. Liz Traudt- General Surgery
    k. Dr. Bindu Bamrah- Orthopedics and Sports Medicine
    l. Dr. Desiree Dizadji- Non-invasive cardiology
    m. Dr. Mo Rihawi- Pulmonary and Sleep Medicine
    n. Dr. Hector Lopez- Independent practice, Population Health, Leadership
    o. Dr. Pankaj Dhingra- Nephrology
    p. Dr. Brett Twente- Geriatrics, Older Adult
D. Faculty Advisors- AW Family Medicine residency assigns preliminary faculty advisors at the beginning of the PGY1 year. Advisors counsel residents regarding educational evaluations, elective planning, conference preparation, quality improvement and scholarly projects and, most importantly, personal and professional development.
    a. Each PGY1 is expected to meet with their assigned advisor monthly in the first 6 months.
    b. They are queried at 6-months to ensure that their preliminarily assigned faculty advisor is a good fit. If not, reassignments are made. No faculty member may advise more than 3 residents at any given time point.
    c. Residents meet with advisors on a schedule determined by the resident and advisor. Oftentimes these meetings will be quick and informal, at other times longer and pre-scheduled to address specific issues of interest to the resident.
    d. You should meet with your advisor quarterly and at a minimum of twice each year, before or after your Clinical Competency committee (CCC) review.

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e. Residents and their advisors are asked to document scheduled meetings.
f. In addition to the faculty advisor system we utilize a resident buddy system that pairs incoming PGY-1's with upper level residents who can provide information and support for specific residency related issues.

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Curriculum

1. The FM curriculum is organized into 13 rotations per academic year. Each rotation or "block" consists of 4 consecutive weeks. Each new block begins on a Monday, except those entering night float on family medicine inpatient service, then service will begin on Sunday evening.
2. In addition, residents will have their continuity clinic experience at All Saints Family Health Center on Villard Avenue throughout all three years.
3. In the second and third year, nursing home visits are also an important part of the curriculum and are scheduled monthly.
4. Goals and Objectives of each rotation are available on the New Innovations website and on the Family Medicine Shared Google Drive. It is expected and required that residents review and confirm the assigned curriculum (on New Innovations) prior to the beginning of each rotation.
5. Residents are required to complete not only clinical duties of each rotation, but also any other academic requirements (including learning modules, reading assignments, lectures, etc).

Program: ***Curriculum Summary by Year***

PGY1 *(#) Number of blocks/weeks*	PGY2	PGY3
Clinic 1 half day/week average	Clinic 3 half days/week average	Clinic 4 half days/week average
• Orientation • Adult Inpatient (2) • Community Medicine • Pain/Addiction Medicine • Maternal Child Health (2) • Emergency Department • Surgery • Pediatrics Inpatient • Peds Office • Women's Health/Gyn • Elective (1)	• Adult Inpatient (2) • Emergency Department • Pediatric ED • Specialty Care A (16w) *(Cardiology, Ortho/Sports Med, Pulmonary)* • Chronic Care A- Special Populations (12w) *(Older adult, Behavioral Health, Diabetes, Obesity)* • Elective (2)	• Adult Inpatient (2) • Peds Office • Board Prep/Scholarship • Chronic Care B- Independent Practice/Preventive Care (12w) *(Health Systems Management, Ambulatory Clinic, Quality/Scholarly)* • Specialty Care B (8w) *(Derm/procedures, Podiatry, Rheumatology)* • Elective (4)

Selectives and Electives

Elective/Away Requests:

1. Requests are due 90 days prior to the first day of the block for which you are requesting the elective.
   a. Ex: Block 4 elective request is due 90 days before the beginning of Block 4.
2. A "Program Letter of Agreement" (PLA, aka: rotation agreement) may be required by outside elective sites. If you are interested in an outside elective, please contact the program coordinator and the outside elective site administrator to see what documentation needs to be signed before the elective can be approved.
3. An elective/selective list of programs with PLAs already in place is located on the FM Google drive, but as these may expire, please confirm with the Program Coordinator.
4. Ascension Wisconsin and Ascension St. Vincent sites may require PLAs.

Electives: Minimum of six (6) elective rotations are available for residents which provide the opportunity to tailor learning experience to individual interests. Elective planning is with the guidance of the resident's faculty adviser as part of their Individual Learning Plan.

Elective Options:

Academic Medicine	Cardiology and Stress Testing
Urology	Gastroenterology
Integrative Medicine	Pediatrics
Hospitalist Medicine	OMT
Critical Care	Addiction Medicine
Urgent Care	Community Medicine (FQHC)
Women's Health	Medical Spanish Immersion
Prenatal/Obstetrics	Leadership
Parenting	Podiatry
Sports Medicine	Global Health

Individual Learning Plan:

This will be completed at least annually as part of the educational program for each resident to meet their needs for future practice incorporating feedback to assist each resident in completing key competencies and Milestones as they progress within the residency program. Faculty mentoring will help residents create their learning goals and monitor their progress.

Individual Learning Plan Track Examples: Ambulatory Practice, Integrative Medicine, Urgent Care, Hospitalist/Critical Care, Addiction Medicine, Pain Management, Community Medicine

Away Rotation/Elective:

One away rotation is allowed during the 36 months of residency training in addition to any REQUIRED away rotations (ex- Inpatient Pediatrics at Peyton Manning in Indiana).

Refer to ASV House Staff Handbook and Off Campus Rotation Policy and Form and International Medical Education Rotation Policy for further details.

Ascension

Academics

1. Conferences: *(Policy- Didactic and Required Residency Activities)*
    a. **Required Weekly Didactics:**
        i. When: Each Wednesday from Noon until 5pm. Refer to the calendar for updates and changes on Google Drive.
        ii. What is Required: Residents are required to have an annual attendance of at least 80%.
        iii. Attendance will be tracked based on completion of evaluations in New Innovations, which is the residents responsibility.
        iv. Residents are responsible for ensuring proper attendance and submitting approved absentees to the Program Coordinator.
        v. If a resident forgets to sign in for a lecture, they must email the Program Coordinator to ensure a proper attendance record.

    b. Not Meeting 80% attendance requirement:
        i. If a resident's attendance falls below this percentage, they will be placed on a remediation program and will be expected to meet additional educational requirements.
        ii. Failure to attend the required number of conferences in any given 6-month period will result in the resident being ineligible to use CME funds. (80% conference attendance needed to be eligible to use these funds).
        iii. Remediation plans will be placed into effect for individual residents' poor attendance on record, which could ultimately result in disciplinary action, including probation for professionalism concerns.
        iv. Attendance is monitored, and residents are expected to arrive on time and stay for the entire presentation, whether virtual or in person.

    c. Residents may be Excused from Conference in the following situations:
        i. Night float rotation
        ii. Sick (must notify Program Coordinator and Chiefs)
        iii. On-call days
        iv. Day off on assigned in-patient/ward rotations (eg, IM, peds wards, OB, surgery, nursery, FM)
        v. Vacation (PTO), approved
        vi. CME, approved
        vii. Away rotation/elective, approved
        viii. Attending rounds / other service obligations overlap with meeting times (must notify GME staff)
        ix. Delayed due to clinic patients (must notify chiefs)
    d. For instances described above, it is the resident's responsibility to notify the chief residents and GME scheduler who tracks attendance (Program Coordinator).

2. Meetings:
    a. Resident Meetings- Resident meetings take place monthly.
        i. Resident meeting attendance is protected time and is REQUIRED (except in the instances detailed above that also excuse conference attendance).

   ii. An agenda is sent out following each meeting.
   iii. Even if you were not at the meeting, you are responsible to read and know all information in this email.
b. Resident/faculty combined monthly meetings. All residents are REQUIRED to attend the monthly meeting unless on call or on an off-site rotation.
c.

3. ABFM Performance improvement (PI) Activity: is an activity designed by the ABFM as part of maintenance of certification requirements for practicing physicians. As a residency program, we participate each year, under the supervision of a designated faculty.
   a. Participation in at least one PI is a requirement in order to sit for the family medicine boards.
   b. It is absolutely essential that each resident completes a PI in its entirety by the end of their second year.
   c. Failing to do so will very likely result in delays in being able to sign up for and take the ABFM or AOBFP board certification exams in the spring of PGY-3 year.

Scholarly Activity:

1. Residents are REQUIRED to participate in scholarly activity as part of their residency education.
   a. Residents are required to list all of their scholarly activities on the Scholarly Activity Tracking document on the Designated Google Drive and/or New Innovations.
   b. Please include details regarding the scholarly activity, including the date of the activity, type of activity (eg, presentation, poster, book chapter), specific title of presentation/poster and official citation for publications, chapters, posters.
2. The ACGME requires each resident to complete **a minimum of two scholarly activity projects during their residency training.**
   a. Options at AW FM Residency to complete required scholarly activity include the following:
      i. PGY1- A case report or ethical reflection.
      ii. PGY1- A clinical question literature search and presentation, given as a noon conference to other residents.
      iii. PGY3- A clinical practice guideline literature search and presentation, given as a noon conference to other residents.
      iv. Publication of the case report or ethical reflection in a journal or an online medical website.
         1. Publication can be completed in any PGY year but prior to graduation from the program to be considered completed.
      v. Poster. Content can originate from previous scholarly activity work such as clinical question, community resource or clinical practice guideline, case presentation, ethical reflection or practice improvement activity. This may be completed in any PGY year.
      vi. Other possibilities for scholarly activity include presentation at a local or national conference, or other form of publication, such as co-writing a chapter of The 5 Minute Clinical Consult with a faculty member. Publishing or presenting in this way can take the place of publication of the case report or reflection.
      vii. Particular rotations may also require residents to give lectures, participate in ABFM Self-Assessment Modules (SAMs), etc.

Committee Participation: (Hospital, Clinic, AMG, AW, AAFP, STFM, etc): There are multiple opportunities for leadership experiences in our program:

1. Curriculum committee: Consists of faculty, two chief residents, and 1 resident per class. These committee members are selected (on a volunteer basis) at the beginning of the academic year.
2. ASV Resident Council: positions are elected by peers; call for nominations is sent out on a yearly basis. Family medicine residents are highly encouraged to run for positions.
3. Residents are encouraged to seek out other opportunities, such as but not limited to Hospital committees, including AW Acute Inpatient Ethics committee and/or AW Women's Health & Perinatal Medicine Ethics Committee, Health Care Disparity, ABIDE Council, Utilization Review, CME Committee, Quality and Patient Safety, Trauma Committee, Ambulatory Patient Experience, Multidisciplinary Mortality Review, Readmissions, Length of Stay, Sepsis, Stroke, etc.

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<u>Examinations:</u>

1. USMLE Step 3 or COMLEX Level 3:
   a. USMLE Step 3/COMLEX Level 3 should be taken and passed by October 30th of PGY-2.
   b. If not, the resident is subject to "Academic Probation" resulting in extension of PGY-2 or non-renewal of the contract.
   c. Residents will not be promoted to PGY-3 without passing Step/Level 3. Failing Step/Level 3 twice will result in consideration for dismissal from the program.
   d. Coordination and scheduling of Step 3 is the responsibility of the resident.
      i. Leave for the exam must be approved before scheduling.
      ii. DO NOT schedule the exam during call, night float, or primary services.
      iii. Time off during a primary service will only be approved in extenuating circumstances and the resident is responsible for finding call coverage (which must be submitted with the leave request).
      iv. Due to the scheduling process for Step 3, it is understood that the 90-day notice may not be feasible. However, residents should submit a leave request no fewer than 30 days before the intended test date.
2. <u>In-Training Exam (ITE):</u> Each October, the ABFM In-Training Examination is administered nationwide. This standardized, cognitive test is given to all family medicine residents regardless of training level. Scores are then reported directly to the residency program. The composite score and percentiles, considered an indication of cognitive performance and ability, relate directly to performance on ABFM Board Certification Examination.
   a. ITE score goals by year of training are PGY-1 (390), PGY-2 (410) and PGY-3 (440).
   b. An at-risk ITE score will result in placement on a moderate or intensive ITE learning plan.
   c. Residents with an at-risk score will be notified by the Program Coordinator under the supervision/direction of the Program Director and the resident's faculty adviser will assist the resident in reviewing the ITE At-risk score policy and start the ITE Individual Learning Plans in January following the ABFM ITE exam (October).
   d. Residents and their faculty advisers should review the FM Residency Program's *<u>Resident Assessment and Progression Through Residency Policy</u>* section on Below Expected Performance on ITE.
   e. Program faculty & leadership will review the program's performance on the ABFM ITE and ABFM Board Certification results for new graduates to make programmatic improvements to assure the ultimate success of its future graduates.
   f. Osteopathic In-Service Exam (ISE) is optional for residents who are eligible and the residency program supports and facilitates registration and completion.

3. <u>American Board of Family Medicine Board Certification Exam:</u>
   a. All residents are required to take the family medicine board exam in the April of their PGY-3 year.
   b. Off-cycle residents who are on track to graduate by October 31 of their PGY-3 year are eligible to take the ABFM exam in April of their PGY-3 year.
   c. Off-cycle residents who are on track to graduate November 1 or later are eligible to take the ABFM exam in November of their PGY-3 year.
   d. In order to encourage 100% participation, the program:

i. Will pay for the early registration cost for the ABFM Certification exam
ii. Will reimburse the resident for the cost of the exam if the resident passes the exam (must be passed on first attempt).
iii. Residents must provide the ABFM score to the program.
iv. In order to have your exam paid for, you must sign up by the early registration deadline, pass the exam, and must turn in your receipt to the Program Coordinator in a timely manner to assure reimbursement.

e. In order to register for the ABFM board exam, you must have completed at least one PI Activity (Part IV) and two KSA modules (Part II), as described on the ABFM Website.

4. Examination Reimbursement:
   a. The cost of Step 3 of USMLE or Level 3 COMLEX will be paid by the program for one attempt. Failed exam and repeat expenses will be the responsibility of the resident and Educational Funds can be used toward this based on individual funds available per policy *(Resident Continuing Medical Education (CME) and Educational Stipend).*
   b. Receipts for reimbursement must be submitted to the Program Coordinator by email in a timely manner.

Other Resident Responsibilities:

1. Licensing/NPI Information-
   a. Each resident must hold a license to practice in the state of Wisconsin, with the 1st and 2nd year residents holding a temporary training permit that must be obtained prior to the start of the 1st year and renewed prior to the 2nd year expiration. This license limits residents to practice within the supervision of the program.
   b. After one full year of training and passing USMLE Step 3/COMLEX Level 3, residents must apply for an unrestricted license.
   c. Thereafter, the license must be renewed annually. Application and renewal fees are covered by the program.
   d. The 3rd year resident is also able to obtain a DEA # upon obtaining a full state license.
      i. Information on obtaining licensure, NPI and DEA available at website sites listed below: NPI: National Plan and Provider Enumeration System
      ii. Online registration Wisconsin State License: http://dsps.wi.gov/Licenses-Permits/Credentialing -
      iii. Obtain forms for Temporary Education License (1st /2nd yr.)DEA #: https://www.deadiversion.usdoj.gov/webforms/
2. Life Support Certification:
   a. Residents are expected to maintain up to date certification in all required life support modalities.
   b. It is expected that residents will certify/recertify for ACLS and BLS on their own; these classes are not organized by the program.
   c. Residents will train for NRP, PALS, and ALSO during orientation, and these classes will be organized by the program.
   d. BLS is required to see patients in the clinic and hospital settings.
   e. You will complete online training through Mylearning, and then will perform manual CPR on manikins in the hospital/clinic.
3. Completion of evaluations and modules:
   a. At various times throughout residency, residents are required to complete learning modules and evaluations.
   b. These must be done completely and in a timely manner.
   c. Ascension MyLearning compliance training/modules are assigned throughout the year.
   d. Residents are required to complete all compliance training as assigned by Ascension.
4. Procedure logging:
   a. All procedures must be logged on the New Innovations website.
   b. This includes all OB deliveries, joint injections, gyn procedures, dermatology and MSK procedures, laceration repairs, common in-patient/hospital procedures.
   c. Please see the complete list of procedures in New Innovations.
5. Case Logging:
   a. ACGME and the program have requirements for minimal numbers for certain patient types such as pediatric ED, geriatric etc.
   b. All patient cases requiring NI logging are listed in New Innovations and it is the responsibility of the resident to complete these or remedial rotations/experiences will need to be completed to meet core graduation requirements.
6. Reimbursement: Policy *(Resident Continuing Medical Education (CME) and Educational Stipend)*

a. Resident reimbursement for program-covered expenses must be done through the Program Coordinator.
b. Do not submit your receipts yourself through Ascension, please email them to the Program Coordinator.
c. Receipts are required to show the total amount and date of the transaction.
d. All reimbursements must be submitted in a timely manner, within 60 days of purchase.

Medical Records *(Policy- Timely Documentation, AMG-WI #14262610)*

It is the policy of AW FM Residency Program that all patient care will be timely and accurately documented within the appropriate medical record for both continuity of patient care as well as revenue capture. To assure complete and timely documentation in the medical record, the following expectations for all resident and faculty documentation.

- Hospital Related Records: Medical record documentation standards for hospital records are determined by the appropriate Medical Staff Bylaws and Rules and Regulations for the facility in which they are performed.
  - This includes but is not limited to: H&P, Discharge Summaries, Operative Reports, Diagnostic Studies/Results, Consultations and daily progress notes.
- Office Visits and Consultations (EPIC): Encounters are completed within two (2) business days of the service date, or within 2 business days once the receipt of diagnostic test results are received.
- Time Away from Practice: Upon return to the office, it is expected that all Hospital and Clinic encounters should be closed within two (2) business days after return.
- Nursing Home and Rehabilitation Facility Notes: Medical record documentation standards for nursing home records are determined by the facility in which the services are performed. The professional charges for services performed at these outside facilities should be submitted within two (2) business days from the date of service (DOS) at these facilities.

It is the responsibility of the Medical Director of the Clinic and the Program Director to monitor documentation deficiencies, provide feedback to the clinician, and address non-compliance.

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<u>Clinical and Educational Work Hours</u> *<u>(See Policy for full details</u>*<u>)</u>

A. Clinical and Educational Work Hours- Overview of Process and Expectations

In accordance with ACGME requirements, clinical and education work hours will be monitored by all of the graduate medical education training programs at AW, and to the extent where applicable, the schedules of residents/fellows have been designed to comply with ACGME clinical and education work hour rules (see Section B).

It is the resident/fellow's responsibility to log his/her/their clinical and education work hours in New Innovations at the conclusion of each shift. Failure to log clinical and educational work hours or falsification of clinical and education work hours may result in disciplinary action.

If a resident/fellow has any concerns about his/her own clinical and education work hour violations, please notify the Program Director. If the Program Director is not immediately available, please contact the program associate directors and program coordinator in writing and the concern will be sent to the appropriate faculty or administrative designee.

All clinical and educational work hour violations detected by the New Innovations system will be sent automatically to the program staff, the program director, and the Designated Institution Official (DIO) and will generate an inquiry from the program. We ask residents/fellows to respond to the inquiries via email within 24 hours.

B. Detailed Summary of ACGME and Program Work Hour Rules :

- These rules apply to ALL rotations, not only the Adult Medicine Inpatient service. If any rotation you are on requires or requests that you violate these rules, please contact your chief residents or Program Director immediately.
- Duty hours apply to all residents, regardless of year in training.
- Duty hours hold a maximum of 80 hours of duty averaged over a 4 week period (per block).
- Each resident must have one 24 hour period off over the course of seven days, when averaged over a four-week period.
- There SHOULD be at least 10 hours and MUST be at least 8 hours off between shifts.
- Residents may be scheduled for a maximum of 24 hours continuous duty + 4 additional hours for patient safety and/or resident education/documentation. No new patients are to be accepted after 24 hours of continuous duty by these residents.
- Residents need to verify duty hours weekly through the tracking process in New Innovations.
- Clinical and educational work hours are inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting.
- While the requirement specifies that clinical work done from home must be counted toward the 80-hour maximum weekly limit, the expectation remains that scheduling be structured so that residents/fellows are able to complete most work on site during scheduled clinical work hours without requiring them to take work home.

- Types of work from home that must be counted include using an electronic health record and scheduled On Call from home.
- Resident/fellow decisions to leave the hospital before their clinical work has been completed and to finish that work later from home should be made in consultation with the resident/fellow's supervisor. In such circumstances, residents/fellows should be mindful of their professional responsibility to complete work in a timely manner and to maintain patient confidentiality.
- Hours spent on activities that are required by the accreditation standards, such as membership on a hospital committee, or that are accepted practice in GME programs, such as participation in interviewing candidates, must be included in the count of clinical and educational work hours. It is not acceptable to expect residents/fellows to participate in these activities on their personal time; nor should residents/fellows be prohibited from taking part in them.
- Clinical and education work hours do not include reading, studying, research, and academic preparation time, such as time spent away from the patient care unit preparing for presentations or journal club.
- There are NO exceptions to the 80 hour work limit for Family Medicine.

C. Clinical Experience and Education

PGY-1 and PGY-2 residents may not have the experience to make decisions about when it is appropriate to utilize flexibility or may feel pressured to use it when unnecessary. Programs are responsible for ensuring that residents are provided with manageable workloads that can be accomplished during scheduled work hours. This includes ensuring that a resident's assigned direct patient load is manageable, that residents have appropriate support from their clinical teams, and that residents are not overburdened with clerical work and/or other non-physician duties.

Ascension

Call Schedules *(Policy AW FM Call Schedule)*

The Family Medicine Residency Program will abide by any ACGME work hours standards. The call schedule is subject to change each year pending the number of available residents. Attempts will be made to keep the total number of calls similar when compared between residents of the same class or level of independence. Attempts will be made to split up holidays among the residents. **Call schedules are subject to change in the event of illness or unforeseen circumstances and this will be decided upon by the chief residents and Program Director.**

PROCEDURE

1. Residents on Inpatient Pediatrics rotation will work weekend shifts 2 to 3 times per block and schedule will be made by the Pediatric Chief Resident.
2. Adult Inpatient Medicine night rotation schedule will be determined by the IM/TY call schedule at St Joseph hospital. Call shifts are every 4 days, with interns rotating between day and night shifts and senior residents working a 24 hour call shift.
3. The resident on MCH will be scheduled by the MCH faculty for 3 to 4 weekend OB day shifts. Intern will have at least one day off per week.
4. Residents in the Emergency Department work varying shift times which are scheduled by the Emergency Medicine Faculty Lead along with the Program Coordinator.
5. Answering service calls and after hours calls for Family Medicine Clinic patients are covered by residents and faculty per schedule and frequency will vary to comply with ACGME work hour compliance.
6. Residents are expected to take their call as assigned. In the event of a resident needing to change call nights, they are expected to trade with a classmate or arrange for coverage from an upper level resident or escalate to faculty for additional options.

CALL SCHEDULE CHANGE

Each resident involved in a switch in call is responsible for making comparable changes (i.e. weekend for weekend) with another resident. Changes can be made for any reason (ex- vacation, wedding, illness) and should be reported to the person assigned to make the call or shift schedule and the Family Medicine Program Coordinator.

Call or shift changes that will involve changing the rest periods after an overnight call or shift need to be considered in making changes, especially as the change could affect previously scheduled clinic time. In these situations, clinic hours may need to be changed to another day. It is the resident's responsibility to get approval and coordinate with the Program Office and the clinic to change clinic times affected by changes in the call or shifts.

Call and shift change frequency will be monitored by the Program Director especially if there is a significant impact to other residents, patients, clinical operations and/or educational progress within the program.

Back Up Call/Jeopardy Process

Throughout the first years of the new AW FM Program or until a full complement of residents is

available, faculty and established hospital-based services will serve as the back up and Jeopardy Policy will be updated to reflect AW FM processes from the ASV Institutional Policies.

Ascension

Paid Time Off, Continuing Medical Education, Sick, Emergency Time Off *(See AW FM Policy for details)*

The Family Medicine Residency supports residents using Paid Time Off (PTO) for vacation, professional enrichment, illness or emergency. Each resident has a specific amount of PTO that is allotted to them for use as vacation or for illness or emergency. Each resident is also allowed a specified amount of time for professional enrichment or CME after PGY1. The PTO time and CME time must be used during the 12 months in which it is assigned. Additional CME time may be allowed at the discretion of the Program Director. CME time may be withheld as a disciplinary action.

Summary:

- PTO: 15 days per academic year
- PGY2 and PGY3: 5 days CME by approval
- Ascension Observed Holidays (8): New Year's Day, Martin Luther King, Jr. Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day
- Additional time by request will be considered at the discretion of PD for board exams, scholarly presentation, interviews for fellowship or practice opportunities.
- Ascension Bereavement Policy is applicable under Full-time benefit eligible associate and time for up to three (3) consecutive days to be used immediately before/after the funeral and does not count against PTO time. Additional time may be requested following the Family Bereavement Leave as detailed in the full policy.
- PTO days for residents are in whole day increments.
- PTO is NOT required to be used to attend scheduled medical, mental health, and dental care appointments, including those that need to be scheduled during working hours. [Per ACGME VI.C.1.c).(1)]

Required Rotations that are PTO eligible, with some limitations, include:

- Pain/Addiction
- Community Medicine
- Surgery
- Gynecology/Women's Health
- Urgent Care/Procedures
- Longitudinal Specialty and Chronic Care Rotations
- Board prep/Scholarship

Elective/Non-required Rotations:

- PTO eligible non-required elective time planned as a one block rotation has a minimum of 15 week days needed on rotation with any remaining time being eligible for PTO and/or CME.
- The definition of "week days" of rotation experience is defined as rotation time Monday-Friday, excluding holidays. Assigned continuity clinic times within the Villard Avenue Family Care Center are considered as part of the rotation experience.

- PTO may not be taken during the following rotations unless a special circumstance has been prior approved by the Program Director. CME generally is also not allowed during these rotations:
  - Emergency Medicine and Pediatric Emergency Medicine
  - Adult Medicine Inpatient
  - Maternal Child Health (OB inpatient)
  - Pediatric Inpatient rotation
  - A remediation month(s) specified to correct deficits

Resident Supervision *(See AW FM Resident Supervision and Accountability Policy for full details)*
Levels of Supervision:
To promote appropriate resident supervision while providing for graded authority and responsibility, the training program(s) must use the following classification of supervision:

Direct Supervision:
The supervising physician is physically present with the resident during the key portions of the patient interaction. PGY-1 residents must initially be supervised directly only as described herein.
The supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.

Indirect Supervision:
The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision.

Oversight:
- **The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.[2]**
- **The program must define when physical presence of a supervising physician is required.[3]**
- Direct Supervision applies within the first 24 hours of every patient admission to the hospital AND at Villard Avenue Clinic, Direct Supervision applies to all patients in the first six months of training.
- During night calls and during night float month, Interns will be supervised directly by upper-level residents (PGY-2 OR PGY-3) with an attending physician on call and available to provide appropriate direct supervision if needed.
- “Physically present” is defined as follows: The teaching physician is located in the same room as the patient and/or performs a face-to-face service.

Residents must communicate by phone call or text the attending physicians immediately or ASAP in case of emergency in the following situation:
  - Patient in the ED;
  - New admission or new transfer to attending service;
  - Acute change of patient condition to the worse;
  - Transfer of patient to a higher level of care within the hospital premises or to an outside hospital;
  - Patient discharge, either planned or Against Medical Advice (AMA);
  - Need to consult other specialty unless emergency;
  - Need to perform a procedure on the patient unless emergency;
  - Patient expired;

- An event that is a patient safety event that results in death, permanent harm, or severe temporary harm.

Patient care responsibility per PGY level:

- The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members.
- The program director must evaluate each resident's abilities based on specific criteria, guided by the Milestones.
- Faculty members functioning as supervising physicians must delegate portions of care to residents based on the needs of the patient and the skills of each resident.
- **Senior (Upper level) residents or fellows should serve in a supervisory role to junior (PGY-1) residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.[4]**
- Residents should be given progressive responsibility for the care of their patients. The determination of a resident's ability to provide adequate care or to act in a teaching capacity as an upper level will be based on documented overall evaluation of the resident's competency as determined by the Clinical Competency Committee and recommended/approved by the program director. The overriding consideration must be the safe and effective care of the patient that is the personal responsibility of the supervising physician.

Outpatient Supervision:

- A supervising physician is defined as a member of the teaching faculty, a fellow, or a community- based provider. For outpatient office visits and outpatient procedures that are provided by residents in our Family Medicine Practice (FMP) sites, these services must be overseen by a supervising physician, however, the level of oversight may vary depending on PGY level and by payer. This distinction is clarified below.
- For each outpatient encounter (office visit and procedure), a supervising physician must:
  1) ensure that services provided are appropriate;
  2) review with the intern/resident the patient's progress notes and provide constructive feedback regarding history, physical examination, diagnosis, assessment/plan and billing, and
  3) document the extent of his/her/their participation in the review and direction of services provided to the patient. This review must occur before or shortly after the conclusion of each visit.
- The supervising physician must be present during every encounter for all Medicare patients regardless of level of resident training. This includes all office visits (regardless of the level of evaluation and management (E/M) code) and all procedures.
- During the performance of all outpatient diagnostic and therapeutic procedures, a supervising physician must be present during all critical or key portions of the procedure, regardless of level of procedure or level of resident training.

- During the PGY-1 intern's first six months of training, a supervising physician must be physically present for the key portions of every outpatient office visit encounter between the patient and the intern, regardless of payer.
- After successful completion of the first six months of training as a PGY-1, for all non-Medicare patients, a supervising physician does not have to be present during the outpatient office visit encounters that are low or mid-level E/M codes for either new or established patients.
- First-year residents must check-out every patient encounter to an attending physician during the second six months of PGY-1.

Inpatient Supervision:

- For patients admitted to the inpatient team, the supervising physician must meet the patient early in the course of care (within 24 hours of admission, including weekends and holidays).
- This personal involvement in the patient's care must be personally documented in a history and physical or progress note within 24 hours of admission.
- The supervising physician's progress note will include findings and concurrence with the resident's initial diagnosis and treatment plan as well as any modifications or additions.
- The progress note must be properly signed, dated, timed, and reflect ongoing supervision of the resident.
- Supervising physicians are involved in the ongoing care of the patients assigned to them in a manner consistent with the clinical needs of the patient and the level of the trainee.
- The supervising physician shall review and cosign all progress notes and provide comments on content of the note including history, physical exam and assessment/plan in a timely manner.

Ascension

Resident Continuing Medical Education (CME) and Educational Stipend *(See Policy)*
CME funds are awarded by academic year ($1500 per academic year)

- CME funds are not eligible for roll over into future years, or advanced from a future year.
- Expenses cannot be split between two calendar years.

Included in this policy is reimbursement for the following:

- Specialty Medical Dues
- Conference Registration Fees
- Travel for CME (airfare, mileage, hotel, meals) per the Ascension travel policy
- Board Certification or recertification - including exam fee and related course costs
- Professional medical books
- Medical journals, subscriptions, related to the specialty field and computer software related to CME credits

Expenses paid by Organization (Not CME):

- DEA Certification (PGY III staying with Ascension Wisconsin post graduation)
- WI Licensure/Renewals
- ABFM Board Exam preparation material up to $1000
- Step 3 USMLE or Comlex, one attempt

Expenses Not Covered:

- Per Ascension policy - airfare or hotel purchased with points
- Medical equipment like stethoscopes
- Computer hardware, laptops, iPads, etc.
- Cell phones
- Expenses for any trip outside of the United States

Ascension

Computer Support & E-mail Expectations *(Policy AT Administrative Standard- Email Use #14707871 and Social Media Policy)*

1. E-mail: Users are required to use the Ascension Organization email system in a professional, ethical and lawful manner, and in accordance with the Ascension Standards of Conduct. Users are prohibited from using the Ascension Organization email system in a manner that may interfere with a User's or any other individual's job responsibilities.

    - Residents have access to the Ascension e-mail system and are assigned their email during their onboarding.
    - Residents MUST use their employer/Ascension e-mail.
    - DO NOT use your personal e-mail for any work related communication.
    - If you need to send Protected Health Information (PHI) or other Secure information, place the following the subject of the email to assure encryption external to Ascension and appropriate confidentiality:
        i. -phi- or -secure-

You are responsible for checking your email daily, responding in a timely manner and staying informed!

Google Profile Pictures- If an Associate chooses to upload a profile picture in any Ascension System, the following must be followed:

- Profile pictures must be a headshot of the Associate only. Smartphone photos are acceptable.
- The Associate must be dressed in a professional manner and as the Associate would dress in accordance with the Associate's applicable Ascension workplace dress code (for example, no ball caps or no t-shirts).

Email Signature- Residents must have a signature on their email in the form created by Ascension Marketing & Communication that includes name, title, organizational entity, telephone number, and configure their emails so the signature is included on all new and reply emails.

- Residents can check their Ascension email from home or anywhere off-site via the following website: gmail.ascension.org.
    i. To log in: enter your Ascension credentials.
    ii. You will need a DuoMobile setup.

2. New Innovations: On the website www.new-innov.com , residents must log procedures, complete rotation evaluations, locate rotation curriculums, upload missed conference materials, view important memorandums, and find other useful information.

3. If you experience any technical difficulties-
    - Chat App: Tech Service Desk- Ascension Technologies Service Desk- type "Hello" to engage
    - Ascension Help Desk - 1-844-587-4357 (option #7 is dedicated for clinicians)
      Your User ID and your device Asset tag are important when calling the service desk.
    - A password reset shortcut is located on the desktop.

4. GoogleDrive: our shared google drive hosts all of our important documents. Please familiarize yourself with this resource.

Ascension

Residency Governance and Progression Through Residency:

A. Milestones: *(Link to ACGME Family Medicine Milestones)*
   a. Faculty members evaluate a resident's performance *at least at the end of each rotation*.
   b. The program director or their designee will review those evaluations, including their progress on the Milestones, at *a minimum of every six months*.
   c. Residents who are experiencing difficulties with achieving progress along the Milestones may require intervention to address specific deficiencies. Such intervention, documented in an *individual remediation plan* developed by the program director or a faculty mentor and the resident, will take a variety of forms based on the specific learning needs of the resident.
   d. The program will provide feedback to each resident regarding their progress in each milestone
   e. The PD and CCC set expectations for PGY1 and PGY2 progress in demonstrating milestones based on their program's curriculum.

B. Clinical Competency Committee (V.A.1)
   a. The Clinical Competency Committee gives recommendations to the Residency Director regarding Milestone evaluations of each resident and advises the Residency Director regarding resident promotion and graduation. Prior to the end of June, the Residency Director informs each resident of the decision reached, pending successful completion of the remainder of the academic year.
   b. For each reporting period, the Clinical Competency Committee will review the completed evaluations to select the milestone levels that best describe each learner's current performance, abilities, and attributes for each sub competency. These levels do not correspond with post-graduate year of education. There is no predetermined timing for a resident to attain any particular level. Residents may also regress in achievement of their milestones. Selection of a level implies the resident substantially demonstrates the milestones in that level, as well as those in lower levels.
   c. At a minimum, the Clinical Competency Committee must be composed of three members of the program faculty. Others eligible for appointment to the committee include faculty from other programs and non-physician members of the health care team. All faculty are members of the CCC.
   d. There must be a written description of the responsibilities of the Clinical Competency Committee.
   e. The Clinical Competency Committee should:
      i. Review all resident evaluations semi-annually
      ii. Prepare and assure the reporting of Milestones evaluations of each resident semi-annually to ACGME
      iii. Advise the program director regarding resident progress, including promotion, remediation, and dismissal.

C. Program Evaluation Committee (PEC) (V.C.1)
   a. The Program Director must appoint the Program Evaluation Committee (PEC).
   b. The Program Evaluation Committee:

i. Must be composed of at least two program faculty members and should include at least one resident
ii. Must have a written description of its responsibilities
iii. Must prepare a written plan of action to document initiatives to improve performance in one or more of the areas listed, as well as delineate how they will be measured and monitored.
iv. The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes.

c. Present Annual Program Evaluation annually at the Faculty/Resident Monthly meeting and FM faculty meeting (for approval).
d. Should participate actively in:
   i. Planning, developing, implementing, and evaluating educational activities of the program
   ii. Reviewing and making recommendations for revision of competency-based curriculum goals and objectives
   iii. Addressing areas of non-compliance with ACGME standards iv. Reviewing the program annually using evaluations of the faculty, residents, and others, as specified below.

D. <u>Annual Program Evaluation (APE) (V.C.2)</u>
   a. The program, through the Program Evaluation Committee (PEC), must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written and Annual Program Evaluation
   b. The program must monitor and track each of the following areas:
      i. Resident performance
      ii. Faculty development
      iii. Graduate performance, including performance of program graduates on the certification examination
      iv. Program quality
      v. Resident and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually
      vi. The program must use the results of residents' and faculty members' assessments of the program together with other program evaluation results to improve the program
      vii. Progress on the previous year's action plans

Ascension

Disciplinary Issues

A. Rotation Pass/Fail definitions:
   a. Rotation Pass: overall rotation evaluation of "meets current requirements" or higher
   b. Rotation Failure: overall evaluation score of "deficient performance".
   c. Overall rotation score definitions:
      i. "Consistently exceeds requirements" = pass
      ii. "Meets current requirements" = pass
      iii. "Marginal pass" = pass (***resident will be given credit for time, but may be required to repeat/remediate specific rotation or components based on core competency performances***, e.g., "needs improvement" or "deficient performance" evaluation in core competency areas for the rotation)
      iv. "Deficient performance" = rotation failure. Rotation failure will result in the initiation of a Structured Learning Plan (SLP) or Corrective Action, depending on the circumstances of the performance concerns.

B. Academic Improvement and Corrective Action: Please see complete policy for details: Ascension St. Vincent Housestaff Manual

C. Resident Academic/Performance Concerns:
   a. Structured Learning Plan (SLP) will be initiated for performance concerns identified during rotation evaluation or quarterly Resident Review/Clinical Competency Committee meetings.
      i. SLPs will be developed by the resident's faculty adviser in consultation with the program director.
      ii. Specific competency based performance expectations and a timeline to accomplish educational goals will be determined.
      iii. The faculty adviser and program director will meet with the at-risk resident to review the SLP and performance expectations.

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   b. Corrective Action-
      i. Conduct Subject to Corrective Action: Residents may be subject to corrective action as a result of unsatisfactory academic performance, such as rotation failure or deficient performance in some content are, or misconduct, including but not limited to issues involving knowledge, skills, scholarship, unethical conduct, illegal conduct, excessive tardiness and/or absenteeism, unprofessional conduct, job abandonment, or violation of applicable policies or procedures (collectively "job performance").
      ii. Corrective Action (eg, academic probation) is reportable to the Wisconsin Medical Board as required by law.

   c. Resident has the right to appeal SLP, corrective action, probation, termination and any disciplinary action taken by the program.

Ascension

<u>Business Casual Attire and Personal Appearance</u> *<u>(Policy Professional Appearance and Dress Code available in HR, effective 10/1/2024)</u>*

<u>PURPOSE:</u>

The professionalism of our team reflects our Mission and Values and instills patient confidence in Ascension Wisconsin's (AW) ability to provide high quality safe patient care. We believe that a professional appearance through appropriate dress, good grooming and hygiene, and proper identification enhances the confidence placed in us by our patients.

<u>STATEMENT:</u>

Individuals working within Ascension Wisconsin (AW) should present themselves in a professional manner. Appearance should reflect the confidence our patients and visitors have placed in AW, and not attract undue attention or cause disruption in the workplace. Clothing or accessories should not result in inconvenience, injury or insult to patients, visitors or co-workers, or pose risk of injury to the associate.

<u>SCOPE:</u>

This policy applies to all Ascension Wisconsin (AW) associates including providers, contingent staff, students, remote workers, and volunteers.

- On-Call and Inpatient Rotations may wear clean scrubs or Business Casual.
- All other locations where direct patient care is provided should be Business Casual.
- Special event requests that involve a change of the policy should be brought forward to the AW FM Residency Leadership for approval prior to scheduling.

Clothing should be clean, and free of rips, tears, fraying, and not excessively tight or revealing. Traditional business attire or business casual attire for non-clinical roles are always acceptable.

General Guidelines

1. In clinical roles, shoes should be stable with a closed heel and toe and to the extent possible, have slip resistant soles.
2. Hair should be neat and well-groomed and not present a safety hazard.
3. Jewelry should be worn in moderation and should not present a safety hazard nor be distracting.
4. For clinical roles, artificial nails are not permitted, please consult the Ascension Wisconsin Hand Hygiene policy.
5. Beards and mustaches are permitted, as long as they are neatly trimmed. Additionally, facial hair must not interfere with appropriate PPE fit or otherwise present a safety hazard.
6. Makeup should be worn in a tasteful manner.
7. Personal headphones (including earbuds/airpods) are not permitted in clinical areas.
8. Tattoos may be visible but should not be distracting or offensive. Inappropriate tattoos should be covered.
9. Associates are expected to maintain their personal hygiene in order to avoid excessive personal odors.

10. Perfume, cologne, body lotions, body sprays, and hair products should be worn in moderation.
11. The following attire items are not permitted: Clothing with offensive writing (perceived or actual), hooded sweatshirts, hats, blue jeans or denim, sweatpants or pajamas.
12. This policy applies to all business activity, whether onsite, offsite, or using remote technology such as video conferencing meeting technology.

ID Badges

1. To assist in providing a safe and secure environment all associates must wear an official Ascension photo identification (ID) badge at all times.

2. ID badges will be prominently displayed above the waist.

Library Services and Intranet Information:
Key Contacts: Michele Matucheski, MLS, AHIP, Medical Librarian

Kellee Selden, MLIS, MSMI, Manager & Medical Librarian

- Ascension Wisconsin Library Services uses OpenAthens (OA), a single sign-on solution that will allow you to access our AW library resources from off-site, without using VPN or Citrix.
  - When prompted, enter your usual Ascension sign-in credentials.
  - Once logged in, you will be authenticated and able to access library resources for that session.
  - An OA session lasts up to 6 hours, or until you manually log out.
  - All future sessions will require you to re-sign with your Ascension credentials.

1. New Issue Alerts / eTOC current awareness service
   a. Keep up with your favorite professional eJournals.
   b. Let them know what titles you're interested in.
   c. For each new issue, you'll get an email with links to the current full-text articles.
2. Clinical References - Physician & Provider ToolBox – a LibGuide filled with tools and sources that will be most helpful to a busy Physician, including sources for point-of-care, drug info, diagnosis tools, access to over 1400 eBooks, full-text articles, patient education, and more.
3. DynaMed is a physician point-of-care reference tool offering answers to clinical questions. Content is written by a team of physicians and researchers who synthesize the evidence and provide objective analysis. It offers clinically organized summaries for more than 3,200 topics. Also includes drug info.
4. Lexicomp Clinical Drug Reference- Dosing info, interactions, etc.
   - LexiComp Search Tips - Includes info about the mobile app.
5. Clinical Key (CK) with Clinical Overviews and Procedures Consult
   a. There's a Search Tips Page for Clinical Key, filled with useful articles, tutorials and videos to help you get the most out of it.
   b. Clinical Overviews are similar to UptoDate, by offering review articles on 1400 primary

care topics, including current evidence, treatment and dosing info, and more.

c. ProceduresConsult is like YouTube for Medicine. It's great if you need to review a procedure before you have to do it. It provides a web video, along with a complete write-up of the procedure, including coding info.
d. Clinical Key includes 1100+ medical eBooks, and 500+ eJournals.

Controlled Substances *(See Policy Ascension Wisconsin Controlled Substances Policy #15178753 and Patient Management of Chronic Controlled Substances, AW #14149053)*

Prescribing:

- Only members of the medical staff duly registered with the federal Drug Enforcement Administration (DEA) and holding a valid and current DEA registration number may prescribe controlled medications. Current DEA registration numbers must be on file in the Medical Staff Office.
- Post-graduate, non-licensed physicians, in authorized training programs within the hospital, may prescribe controlled medications if they have been issued a temporary registration number, which may be the hospital's registration number.

Order:

- An order for a Controlled Substance shall be captured in the patient's record, signed physically or electronically by the prescriber, and comply with all applicable state and federal regulations.
- It is not acceptable for an authorized prescriber to prescribe CS for him/herself or an immediate family member.

<u>Physician Well Being</u> *(See full AW FM Resident and Faculty Well Being Policy)*

Activities the program has in place to maintain wellness and promote self-care include the following:

- On-site resident lounge that provides space for relaxation, healthy nutrition, interactive activities that reduce stress and encourages social connection.
- Curriculum includes dedicated weekly didactic time for resident and/or faculty wellness-related activities.
- Annual residency retreat off campus with activities for teambuilding, new hobbies, exploring nature, using multiple strategies to create a culture of wellness and psychological safety.

Residents have multiple resources to maintain their personal health and to address any urgent care needs that arise.

- AMA GME Program Modules through Ascension National
- Orientation- residents will be provided with an introduction to the resources available and a presentation by the Ascension Wisconsin Employee Assistance Program.
- Employee Benefits-Ascension Medical Group, residents and faculty have access to the following resources:
- Benefits include Medical/Dental/Vision health insurance for individuals or family.
- Paid time off for scheduled or urgent issues including vacation, individual sick, family situations that require urgent attention. (see specific PTO policy and process)
- AMG Clinician Engagement and WellBeing Resource available on-line which includes self-care, peer support and professional resources.
- All Ascension physicians have anonymous access to the MyWellbeingIndex app to monitor burnout/wellbeing through self-assessment questions and frequency determined by each individual.
- Peer After Care Team (PACT) program
- Ascension Annual Culture of Safety Survey and Associate Experience Surveys are anonymous and the results are generated by specific location with subsequent action items developed by the local team to address any safety culture or equity issues identified.

Ascension HR links with options for physical, relational, occupational, financial, mental/emotional, and spiritual as well as leader and clinician specific resources.

- https://sites.google.com/ascension.org/mycare

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

- Emergency Department or call 911
- Call the National Suicide Prevention Lifeline—1-800-273-8255
- 988 Suicide and Crisis Lifeline, 24/7, for call or text chat support available in English and Spanish.

For physicians or residents with urgent or routine behavioral health needs:

- Establish care with a Primary Care Physician -

- Ascension Wisconsin Provider Directory

Employee Assistance Program, Wisconsin 1-800-540-3758

- Ascensionwieap.org https://employeeassistance.ascension.org/wisconsin/eap
- Examples of resources include: substance abuse, compassion fatigue, moral distress and trauma narrative available as well as referral to other local resources.