

***House Staff Manual***  
***2015-2016***

**Henry Ford Macomb Hospitals**



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## *Welcome*

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Dear New Residents:

It is my pleasure to welcome you to the Osteopathic and Podiatric Medical Education Programs of Henry Ford Health System. The education of physicians is a vitally important part of the mission of our organization. We are proud of the tradition of excellence in education that we have established, and we are committed to providing high quality educational programs that will prepare you well for your future medical practice.

This House Staff Manual has been prepared as a guide to graduate medical education programs, policies and resources at Henry Ford Macomb Hospital (HFMH).

As a new resident beginning a training program in a new environment you may feel some apprehension. Rest assured that we will do everything we can to make your transition to our program as problem free and comfortable as possible.

The Medical Education staff is already familiar with many of you through the clerkship, application and credentialing process. Although your director or administrative director of medical education or residency program director will be able to offer help and answer many of your questions, the staff of the Medical Education Department is also available to you. The HFMH Medical Education Department serves as your personnel office.

We look forward to your participation in all aspects of the life of our institution, excellent clinical care for our patients, your best endeavor in the educational process, and a commitment to develop research activities in a community hospital setting.

Please accept our best wishes as you embark on this next phase of your career.

**Anthony Affatato, D.O. FACOEP-D**  
Director of Medical Education  
Designated Institutional Official

## The Osteopathic Oath

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I do hereby affirm my loyalty to the profession I am about to enter. I will be mindful always of my great responsibility to preserve the health and the life of my patients, to retain their confidence and respect both as a physician and a friend who will guard their secrets with scrupulous honor and fidelity, to perform faithfully my professional duties, to employ only those recognized methods of treatment consistent with good judgment and with my skill and ability, keeping in mind always nature's laws and the body's inherent capacity for recovery.

I will be ever vigilant in aiding in the general welfare of the community, sustaining its laws and institutions, not engaging in those practices which will in any way bring shame or discredit upon myself or my profession. I will give no drugs for deadly purposes to any person, though it may be asked of me.

I will endeavor to work in accord with my colleagues in a spirit of progressive cooperation and never by word or by act cast imputations upon them or their rightful practices.

I will look with respect and esteem upon all those who have taught me my art. To my college I will be loyal and strive always for its best interests and for the interests of the students who will come after me. I will be ever alert to further the application of basic biologic truths to the healing arts and to develop the principles of osteopathy which were first enunciated by Andrew Taylor Still.

## The Podiatric Physician's Oath

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I do solemnly swear to my God, on my honor, to those who have taught me, and by all things that I hold sacred, that as a practitioner of Podiatric Medicine, I shall abide by the following precepts:

I shall, above all, hold paramount the welfare of my patient, regardless of fee or favor, and I shall neither prescribe nor give any treatment or drug which will be detrimental to his well being.

I shall endeavor to uphold the dignity of the professional way of life, the aims of which are to render public service.

I shall cherish those who have taught me, holding high their principles and precepts and I pledge that I shall do everything that I am able to do to promote and to protect the profession of Podiatric Medicine and to aid my fellow practitioners.

In swearing to this oath, I hereby dedicate myself in service to the health of humanity, and I hold as my goal the relief of pain and suffering. If I keep this Oath, may I receive God's guidance in the practice of my art, and may I enjoy my life in the respect of all men.

This ***House Staff Manual*** provides you with an introduction to the Department of Medical Education as you begin your graduate medical education training program. The manual is user-friendly, informative, and provides an explanation of pertinent educational support services offered by the Medical Education Department.

The ***Manual*** is a guide to policies, procedures and general information to assist you as a member of the House Staff. ***Aside from the requirements as outlined in your contract, the program reserves the right to make changes in content or application of its policies and procedures as it deems appropriate.*** These changes may be implemented even if they have not been communicated in this ***Manual***.

## KEY CONTACTS

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### Medical Education Department

Mariel Allor, Medical Education Specialist.....	<a href="mailto:mallor2@hfhs.org">mallor2@hfhs.org</a>	.....586-263-2971/586-263-2950
Susan Wheeland, Medical Education Specialist.....	<a href="mailto:swheela1@hfhs.org">swheela1@hfhs.org</a>	.....586-263-2953/586-263-2950
Denise Jacob, Medical Education Specialist .....	<a href="mailto:djacob1@hfhs.org">djacob1@hfhs.org</a>	.....586-263-2952/586-263-2950
Maria Dopierala, Medical Education Specialist .....	<a href="mailto:mdopier1@hfhs.org">mdopier1@hfhs.org</a>	.....586-263-2976/586-263-2950
Penny Hamilton, Medical Education Specialist.....	<a href="mailto:phamilt2@hfhs.org">phamilt2@hfhs.org</a>	.....586-263-2951/586-263-2950
Cassandra Mills, Medical Education Specialist.....	<a href="mailto:cmills1@hfhs.org">cmills1@hfhs.org</a>	.....586-263-2973/586-263-2950
Anthony Affatato, D.O., FACOEP Director/D.I.O.....	<a href="mailto:affatat1@hfhs.org">affatat1@hfhs.org</a>	.....586-263-2950
Karen Ruwoldt, A.C.S.W., Administrative Director .....	<a href="mailto:kruwold1@hfhs.org">kruwold1@hfhs.org</a>	.....586-263-2954/586-263-2950
Clinton Township Medical Education Fax Number: .....		586-263-2975

## KEY RESOURCES & SERVICES

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### Physician Wellness Program

[Physician Athletic League](#)

**Employee Assistance Program**..... 313-874-7122

**Health Professionals Recovery Program** ..... 1-800-453-3784

### Research Services (Public Health Sciences)

Gordon Jacobsen, M.S., Biostatistician III ..... [gjacob2@hfhs.org](mailto:gjacobs2@hfhs.org)..... 313-874-6649 (74-6649)

Michelle Jankowski, Biostatistician III ..... [mjankow1@hfhs.org](mailto:mjankow1@hfhs.org)..... 313-874-6362 (74-6362)

Meredith Mahan, M.S., Biostatistician II ..... [mmahan1@hfhs.org](mailto:mmahan1@hfhs.org)..... 313-874-7054 (74-7054)

Andrew Taylor, Biostatistician I..... [ataylor@hfhs.org](mailto:ataylor@hfhs.org) .....313-874-7216 (74-7216)

#### *For assistance with study design:*

Jennifer Straughen, Epidemiologist III..... [jstraugh1@hfhs.org](mailto:jstraugh1@hfhs.org) .....313-874-3764 (74-3764)

**Sladen Library** ..... [Sladen@hfhs.org](mailto:Sladen@hfhs.org) ..... 313-916-2550 (16-2550)

**Macomb Clinton Township Library**..... 586-263-2485

Karin Werner, Manager, Librarian ..... [kwerner1@hfhs.org](mailto:kwerner1@hfhs.org)

Juliet Mullenmeister, Librarian ..... [jmullen2@hfhs.org](mailto:jmullen2@hfhs.org)

## KEY LINKS

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### Employee Self Service on HR Connect

[Employee Self Service on HR Connect](http://henryfordconnect.com/connect_home.cfm?id=29) is located at [http://henryfordconnect.com/connect\\_home.cfm?id=29](http://henryfordconnect.com/connect_home.cfm?id=29). Your employee identification number and password are required for access.

### HFHS Medical Education Policies

Henry Ford Health System Medical Education Policies are accessible through the intranet at [http://henry.hfhs.org/body.cfm?id=41&action=listpolicy&nmanual\\_id=279](http://henry.hfhs.org/body.cfm?id=41&action=listpolicy&nmanual_id=279). Your user name is your corporate user name, also your email name minus the @hfhs.org. Your password is your corporate password. You may access policies through the internet at [http://henryford.com/body\\_program.cfm?id=48453](http://henryford.com/body_program.cfm?id=48453).



## **Henry Ford Health System**

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Henry Ford Health System (HFHS) is a 2011 Malcolm Baldrige National Quality Award Recipient and one of the nation's leading comprehensive, integrated health systems. It provides acute, specialty, primary and preventative care services backed by excellence in research and education. Founded in 1915 by auto pioneer Henry Ford, the health system is committed to improving the health and well-being of a diverse community.

For more information about the system, including its leadership, hospitals, clinical excellence, the Henry Ford Medical Group, Health Alliance Plan and Community Services go to <http://henryford.com/body.cfm?id=38768>

### **HFHS Mission Statement**

To improve human life through excellence in the science and art of health care and healing.

### **HFHS Vision Statement**

Transforming lives and communities through health and wellness, one person at a time.

### **HFHS Value Statement**

We serve our patients and our community through our actions that always demonstrate:

- Each Patient First
- Respect for people
- High performance
- Learning and continuous improvement
- A social conscience

## **Henry Ford Health System Medical Education**

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Henry Ford Health System (HFHS) is a leader in medical education for third and fourth-year medical students, residents and fellows as well as the continuing education of faculty and affiliated physicians.

HFHS trains over 2,200 future physicians each year making it the largest system of teaching hospitals in Michigan and one of the largest nationally.

The flagship, Henry Ford Hospital, trains more than 700 medical students each year. Henry Ford Hospital is also affiliated with the Wayne State University School of Medicine to teach medical students creating a clinical campus providing 104 medical students their junior year clinical clerkships.

Henry Ford Hospital in affiliation with the Wayne State University School of Medicine sponsors about 500 residents and 125 fellows in its 48 programs approved by the Accreditation Council for Graduate Medical Education (ACGME). HFH sponsors an additional 25 fellows in specialized training programs that are not governed by ACGME.

Henry Ford Macomb Hospitals and Henry Ford Wyandotte Hospital train more than 240 osteopathic (D.O.) medical students each year. The osteopathic training programs at these hospitals are sponsored by Michigan State University College of Osteopathic Medicine. Henry Ford Wyandotte Hospital also has an affiliation with Kirksville College of Osteopathic Medicine, the founding college of osteopathic medicine, located in northeast Missouri.

The community hospitals sponsor about 195 residents in 17 programs approved by the American Osteopathic Association (AOA) and the American Association for Podiatric Medicine and Surgery (AAPMS). These residents participate in the Osteopathic Postgraduate Training Institute (OPTI) operated by the Michigan State University

College of Osteopathic Medicine (MSU-COM), also known as the Statewide Campus System (SCS). Both hospitals are currently in the process of applying to be Sponsoring Institutions through the Accreditation Council for Graduate Medical Education (ACGME). Each of its Osteopathic residency programs will be applying for ACGME accreditation during this academic year.

The Henry Ford Health System also provides over 200 educational programs annually to senior staff and community physicians. The system Intranet is used to offer these programs to the HFHS hospitals, clinics and other facilities located throughout Southeastern Michigan, through the CME portal, expanding the reach and impact of the Henry Ford Medical Group expertise.

### **HFHS Medical Education Mission Statement**

Henry Ford Health System provides innovative, world-class medical educational programs that strengthen and improve the quality of clinical services and meet patients' needs--one person at a time. We train future physicians, support life-long learning and disseminate our work through scholarly activities.

### **HFHS Medical Education Vision Statement**

Henry Ford Health System will be a leader in allopathic and osteopathic medical education for the physician of today and tomorrow.

## **HFHS Osteopathic Medical Education**

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The Osteopathic Medical Education programs of Henry Ford Health System had their beginning in 1919 at Detroit Osteopathic Hospital, which ceased operation in 1992. Today, Henry Ford Macomb Hospital and Henry Ford Wyandotte Hospital are the primary training sites for American Osteopathic Association-approved osteopathic internship and residency programs in Henry Ford Health System. Each training program is subject to an accreditation process conducted by the AOA. Dually accredited residencies (AOA and ACGME) are offered in conjunction with Henry Ford Hospital for the transitional residency year, family medicine and pediatric medicine programs.

Henry Ford Macomb Hospital maintains an academic affiliation with:

- Michigan State University- College of Osteopathic Medicine

## **HFHS Podiatric Medical Education**

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Henry Ford Health System has two Podiatric Medicine and Surgery Residency (PMSR) Programs that offer the Reconstructive Rear foot and Ankle Surgery Certification. One program is located at Henry Ford Macomb Hospital. This hospital and residency program joined Henry Ford Health System in 2006. The other PMSR program is located at Henry Ford Wyandotte Hospital and had its beginnings at Riverview Hospital in Trenton.

Henry Ford Macomb Hospital maintains academic affiliations with:

- Barry University School of Podiatric Medicine
- Midwestern University Arizona Podiatric Medicine Program

The Podiatric Medicine and Surgery Residency Program with Reconstructive Rearfoot and Ankle Surgery credential (RRA) is fully accredited by the Council on Podiatric Medical Education (CPME) and is subject to the accreditation process as specified by the CPME.

## Henry Ford Macomb Hospital

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Henry Ford Macomb Hospital (HFMH) serves southern and northern Macomb County. The Clinton Township Campus, with 435 beds, offers cardiovascular, cancer, 24-hour emergency care, inpatient rehab, women's health, ambulatory surgery and medical imaging.

## Henry Ford Macomb Hospital Medical Education

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Henry Ford Macomb Hospital is approved to provide post graduate osteopathic and podiatric medical education by the American Osteopathic Association (A.O.A.) and the Council on Podiatric Medical Education (C.P.M.E.). The hospital has achieved pre-accreditation status as a Sponsoring Institution with the Accreditation Council of Graduate Medical Education (ACGME). Individual residency programs are subject to an accreditation process conducted by the A.O.A. or the C.P.M.E. The medical education department has been established to support its medical students, residents and program directors as well as residency programs. The medical education department is also responsible for the Human Relations (HR) or personnel functions for all osteopathic and podiatric house officers.

The Medical education office is open from 7 a.m. to 4:30 p.m., Monday through Friday. The department is under the physician leadership of Anthony Affatato, D.O., FACOEP, the Director of Medical Education and administrative leadership of Karen Ruwoldt, A.C.S.W., Administrative Director of Medical Education, Community Hospital Division.

The Graduate Medical Education specialists are responsible for supporting students, residents, and program directors with all aspects of Graduate Medical Education activities such as recruitment, post match activities, orientation, scheduling, and assignment of evaluations, current house staff issues, benefits, and dismissal. In the event that you are unable to have your issue appropriately addressed by the representatives, please contact the administrative director.

**For personnel administration or hospital issues, please contact the Medical Education Specialists in the Medical Education Department:**

Mariel Allor, Specialist.....	<a href="mailto:mallor2@hfhs.org">mallor2@hfhs.org</a>	..... 586-263-2971/586-263-2950
Susan Wheeland, Specialist.....	<a href="mailto:swheela1@hfhs.org">swheela1@hfhs.org</a>	..... 586-263-2953/586-263-2950
Denise Jacob, Specialist .....	<a href="mailto:djacob1@hfhs.org">djacob1@hfhs.org</a>	..... 586-263-2952/586-263-2950
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Penny Hamilton, Specialist.....	<a href="mailto:phamilt2@hfhs.org">phamilt2@hfhs.org</a>	..... 586-263-2951/586-263-2950
Cassandra Mills, Specialist.....	<a href="mailto:cmills1@hfhs.org">cmills1@hfhs.org</a>	..... 586-263-2973/586-263-2950
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Anthony Affatato, D.O., Director/D.I.O.....	<a href="mailto:aaffat1@hfhs.org">aaffat1@hfhs.org</a>	..... 586-263-2950
Medical Education Fax Number .....		..... 586-263-2975

### Graduate Medical Education Committee

The Graduate Medical Education Committee meets monthly and is comprised of residency Program directors, administrative staff from the Department of Medical Education, a representative from the hospital's quality improvement department, residents and representatives from affiliated teaching institutions. The Committee reports to the Medical Executive Committee.

The Graduate Medical Education Committee (GMEC) is responsible for institutional oversight of all of residency programs accredited by the A.O.A. and the C.P.M.E. The GMEC is responsible for establishing and implementing policies and procedures regarding the quality of education and the work environment for the house officers in all Henry Ford Macomb Hospitals programs. Policies and procedures are delineated in [Medical Education Policy #404 HFMH Graduate Medical Education Committee](#). The committee works toward building collaboration between various constituents in support of the medical education mission.

Specific duties of the Committee include:

- Act as an advisory committee in selection of applicants for residency;
- Outline courses of instruction and see they are carried out;
- Assist Administration of the Hospital in matters of government and discipline of residents;
- Assist the Administration of the Hospital in matters of stipend and benefits to be accorded to residents;
- Assist the Administration in establishing responsibilities of residents to the staff and the Hospital;
- Ensure proper function of the Medical Library;
- Review and approve any education program initiated within the Hospital which requires cooperation of the staff;
- Conduct an internal review of each residency program at the midway point between accreditation site visits by the American Osteopathic Association or the Council on Podiatric Medical Education.
- Initiate and provide educational programs for the staff.

### **Director of Medical Education**

The AOA mandates that the Director of Medical Education (DME) be an AOA board certified physician or be AOA board certified within three years. DME/DIO responsibilities include:

- Organize and implement a high quality osteopathic education program at the base institution;
- Ensure compliance with AOA's Basic Documents and specialty standards for Postdoctoral Training Programs and the ACGME Institutional Requirements;
- Ensure compliance with CPME's Standards and Requirements for Approval of the Podiatric Medicine and Surgery Residency Program with Reconstructive Rearfoot and Ankle Surgery Certification.
- Manage all applicable affiliation agreements, documents and correspondence related to AOA/ACGME programs;
- Manage the Internal Review Process;
- Prepare and present an annual report on the "state of AOA/ACGME educational programs in the institution" to the Medical Staff and Governing Board, and a copy to the respective OPTI;
- Annually attend an AODME and/or AOA OME conference for educational faculty development. In addition to the annual ACGME Educational Conference. The DME may send a representative in his or her place once in every three year reporting period. In addition, the DME attends the annual ACGME Educational Conference.

### **Program Director Responsibilities**

Each program director (PD) is responsible for the general administration of his or her residency program. A program director must be a graduate of an AOA-COCA-approved college of osteopathic medicine and board certified in the appropriate specialty by the AOA. As the AOA accredited programs transition to ACGME accreditation, the program directors must meet program specific ACGME requirements for that role. The Director of Podiatric Medical Education should be certified in the appropriate specialty area(s) by the American Board of Podiatric Surgery.

In coordination with the DME, PD responsibilities include, but are not limited to, recruitment, selection, instruction, supervision, counseling, evaluation, advancement and maintenance of all records related to program accreditation, and fiscal activities. All program directors are members of the Graduate Medical Education Committee. Each residency program director is responsible for oversight and scheduling of rotations for residents in his or her program. Schedules must be coordinated with the Medical education office prior to the academic year for the approval of the Director of Medical Education.

### **Medical Education Specialist Responsibilities**

The specialists support medical students, residents and program directors with all aspects of medical education activities such as recruitment, pre and post-match activities, orientation and current house staff issues. The medical education department and specialists function as the human resources department for all residents including assistance with hiring, benefits, and terminations. Specialists are also responsible for ensuring that all resident required and elective rotations are scheduled and meet the educational requirements established by the AOA,

ACGME and CPME and the program director. In general, the medical education specialist is the ‘go to’ person in medical education for all questions and needs. Specialists will attempt to assist with rectifying issues either within the Department or through referral to another department with specialized expertise.

## House Staff Council

The Henry Ford Macomb Hospitals (HFMH) House Staff Council (HSC) is a forum for all house officers in HFMH programs and those rotating at HFMH to raise and collectively address common concerns. HSC leaders also serve as voting members of the Graduate Medical Education Committee (GMEC). ALL house officers are strongly encouraged to participate.

## PROGRAM RESOURCES

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### Research Opportunities

Research is a high priority for Henry Ford Health System and an expectation in all graduate medical education programs. Henry Ford Macomb Hospitals provides house officers with opportunities to gain further insight into scientific investigation and develop competence in research. HFMH supports house officer research through: (1) Consultations, (2) Web based learning modules provided by the SCS, and (3) participant travel funding to present at conferences.

**Consultations:** In collaboration with the HFHS Public Health Sciences (PHS, formerly known as BRE), house officers and faculty are provided with epidemiologic, biostatistical and corporate data store retrieval support for their respective research projects.

PHS staff members are available by phone or email for consultations.

Gordon Jacobsen, M.S., Biostatistician III .....	<a href="mailto:gjacobs2@hfhs.org">gjacob2@hfhs.org</a> .....	313-874-6649 (74-6649)
Michelle Jankowski, Biostatistician III .....	<a href="mailto:mjankow1@hfhs.org">mjankow1@hfhs.org</a> .....	313-874-6368 (74-6362)
Meredith Mahan, M.S., Biostatistician II .....	<a href="mailto:mmahan1@hfhs.org">mmahan1@hfhs.org</a> .....	313-874-7054 (74-7054)
Andrew Taylor, Biostatistician I.....	<a href="mailto:ataylor9@hfhs.org">ataylor9@hfhs.org</a> .....	313-874-7216 (74-7216)
<b><i>For assistance with study design:</i></b>		
Jennifer Straughen, Epidemiologist III.....	<a href="mailto:jstraug1@hfhs.org">jstraug1@hfhs.org</a> .....	313-874-3764 (74-3764)

**Conference Presentations:** HFHS encourages residents to conduct research and disseminate findings to further the profession and advance knowledge. HFMH supports this activity with up to \$1,500 per year when the house officer is a panelist, moderator, or speaker listed in an official program of a society or national meeting. See [Medical Education Policy #204 Compensation, Benefits, PDF & Travel](#) for details.

### Micro-Surgical & Anatomy Laboratory

Henry Ford Health System’s 2,500 square foot Microsurgical/Anatomy Laboratory is located at Henry Ford Hospital. The micro-surgical facility features state-of-the-art Zeiss Surgical Microscopes complete with electronic monitoring, S-VHS, irrigation and central suction. Each of the 13 surgical stations is multi-discipline and can accommodate a variety of surgical models. Training sessions are designed to provide laboratory instruction in microvascular techniques that can be applied to individual specialties. The 12 student stations can be monitored from the instructor station. It also allows the use of videos and hands-on demonstrations that are projected to each of the student monitors.

The anatomy laboratory can hold eight embalmed cadavers. The space has adequate lighting, an ambient room temperature of 55 degrees Fahrenheit and a ventilation system that completes an air change every 12 minutes. A walk-in freezer stores unembalmed specimens and two dissection tables are available, complete with disposal and

ventilation hood. A separate area is maintained for embalmed versus fresh specimens. Residents must work with their program director to establish a specific educational opportunity

Mark Dhans, Technical Specialist .....	<a href="mailto:mdhans1@hfhs.org">mdhans1@hfhs.org</a> .....	313-916-3874 (16-3874)
Sam Winslow, Technical Specialist.....	<a href="mailto:swinslo1@hfhs.org">swinslo1@hfhs.org</a> .....	313-916-2029 (16-2029)

### Simulation, Education & Research Center

The 15,000 square foot Center for Simulation, Education and Research is the largest center of its kind in the Midwest. This educational facility allows physicians, nurses and other health care professions to practice and augment their skills in a risk-free environment. State-of-the-art computers and mannequins can simulate hundreds of different medical conditions. The Center is accredited by the American College of Surgeons as a Level 1 Comprehensive Education Institute, has 34 approved courses and serves over 12,000 learners each year.

Mark Dhans, Technical Specialist .....	<a href="mailto:mdhans1@hfhs.org">mdhans1@hfhs.org</a> .....	313-916-3874 (16-3874)
Sam Winslow, Technical Specialist.....	<a href="mailto:swinslo1@hfhs.org">swinslo1@hfhs.org</a> .....	313-916-2029 (16-2029)

### Sladen Library

The Henry Ford Health System [Sladen Library](#), located on the 17<sup>th</sup> floor of the Clinic Building on the Henry Ford Hospital campus, is one of the largest hospital libraries in the state, with an extensive collection of print and electronic resources and a wide array of professional library services. Comparable to a small medical school library, Sladen provides access to over 3,000 electronic journals and numerous other online resources. Sladen staff will also assist with literature searches and manuscript preparation.

Hours: Monday – Thursday, 8 a.m. – 7:30 p.m.	<a href="mailto:Sladen@hfhs.org">Sladen@hfhs.org</a>	313-916-2550 (16-2550)
Friday, 8 a.m. – 5 p.m.; Closed Saturday, Sunday and holidays		

### Henry Ford Macomb Hospital Library

The Medical Library is on the 4th floor of the Medical Office Building. The Medical Library door is almost always open. In the event that it is closed; please contact security x2445 to have them open the door. House Staff have 24-hour access; but must show security a hospital I.D. badge for entrance after hours.

Information requests can be sent via email, phone, in written form, or via walk-in. Library personnel are happy to assist with any information needs.

Computers with Microsoft Office and access to the Network Resources of the facility are available for use.

The HFHS Library Catalog is available for searching materials in all HFHS libraries. You may find it online at: [www.Henryfordconnect.com/sladen](http://www.Henryfordconnect.com/sladen) and then click the **Sladen Library Catalog** link in the blue box on the right. This will link you to print materials, and to the large collection of Electronic Books available through the HFHS Library Network.

<b>Staffed Hours:</b> Monday-Friday: 7:00-3:30 PM Karin Werner, Library Manager <a href="mailto:Kwerner1@hfhs.org">Kwerner1@hfhs.org</a> Juliet Mullenmeister, Medical Librarian <a href="mailto:Jmullen2@hfhs.org">Jmullen2@hfhs.org</a> Phone: 586.263.2485 Fax: 586.263.2270 <a href="mailto:macomblibrary@hfhs.org">macomblibrary@hfhs.org</a>
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## **Communication**

The medical education department issues pagers at the beginning of the year. This pager should be used throughout the year on all rotations regardless of location. Residents are responsible for their pagers and notifying the medical education office if pager is not working properly. There is a replacement charge for each lost pager.

It is required that pagers be turned on at all times while on duty, even when on rotations off site. The only exception to this policy is for rotations completed outside of Michigan. **Please answer all pages promptly, within 30 minutes of the page.** Batteries can be obtained day from the Medical education office.

- Residents will be assigned a HFHS Outlook email account. This email account will be used for all standard communication from the System and the medical education department. Residents will receive email notification through Outlook for all evaluation and duty hour notifications throughout the year. Each resident is expected to view and respond to emails each working day whether the individual is assigned to an internal or external rotation. Viewing of email on days off, vacation or while on an approved leave is not expected. Please refer to the [Medical Education System-Wide Policy No. 225 Email](#) for more information.

## **Lockers**

Lockers are available to residents. Lockers include a lock, which is the responsibility of the resident to whom it is issued. The loss of any of these items should be reported to the Medical education office. House staff is responsible for lost items.

## **Lounges/Call Rooms**

The Hospital provides a lounge and on-call rooms for house staff for rest during call. The Hospital provides telephones, computers, fax machine, television, showers, and bathrooms for on-call use.

## **Lab Coats & Scrubs**

Each resident will be provided three lab coats during the first year of training and an additional two lab coats in the third year by the department of medical education.

Scrubs are available for use within the hospital. Scrubs are the property of the hospital and are not to be taken for personal use. Henry Ford Hospital and Henry Ford Macomb Hospitals use a Scrubex machine system to dispense scrubs. Upon completion of an application form you will have I.D. badge access to the Scrubex machine. All soiled scrubs are to be returned to the Scrubex machine in order to have additional clean scrubs accessible to you.

## **Mail Boxes**

The medical education office assigns mailboxes to each member of the house staff. The mail boxes are located in the 2<sup>nd</sup> floor house staff lounge or in your program's lounge area. Please pick up your mail each work day. If you are on an out rotation, please pick up your mail at least weekly. If you will be away from the hospital for more than a week, please arrange to have your mail picked up in your absence. Do not use the hospital mailing address for magazine or journal subscriptions. The hospital will not accept magazines and journals due to a lack of space. The mail box area is only for mail pick up, not for storage.

## **Parking**

At Henry Ford Macomb Hospitals, parking is provided for residents in the designated employee parking areas. The Medical education office will direct residents to the appropriate parking areas.

At Henry Ford Hospital residents are to park in the Lincoln lot. Residents are encouraged to call the Medical Education Department at Henry Ford Hospital to obtain information about parking (313) 916-1601.

## State Wide Campus System (SCS)

The Michigan OPTI, the SCS, provides an extensive schedule of academic events for medical students and residents. The Medical education office supports wholeheartedly trainee participation in SCS activities. Each program has specific requirements and activities related to the SCS. Residents should refer to their program director for information regarding participation in SCS activities. Please refer to the [Medical Education System-Wide Policy # 401 State Wide Campus System Attendance and Statewide Campus System Weather Cancellation](#) for further information.

## Students of Physician Assistant, Nurse Practitioner, and other Mid-Level Provider Schools

Any requests from students of Physician's Assistant, Nurse Practitioner, or other mid-level provider school for rotations within the program's primary training facilities or with program faculty must be reported and coordinated with the medical education office. Priority for rotations will be given of osteopathic and podiatric medical students, and residents.

## The Contractual Relationship

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### Contracts

All incoming and continuing house officers are required to sign a "[Graduate Trainee Physician Agreement](#)" usually referred to as a "contract." Contracts are awarded on an annual basis. Most house staff contracts are based upon the traditional academic year cycle (July 1 – June 30) and follow consistent level of training and salary based upon functional level in the program (HO1, HO2, etc.). House staff whose year of training is "off cycle" due to credentialing delays (i.e., license and/or visa issues, etc.) or delays due to leaves of absence will be issued a contract that reflects their actual start date, provided that the credentialing criteria has been met, followed by a one-year term if appropriate.

The contract specifies conditions upon which the house officer may be dismissed and when a dismissal may be appealed. [Medical Education Policy #208 Grievances & Due Process](#) provides details.

### Certifications

Prior to beginning a Graduate Medical Education program at Henry Ford Macomb Hospitals (including duty scheduling, receiving a stipend and qualifying for other benefits), each house officer must:

- present a valid visa (if applicable), or appropriate employment eligibility documentation
- have a current State of Michigan medical license [Medical Education Policy #211 Medical Licensure](#)
- have a valid National Provider Identifier (NPI) number
- complete an employment health screening [Medical Education Policy #207 Health Evaluations, Fitness for Duty, Physician Impairment & Counseling Services](#)
- complete Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS)
- have cleared the HFHS background check including criminal background checks, Office of Inspector General Sanctions, etc. [Medical Education Policy #205 Criminal Background Checks](#)
- have completed all orientation modules assigned through HFHS University

Prior to contract renewal for subsequent years of training, each house officer must:

- present a valid visa (if applicable),
- have a current State of Michigan medical license [Medical Education Policy #211 Medical Licensure](#)
- have continued ALS certification, for those training in a program with an inpatient unit or BLS certification for individuals training in a program without an inpatient unit.
- have cleared the HFHS background check including criminal background checks, Office of Inspector General Sanctions, etc.
- have passed the COMLEX III exam prior to the PGY 3 year of training.



## **Accommodations for Disabilities**

HFHS is committed to ensuring full and equal employment, public accommodation and educational opportunities to all disabled qualified house officers in training in the HFHS. [Medical Education Policy #201 Accommodations for Disabilities](#) provides details.

## **Attendance**

HFHS facilities must be adequately staffed during all hours of operation. House officers are expected to consistently report as scheduled. [Medical Education Policy #202 Attendance](#) provides details.

## **BLS/ACLS Certification**

It is the responsibility of house officers to maintain certification. Re-certification is required every two years in order to maintain clinical privileges at HFHS. Failure to re-certify will result in suspension of privileges without pay. Current house staff in a program with an active inpatient service are required to maintain ACLS accreditation for the duration of their training. All other house staff may maintain ACLS certification at their discretion; those who elect not to maintain ACLS certification, must maintain BLS certification.

Current house staff must enroll in an HFHS-sponsored course. HFHS will bear the cost of re-certification IF completed before the expiration date. If re-certification does not occur prior to the expiration date, the full cost of the course is the responsibility of the house officer. On-line courses are NOT acceptable for ACLS training or recertification.

All incoming first year residents must be ACLS- certified before commencing their training at HFHS. BLS and ACLS courses are offered at HFHS prior to Orientation for incoming house staff without current certification. Those unable to participate may take courses elsewhere prior to their start date; however, BLS and ACLS certification courses must be sponsored by American Heart Association, and include in-person skill testing.

## **Discrimination & Harassment**

HFHS is committed to an environment free of discrimination and harassment based on race, color, religion, age, sex, national origin, disability, veteran status, size, height, marital status, sexual orientation or any other protected status. [Medical Education Policies #206 Equal Employment Opportunity and #209 Harassment](#) provides details.

## **Dress Code**

It is the philosophy of HFHS that people are more comfortable in an environment that conveys an image of competence and professionalism and that such qualities are essential for the proper, effective, and efficient administration of healthcare services and to the healing process itself. [Human Resource Policy #5.06 Personal Appearance Standards](#) provides details.

## **Duty Hours**

Duty hours are defined as all clinical and academic activities related to the graduate medical education program, i.e., patient care, both inpatient and outpatient, administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, scheduled academic activities such as conference and moonlighting. Duty hours do not include reading and preparation time spent away from the duty site. All programs must comply with AOA Basic Requirements. [Medical Education Policy #402a Work Hours & Call Activity](#) provides details about oversight for duty hours and reporting violations.

## **Fitness for Duty**

If HFHS has reason to suspect that an employee is unfit for duty by a physical, emotional or cognitive reason, the house officer may be required to submit to a Fitness for Duty Evaluation. [Medical Education Policy #207 Health Evaluations, Fitness for Duty Evaluations, Physician Impairment & Counseling Services](#) includes procedures to be used to evaluate house officers and employees whose behaviors and/or work performance raise questions about their ability to perform the essential functions of their position.

## **Grievances & Due Process**

HFHS maintains a training environment for house officers that provides a fair and timely peer review process for resolving grievances and affording due process. [Medical Education Policy #208 Grievances & Due Process](#) provides details.

## **Immigration**

Contact a Graduate Medical Education Coordinator in the Medical Education Department regarding J1 visas.

## **Income Tax Withholding**

Income Tax Withholding (W4) Forms are must be changed through [Employee Self Service on HR Connect](#). There is no limit to the number of times per year that house officers may change their withholdings.

## **Leaves of Absence**

HFHS complies with Federal, State and local rules and regulations related to the administration and implementation of leaves of absence programs. [Medical Education Policies #210 Leaves of Absence](#) provides details regarding medical, family, personal, educational, military, funeral and jury duty leaves. **Do NOT contact CIGNA regarding Leaves of Absence**; contact your specialist in the GME Office.

## **Loan Deferments**

House officers receiving deferment forms from lending institutions may bring them to the GME Department for processing. Copies of loan deferment forms that are processed by the medical education coordinators are kept in each house officer's file in the event that a duplicate copy is needed for future reference.

## **Moonlighting**

With the permission of the program director, house officers are allowed, but never required; to engage in moonlighting as outlined in [Medical Education Policy #220 Moonlighting, Extra Shifts and Paid Call](#). Moonlighting, extra shifts and paid call must be counted in Duty Hour reporting. First year residents are not permitted to engage in moonlighting activities.

## **Non Renewal of Appointment**

The Program director must give the house officer a minimum of 120 days notice of the intent not to renew the Graduate Trainee Physician Agreement or 'contract' unless the performance warrants immediate dismissal. If the primary reason(s) for the non renewal or non-promotion occurs within the four months prior to the end of the agreement, Henry Ford Macomb Hospitals must ensure that its programs provide the resident with as much written notice of the intent not to renew or not to promote as circumstances will reasonably allow, prior to the end of the agreement. [Medical Education Policy #208 Grievances & Due Process](#) provides details.

## Performance Improvement

HFHS recognizes house officers' unique and multiple roles in the system. It maintains a training environment where teaching, learning and improvement are supported. [Medical Education Policy #213 Performance Improvement](#) outlines an improvement process based on timely and documented feedback to address performance and/or behavior issues. The Performance Improvement Policy is designed to help house officers successfully complete their training programs; however, it also forms the basis for corrective action if remediation is not successful.

## Personal Information

House officers are required to provide and maintain up-to-date personal information through [Employee Self Service on HR Connect](#): I-9 Form

- Income Tax Withholding (W-4) Forms for federal, state and local taxes
- Direct deposit for stipends
- Insurance (Life and accidental death & dismemberment (AD&D) beneficiaries
- Email Address
- Name Change
- Marital Status
- Emergency Contacts
- Home Address
- Phone Numbers
- Tax Shelter Annuities (TSA) withholding (optional)

The linked document provides quick and easy steps to follow, along with helpful tips:

<http://henryfordconnect.com/documents/HumanResources/self%20service/Employee%20Self%20Service%20Tip%20Sheet.pdf>

Notify the Medical Education Department immediately regarding any change in:

- Immigration status
- Medical licensure
- Completion of program

## Fatigue: Options for Dealing with Fatigue as a Resident

Henry Ford Health System provides support and fatigue mitigation to residents in compliance with AOA requirements as documented in The Basic Documents for Post-Doctoral Training (7/1/2014), Section VII, G: Trainee Duty Hours Policy. Henry Ford Macomb Hospitals provides comfortable sleep accommodations in the on-call lounge for any resident who may be too fatigued to safely return home after a work assignment. In addition, if the resident must get home immediately, the medical education department will reimburse the resident for a one-way trip home via taxi cab. Receipts are required and must be submitted through Concur for reimbursement. The resident is responsible for transportation back to the hospital for their next shift.

### Sleep facilities and/or safe transportation for residents when on rotation at Henry Ford Hospital

1. **Any resident may** call Concierge Service (16-1414) for a call room available through Service Response. Residents are encouraged not to use their primary service call rooms so they may be cleaned for the on call team that day.
2. **If the resident must get home immediately**, the resident should use a taxi cab. There is a Taxi stand at the West Grand Blvd entrance or in off hours, call the operator (0) and they will connect you to a taxi company. The Medical Education office at Henry Ford Macomb Hospitals will reimburse the resident for a **one-way trip** home. Receipts are required and should be submitted through Concur. The program coordinator is also responsible for emailing the scanned receipt to the GME Office at [gme@hfhs.org](mailto:gme@hfhs.org) for tracking. The resident is responsible for transportation back to the hospital for their next shift.
3. **If the resident/fellow must get home with their car**, the resident/fellow may contact the Concierge Service to request the transportation service to drive them, in their car, to their home. Since this service is

arranged with an outside vendor, it takes them approximately 2 hours to arrive at HFH. The invoice for this service will be sent directly to Medical Education by e-mail to gme@hfhs.org or by interoffice mail to Medical Education, CFP B046.

## **Physician Impairment**

HFHS maintains a training environment for house staff that is free from the effects of drugs and alcohol abuse and expects house officers to report fit for duty. The use, abuse and possession of alcohol and illegal drugs in the workplace are a threat to the health and safety of employees and the general public. Henry Ford Health System is committed to providing a working environment free from alcohol and illegal drugs. [Human Resources Policy # 5.11 Drug-Free Workplace](#) provides details.

[Medical Education Policy #207 Health Evaluations, Fitness for Duty Evaluations, Physician Impairment & Counseling Services](#) includes procedures to be used to evaluate house officers and employees whose behaviors and/or work performance raise questions about their ability to perform the essential functions of their position.

## **Program Closure or Reduction**

In the event that a decision is made to close a residency program, senior year house staff will be provided the opportunity to complete their training at Henry Ford Macomb Hospitals. The Program director will make every effort to secure transfers to positions in other programs for other house officers. [Medical Education Policy #219 Program Closures & Reductions](#) provides details.

## **Promotions**

House officers showing satisfactory completion of educational and experiential objectives as outlined by the training program in which they are enrolled will be promoted at the end of the academic year. [Medical Education Policy #214 Promotions](#) provides details.

## **Scheduled Time Off**

**Vacations:** Complete the appropriate Absence/Vacation Request form available in the medical education office. The fully completed form must be submitted at least **30 days** in advance of the requested time off with all required signatures. The resident must obtain written approval, as indicated on the form, from the Program director, the rotation preceptor and the Chief Resident. The house officer must contact the medical education office to learn if his/her Request has been approved.

The Program director reserves the right to refuse any leave time request or cancel any previously approved leave time due to extenuating circumstances that may adversely impact patient care. The medical education office will forward the completed Absence/Vacation Request to the Chief Resident immediately to ensure that appropriate arrangements will be made for patient care.

As a courtesy, the house officers should notify the Attending Physician again, approximately one week before the approved time off begins.

- **In the case of absence due to illness, bereavement, or personal emergency**, the house officer must notify the medical education office and their Attending Physician by the beginning of the shift during which the intern will be absent. Absence due to illness extending beyond three days requires a physician's documentation and LOA forms. At the conclusion of any absence due to illness, bereavement, or personal emergency, the intern must also notify the Medical education office on the day of their return to work. Please refer to the [Medical Education Policy No. 210 Leaves of Absence](#).

The medical education department reserves the right to establish additional criteria for scheduled time off, including establishing "blackout" periods when time off is not permitted. As a general rule, scheduled time off may not be used while on a Henry Ford Hospital (HFH) floor month or general/trauma surgery. Vacations are also not allowed

while on the Henry Ford Macomb Hospital internal medicine floors or ICU rotations. House officers may not use scheduled time off during the month of June except in the event of illness or personal emergency.

House officers may request time off during rotations at HFH through individual departments in accordance with that department's policy. Scheduled time off may not be used when assigned to any HFH rotation, whether it is completed at the HFH main campus or at any of their ambulatory sites, unless approved by HFH following their department specific guidelines for vacation.

House officers are required to be available at their assigned rotation through the end of their regular workday/work shift on the last day of their contract. If this includes responsibility for night House Officer or call, the shift will not officially end until 0700 on the following day. There are no exceptions to this policy.

Scheduled time off not used in accordance with medical education policy is forfeited. Time off may not be saved to be used at the end of the contract year or during subsequent years of training, nor may it be transferred to another house officer for their use.

### **Time Off During Internal Medicine Rotation at Henry Ford Hospital**

The procedure for taking time off during an internal medicine rotation at Henry Ford Hospital involves an extra step. An intern/resident seeking time off during an internal medicine rotation at Henry Ford Hospital must obtain written approval from their base hospital's medical education office using the standard form. Once the base program has determined that the resident is eligible according to their standards, the resident should contact the Henry Ford Hospital Internal Medicine program to request the time off. Residents should not contact the Henry Ford Hospital Internal Medicine program unless they have followed appropriate procedures at their home institution.

The Henry Ford Hospital Internal Medicine program will grant up to three days off provided the following conditions are met:

- There are at least two other residents scheduled on the same team (on most floors during most months, this is not a problem)
- The requested time off does not include a night during which the resident is on call (although they are free to arrange a switch with another resident)
- In the interest of optimal team performance and continuity of care during the internal medicine rotation, if more than three days off have been requested by the resident, either the resident or the resident's base institution must provide a substitute intern/resident.

**Unauthorized Absence:** The medical education office will follow the [Medical Education Policy # 213 Performance Improvement](#) when encountering any instance of a house officer absent from an assigned rotation who has not completed an approved Absence/Vacation Request form or followed the notification procedure for illness, bereavement or personal emergency described above.

### **Selection Process**

Henry Ford Macomb Hospitals strictly adheres to the guidelines established by the AOA and the CPME in the selection of residents for their medical education programs. The [Medical Education Policy # 217 Eligibility and Selection](#) offers specific details regarding the eligibility and selection of residents.

### **Transfers**

House officers may wish to transfer from one program to another either within or external to the Henry Ford Macomb Hospitals. Transfers must be conducted in a manner that allows for the optimal transition for the house officer and the program. House officers must inform their current program director of the desire to transfer to another program, prior to any formal interview for such a transfer, and facilitate the communication of the two program directors relative to the transfer. [Medical Education Policy #216 Resident Transfers](#) provides details.

## COMLEX Step III

In accordance with the “[Graduate Trainee Physician Agreement](#)” (contract) house officers are required to take and pass the COMLEX Step III examination within the second postgraduate year of training. Residents are not allowed to be promoted to the third year of training without having passed COMLEX Step III.

## Your Compensation Package

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### Stipends, Benefits & Professional Development Funds

Henry Ford Health System provides a generous compensation package for residents. The package includes a competitive stipend schedule and a comprehensive benefit package designed to meet the needs of today’s house officer and his or her family. [Medical Education Policy #204 Compensation, Benefits, PDF & Travel](#) provides details. The following stipends and professional development funds are effective July 1, 2015.

House Officer Year Level	Annual Stipend	With Chief Stipend	Professional Development Funds
1	\$ 51,500	\$ 300	1
2	\$ 53,500	\$ 300	2
3	\$ 55,500	\$ 1,250	3
4	\$ 57,500	\$ 1,250	4
5	\$ 59,500	\$ 1,250	5
6	\$ 61,500	\$ 1,250	6

All house officers also receive the following benefits:

- Flex Benefits to cover medical, vision, dental and insurance overages
- Professional Liability coverage for Henry Ford Hospital assigned duties
- Salary Continuation (6 months for documented medical leave)
- Long-Term Disability coverage: 60% of base salary up to \$4,000 per month
- Paid Vacation [Medical Education Policy #221 Paid Time Off](#) provides details
- Free parking

### Stipend or Pay Checks

Stipends are distributed in 26 bi-weekly checks which are mailed directly to the house officer’s place of residence the Thursday before every pay Friday.

**Direct Deposit.** House officers are encouraged to use Direct Deposit. Direct Deposit takes the unpredictability out of when you will receive your paycheck. With Direct Deposit, all funds are directed to the bank or credit union account you set up. It’s a timely, easy way to receive your pay every pay Friday. No more waiting for the mail to come to see if your check has arrived! To setup your Direct Deposit go to [Employee Self Service on HR Connect](#). Once logged in, select Payroll Home, then the Direct Deposit link. Please read the instructions and setup your account information and/or add/delete/edit your current direct deposit selections.

### Benefits

**Flex Benefits** are part of the System’s Total Rewards program, which recognizes and rewards employees for their contributions to the organization’s success. Henry Ford Health System will contribute a significant amount toward the cost of your benefits in the form of “employer-paid.” House staff can customize their benefit selections to meet their needs. Some plans may require additional house officer contributions in the form of payroll deductions.

To make Flex Benefit selections, go to [Employee Self Service on HR Connect](#) within 30 day of beginning your program. Most benefits are effective the first of the month after your contract start date, or first of the month, if your

contract start date is the first of the month. During the annual Open Enrollment period you will have the option of changing benefits. Open Enrollment changes are effective January of the following year. The benefits provided to you as a house officer include:

- Medical & Vision Options
- Dental Options
- Accidental Death & Dismemberment (AD&D) Insurance Options
- Life Insurance Options
- Flexible Spending Accounts for Health & Dependant Care
- Adoption Assistance
- Tax Deferred Annuities
- Discounts: Take advantage of a variety of discount programs and special offers. Explore the many savings opportunities available to you through [Employee Self Service on HR Connect](#).

## **Credit Union & Banking Services**

Henry Ford Macomb Hospitals has a Fifth Third Bank automatic teller machine which dispenses cash and stamps for any debit card holder. [DFCU Financial](#) is a credit union that is located on the campus of Henry Ford Hospital. Direct deposit and automatic teller machines are available at Henry Ford Hospital and One Ford Place for DFCU Financial. House officers have the option to set up direct deposit at any financial institution through [Employee Self Service on HR Connect](#). Direct deposit for bi-weekly pay is strongly encouraged. Most HFHS employees use this method of pay receipt.

## **Discounts**

Henry Ford Health System provides a number of discounts to house officers and family members. Take advantage of a variety of discount programs and special offers. Explore the many savings opportunities available to you through [Employee Self Service on HR Connect](#).

## **Fitness Center**

[Fitness Works](#) is a modern fitness center available to HFHS house officers at a reduced membership fee. Located at 6525 Second Ave. in the New Center Area, near Henry Ford Hospital, Fitness Works provides an ideal setting in which to exercise. The center has a cardiovascular and weights training area, jogging track, pool, aerobics room, basketball court, racquetball/squash courts, a golf center, sauna and steam rooms and a Pro Shop. Call Fitness Works at (313) 972-4040 for details. **Fitness USA**, a fitness center with multiple locations throughout the tri county area offers discounts to HFHS employees. To find out more information about locations and fees access the following: [Employee Self Service on HR Connect](#) click on the work life box and then on the employee discounts link.

## **Long Term Disability Coverage**

Henry Ford Health System provides house officers with a long-term disability policy through UNUM. The benefit includes 60% of salary up to a maximum of \$4,000 per month. The plan pays benefits until age 65. This unique planned designed for house officers provides residual or partial payment if you return to work on a part-time basis, and a cost of living adjustment to protect you from the negative impact of inflation.

The plan also has a conversion privilege that allows you to continue coverage upon graduation on a guaranteed basis regardless of medical history. This is not offered in most programs.

Pat Flynn & Company, Inc.

[patf@flynncompany.com](mailto:patf@flynncompany.com)

(800) 768-6100

## On-Call Meal Supplement

HFHS house officers assigned to continuous, 24-hour in-house call are provided an On-Call Meal Supplement to help cover the cost of hospital meals. At the beginning of the contract term, house staff identification badges are loaded with the funds to cover all assigned call for the entire contract term, as determined by the program director and call schedules. The Supplement is not provided to visiting house officers (e.g., not under contract with HFHS). The On-Call Meal Supplement may be used to purchase food in the hospital cafeteria.

When on rotation at Henry Ford Hospital, contact the GME Office to activate funds allocated for continuous 24-hour in-house call at HFH. Food may be purchased in the Henry Ford Hospital cafeteria, West Pavilion kiosk, HFH Lobby Café, Little Caesar's, Java City and the HFH Gift Shop. Hospitals outside of the Henry Ford Health System may have a different meal fund allocation. It is important to contact the medical education office at the hospital where you are rotating to ensure you obtain the meal fund allocation for the month.

## Physician Wellness Program

**Crisis Program:** A house officer in crisis may be required to undergo an immediate evaluation of fitness for duty (i.e., physical, emotional or cognitive disability) or physician impairment (i.e., substance abuse, chemical dependency, mental illness, or use of drugs or alcohol that does not constitute substance abuse or chemical dependency) in accordance with [Medical Education Policy #207 Health Evaluations, Fitness for Duty Evaluations, Physician Impairment & Counseling Services](#) and the corresponding Human Resources Policy #4.10. Evaluations of house officers in crisis will be conducted by the following, depending upon the severity of the disability or impairment and the resources available at the time of crisis:

- Human Resources/Employee Health, 7 a.m. to 5 p.m. (Call: **Debbie Saoud at 313-399-0396, or Employee Health at 586-203-1660** Behavioral Health, 7 a.m. to 5 p.m. (Call: **Shelley Fletcher at 874-8377**)
- Emergency Department, 5 p.m. to 7 a.m.

**Counseling Program:** Henry Ford Health System recognizes that house officers may experience **emotional, psychological or substance abuse problems which require counseling to resolve**. We believe that it is in the best interest of both the house officer and HFHS that these problems be identified and treated at the earliest possible stage before they impact training performance.

The decision to seek assistance and accept treatment for any emotional, psychological or substance abuse problem is the responsibility of the house officer. However, the program director may also require a house officer to obtain assistance if the problem interferes with his/her performance either clinically or as a team member.

Confidentiality shall be maintained in at all times. The Counseling Program provides timely and physician-appropriate services to house officers regarding:

- Professional Performance & Behaviors
- Mental Health Disorders
- Substance Abuse

The Counseling Program provides residents access to **specialists who understand physicians and the challenges of the profession**. House officers may obtain confidential counseling through any of the following HFHS resources:

- Specialty- Specific Graduate Medical Education **Program director** Support
- **Professional Counseling** (through the Employee Assistance Program) related to personal issues, including: stress, emotional problems, marital/family conflicts, alcoholism, other chemical dependencies and financial or legal difficulties (Call: **313-874-7122**).

**Behavioral Health Treatment** related mental health issues, including but not limited to: severe depression, anxiety, panic, personality disorders or any other mental health disorder (Call: **Shelley Fletcher at 874-8377**)

- In addition, house officers and physicians may also contact the [State of Michigan's Health Professionals Recovery Program \(HPRP\)](#). This confidential program is designed to encourage health professionals to seek treatment before their impairment harms a patient or damages their careers through disciplinary or regulatory action. The HPRP supports the recovery of its participants so they may safely return to practice



and protect the safety of the general public. By providing health professionals an opportunity to enter into treatment and to seek recovery from their diseases early in the disease process, the HPRP can serve to minimize negative impacts on licensees/registrants, patients and their families and friends. (Call: 1-800-453-3784).

## Physician Wellness Programs

The [Wellness Program](#) has been established to promote the physical, mental, emotional, social and relational wellbeing of the Henry Ford Medical Group, affiliate physicians and house officers throughout the Henry Ford Health System.

The Wellness Program sponsors a variety of annual events and ongoing programs designed to assist our physicians **live healthy and well-balanced lives:**

- House Officer Leadership Training Programs
- Wellness Education Workshops
- Physician Athletic League
- [FitnessWorks Memberships](#)
- Affinity Groups (e.g., Fish & Field Sportsman Club)
- Preventative Services

## Professional Liability Coverage (Malpractice)

Henry Ford Health System has a self-insured vehicle and provides umbrella coverage for professional liability to senior staff and residents. The insurance program is written on a claims-made basis (i.e., it covers only those claims asserted during the annual term, and there is no need to purchase additional independent tail coverage).

House officers doing an outside rotation at a non-affiliated institution are not covered by Henry Ford Health System's malpractice insurance. Supplemental coverage must be purchased to cover the period of the outside training.

In summary, licensed house officers practicing medicine with the Henry Ford Health System are fully covered by malpractice insurance during approved HFHS training at HFHS facilities.

## Travel

House officers may be required to travel outside the Detroit metropolitan area for rotations, courses and conferences to obtain mandatory experiences for the completion of the program or to represent their hospital or program at the request of the Director of Medical Education or Program director. Details regarding the requirements for the various types of house officer travel are included in [Medical Education Policy #204 Compensation, Benefits, PDF & Travel](#).

Travel requiring commercial transportation and/or accommodations must be approved in advance using Program Travel Authorization procedures and submitted through the Concur on-line system accessible through [Employee Self Service on HR Connect](#). Travel Requests must be submitted at least 15 days in advance of travel. Expense Reports must be submitted within 30 days.

Requests for mileage reimbursement, without travel, must be submitted at least quarterly (March 31, June 30, September 30 and December 31).

Professional Development Funds are aligned with the house officer's contract period (usually July 1-June 30). For those house staff with off-cycle academic years, individual start dates will apply. Funds that are not utilized within the academic year are not available in the following academic year.

## Environment, Health, Safety & Security

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### Accidents, Illnesses or Injuries Reporting

All accidents or injuries that occur, regardless of their severity, should be reported promptly to your supervising physician, Chief Resident, or Program director.

Both Workers' Compensation and Occupational Safety and Health Administration (OSHA) require immediate reporting of all work-related injuries. The on line **Radicalogic form (RL form)** must be completed to report all accidents or injuries.

**Reporting Accidents or Illnesses of Visitors:** If a visitor becomes ill or has an accident while on HFHS property, please notify your supervising physician, Chief Resident, Program director, and/or Administrative Director for follow-up. It is mandatory that the accident or illness of a visitor be reported on the on line **Radicalogic form**.

### Computers

As part of its educational mission, the program provides computers throughout its major training sites, both in Computer Labs and in other areas of the hospital. Each computer user is responsible for use of the computers in an effective, ethical, and lawful manner. Because these computers are hospital property and are shared with others, certain practices and procedures must be followed. It is the objective of the program to maintain an atmosphere of constructive learning and academic freedom while maintaining proper asset control.

In all cases use related to patient care and other hospital-related processes has priority over any other use of computers. Use is restricted to educational pursuits related to medical education.

Hospital computer use is contingent upon prudent and responsible use. Inappropriate use will not be tolerated and may result in loss of computing privileges and/or disciplinary action up to and including suspension from your training program.

Unencrypted electronic devices **are not allowed for any use** in the Henry Ford Health System.

Examples of inappropriate use include the following:

- Saving files on the hard drive
- Altering, changing, or deleting hardware and software configurations
- Wasting limited resources, such as playing games or printing multiple copies of documents
- Knowingly introducing a computer virus or other destructive program
- Using computer facilities for a commercial purpose
- Copying software from any of the computers
- Loading any application/program on the computers
- Using the computers to view what may be considered pornographic material.

All work must be saved to an encrypted flash drive or on shared drives assigned to specific medical education programs as assigned by Program directors.

The following are guidelines for use of any hospital-provided computer:

- Computers are intended for hospital-related, patient care, research, education and management use only. Playing computer games is not permitted. Hospital-related work takes precedence. Do not use computers to view web sites with inappropriate content.
- Do not use computers in patient care areas for non-patient-related work of any kind.
- Do not alter, change the settings of, or reconfigure software on these computers in any way. This includes changing the desktop, icons, wallpaper, and taskbar.
- Use only the software loaded on the computers. Installing any software on the computers is prohibited. Making any modification to the computers, their operating systems, or their software is prohibited.
- No software may be copied from the computers other than the files that you create.

- Users are not to store files on, write data to, or alter the contents of the hard disk in any way. Users must save all files to floppy disks or CDs, or on sites as assigned to specific programs.
- Do not delete any software, files or documents from these computers.
- Do not download anything from the internet onto these computers.
- Printing should be limited to material for hospital-related patient care, research, education, or management use only. Do not print extensive material from the internet.
- When you are finished using a computer, close out of a program completely. Leave the computer at the desktop screen with the program icons.

If you need assistance with computer use, the library staff or IT staff will provide general assistance.

## **Confidentiality & Information Security**

Henry Ford Health System reserves the right to privacy with regard to confidential information. Any information obtained or maintained by Henry Ford Health System must be protected from unauthorized use whether accidental or intentional. Any house officer who misuses information puts the organization in a position of potential liability.

It is the responsibility of each house officer to adhere to security policies, standards, and procedures when accessing confidential information. House officers in training agree to maintain professional and ethical standards with regard to access and knowledge of confidential information. The program director will provide details about the information a house officer will be permitted to access when providing patient care responsibilities. [Human Resources Policy #5.18 Confidentiality and Information Security](#) and [System Administrative Policy #710.60 Patient Photographs and/or Video Recordings](#) provide details.

Revealing confidential information of any nature regarding patients, visitors, employees, or the organization, and inappropriate access, modification, destruction or disclosure of confidential information in any format (including, but not limited to: personal computers, electronic mail, voice mail, fax machines, Internet, Intranet, medical record, etc.) is strictly prohibited and may result in dismissal. Electronic mail is the property of HFHS, all compositions are and remain the property of HFHS, and may be subject to review by authorized personnel if there appears to be a violation or misuse of this privilege. [Medical Education Policy #225 Social Media, Email & Voice Mail](#) provides details.

## **Drug-Free Workplace**

The use, abuse and possession of alcohol, tobacco and illegal drugs in the workplace are a threat to the health and safety of employees and the general public. Henry Ford Health System is committed to providing a working environment free from alcohol and illegal drugs. [Human Resources Policy # 5.11 Drug-Free Workplace](#) and [Human Resources Policy # 5.14 Tobacco-Free Workplace](#) provides details.

## **Emergency Preparedness**

Henry Ford Health System strives to provide a stable educational environment and employment for interns, residents and fellows. A declaration of an emergency will be made in accordance with the HFHS Emergency Preparedness plans for each site. The [Henry Ford Macomb Hospitals Emergency Preparedness Plan](#) provides specifics. [Medical Education Policy #103 Medical Education Program Emergency Preparedness: Disasters and Extreme Emergent Situations](#) provide guidance regarding decisions about the involvement of medical students and house officers in emergencies.

HFHS uses the Universal Emergency Preparedness Codes as defined by [System Environment of Care Manual Policy #4.11 Emergency Preparedness Codes](#)

Code Red:	Fire
Code Yellow:	Bomb Threat
Code Triage Internal:	Internal Disaster
Code Triage External:	External Disaster
Code Blue:	Adult Medical Emergency
Code White:	Pediatric Medical Emergency

Code Black:	Tornado Warning
Code Pink:	Infant Abduction (< 1 yr old.)
Code Purple:	Child Abduction (> than 1 yr old)
Code Gray:	Combative Person
Code Silver:	Weapon or Hostage Situation
Code Green:	Missing Person, Elopement
Code Orange:	Hazardous Material Spill/Release

## **Additional Henry Ford Macomb Hospital Codes**

**Code Hug:** This code addresses the process for use of protective restraints for patients who are confused and at risk for injury due to falls or the inadvertent disruption of medical treatment. Please refer to the [Henry Ford Macomb Administrative Policy No. 405.02 Restraints](#).

**Rapid Response:** This code is an alert for the rapid response team. Please refer to the Henry Ford Macomb General Hospital Policy No. 203.40 Rapid Response Team (R.R.T.).

## **Employee Health**

Employee Health Services are offered through all hospitals within HFHS. Services available to house staff include infection control screening, vaccinations, respirator fitness tests, exposure of blood/body fluids and tuberculosis management, and other activities related to regulatory compliance. The Henry Ford Macomb Hospitals employee health department can be reached at:

Employee Health Services Henry Ford Macomb Hospitals  
Telephone: (586) 203-1660  
 Medical Office Building, Suite 305  
 16151 19 Mile Road  
 Clinton Township, MI 48038

Residents are expected to comply with policies and procedures regarding infection control screening including reporting for TB testing and flu precautions as defined by HFHS policy. Failure to comply will result in suspension and possible termination from the program.

Employee Health also conducts activities related to regulatory compliance. Residents are required to complete periodic screening/testing and be cleared for work in accordance with [Medical Education Policy #207 Health Evaluations, Fitness for Duty Evaluations, Physician Impairment and Counseling Services](#).

## **Fire Guidelines**

Fire evacuation procedures/routes differ for each work area and should be reviewed periodically by your Program director. At that time, you will be informed of your specific responsibilities in case of fire. General guidelines are as follows:

- Do not remove safety devices, tamper with or make unauthorized repairs to equipment.
- Keep aisles, exits and fire equipment clear of obstruction at all times.
- Report all incidents, no matter how slight, to your Program director or Administrative Manager, even if no injury appears.
- Place all equipment and materials solidly on the floor, away from passageways.
- Obey all federal safety regulations. Failure to observe them will result in disciplinary action.
- Report any missing or damaged fire extinguisher or any potential fire hazards to your Program director immediately.
- If fire is sighted, take appropriate action according to the procedures outlined in your facilities Emergency Preparedness Manual. The [Henry Ford Macomb Hospitals Emergency Operations Plan](#) provides specifics.

## Fire Safety

In case of fire, R.A.C.E.:

- **R**escue any person in the immediate area
- **A**lert Security
- **C**ontain the fire-Close doors behind you
- **E**xtinguish or evacuate.

When using the fire extinguisher, P.A.S.S.:

- **P**ull the pin
- **A**im at the base of the fire
- **S**queeze the handle and use a
- **S**weeping motion

Take a minute to locate the fire alarms and extinguishers in your area. Know where your department's Emergency Procedure Manual is located.

## First Aid

If you suffer an injury while at Henry Ford Macomb Hospitals, contact your Program director or supervising physician immediately to obtain first aid treatment. If there is a more serious injury, medical treatment will be arranged through the appropriate medical facility. A Quality Management Report ([RL form](#)) must be completed to document any injury. It is important to complete this form as it allows the hospital to monitor incidents and/or injuries and make necessary changes to prevent further such instances. The completion of the form is also generally the first step in documenting an injury for any sort of disability reimbursement.

## HIPAA

HIPAA regulations require the protection of patient information:

- All personnel are responsible for protecting the confidentiality of patient information and preventing unauthorized access and use of patient information, whether communicated electronically, on paper, or orally
- Before giving out patient information, think privacy first.
- Use reasonable safeguards to maintain confidentiality of patient information.
- **Under no circumstances is it acceptable to access the information of persons known to you, including friends, family, associates, co-workers or public figures. The only exception to this rule is when it directly relates to your job responsibilities.**

The term "Protected Health Information" or patient information includes information that identifies a person (e.g., name, medical record number, social security number, or phone number). It also includes information about that person's health status or condition, or payment for healthcare services.

All house officers are required to complete a HIPAA education module through the HFHS University, the electronic learning management. Additional HIPAA training is provided at the program level.

All house officers must comply with [System HIPAA Policies](#). [What you need to know about HIPAA privacy rules](#) summarizes key points.

## Infection Control

Henry Ford Health System has an active and comprehensive Infection Control Program designed to protect employees, house staff, patient, and visitors. Infection Control, along with support from Employee Health Services, provides education and management of communicable disease exposure and immunizations. Infection Control staff conduct surveillance for hospital/procedure associated infections and targeted environmental studies.

Each house officer receives infection control information during the orientation program and throughout the residency training curriculum. An infection control learning module is assigned to house staff through the HFHS University for review and completion each year.

House staff are expected to comply and practice Standard Precautions, including good hand washing technique at all times. Personal protective equipment (such as gloves, gown, facial protection, etc.) is provided in all work areas to help prevent exposure to blood and other potentially infectious materials.

Contact Infection Control Practitioners, Carole Backman at extension 2860, Stephanie Borngesser at extension 2863 and Rose Maron extension 2862 or contact Infection Control at <https://henry.hfhs.org> for additional information, educational needs, concerns or comments.

## **Personal Safety**

Pleasant work conditions include an environment of safety that promotes well-being during your training program. Good housekeeping, attentiveness to potential hazards and consideration for colleagues all play an important role. Practicing good safety measures during your training also reduces the risk of hazards to your health and well-being. A learning module detailing elements of professional safety is assigned to each house officer during orientation.

## **Safety Events**

Henry Ford Health System believes in a “Just Culture” that encourages personnel self-disclosure and continual delivery of high quality services. HFHS wants all personnel to feel safe to speak-up and speak-out about reporting of adverse events, near misses, existence of hazardous conditions and related opportunities for improvement as a means of identifying systems changes and behavior changes which have the potential to avoid future adverse events. [Human Resources Policy #5.24 Response to Safety Events](#) provides details.

## **Security & Identification Badges**

HFHS is committed to providing patients, visitors, employees and house officers with a safe environment.

To help with maintaining a secure workplace, all house officers are required to wear identification badges at all times while on HFHS property. Badges are to be worn chest high and may not be defaced, or used to display pins or other decorative items. Lost or stolen badges must be reported to Security immediately. Wearing identification badges and taking normal precautions helps reduce the risk of theft in the workplace. Do not bring large amounts of money or valuable items to work, since HFHS cannot be responsible for the loss or theft of personal items. House officers are encouraged to secure personal belongings in designated lockers.

HFHS reserves the right to inspect any packages brought into or out of the building. Incident investigations may require inspection of lockers, desks, and/or workstations. A package pass signed by a Program director should be used when removing any HFHS property from the premises.

## **Theft**

Any house officer who is victim to stolen property should contact Security Administration immediately and file an incident report.

The practice of house staff routinely helping themselves to various things belonging to HFHS is not tolerated. Any house officer that steals or misappropriates HFHS property, patient property, visitor property, or the property of colleagues, regardless of the value, may face disciplinary action up to and including termination.

## **Tobacco-Free Environment**

HFHS, all buildings and property, are designated a tobacco-free environment. As a health care system, it is important that we strive for a positive tobacco-free image. [Human Resources Policy #5.14 Tobacco-Free Environment](#) provides details.

## **Violence**

It is the policy of the Henry Ford Health System to provide a safe and non-violent environment for house officers. [Medical Education Policy #222 Workplace Violence](#) provides details.

## **Weapons**

Firearms, knives or any other weapons are not authorized in all properties, buildings owned or leased, by Henry Ford Health System. For everyone's safety, the carrying, possession or storage of firearms and other dangerous weapons, by any patient, visitor, employee, staff, vendor, contractor, student, contingent or volunteer on Henry Ford Macomb Hospital property is prohibited. Possession of any weapon not authorized by HFHS will result in disciplinary action up to and including termination. The [Environment of Care \(Safety\) Manual Policy #2.16 Dangerous Weapons Prohibited in Weapons-Free Zone](#) provides details.

## **PROGRAM COMPLETION**

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### **Certificate of Program Completion**

Graduating residents and interns (Option 3) receive a certificate at the completion of their program at Henry Ford Macomb Hospitals. All HFHS osteopathic programs are sponsored by Michigan State University College of Osteopathic Medicine in addition to holding a membership in the Michigan Osteopathic Postgraduate Training Institution (OPTI) of Michigan State University College of Osteopathic Medicine. All certificates are created and signed by MSUCOM administrators as well as by the HFMH director of medical education and the program director. Interns completing an Option 1 or 2 year will be given a letter of completion for the internship training year.

Certificates and/or letters of completion will only be issued upon completion of all program requirements including but not limited to: resident's evaluation of training for each rotation; preceptor evaluations of resident training for each rotation; logs and other required documentation and training requirements. Additional administrative requirements that must be met in order to receive a certificate and/or letter of completion are the return of all library materials, pagers, I.D. badge and other hospital owned materials.

The Medical Education Office will notify the resident and program director of deficiencies in the resident document file as soon as possible. Verification of program completion letters will not be processed until the file is complete. The resident is solely responsible to provide the Medical Education Office with the missing or incomplete documentation, at which time the program completion certificate will be issued and verification letters will be processed.

Unclaimed certificates will be held in the medical education office for a period of 1 year. After which time the certificate will be discarded and replaced at the graduate's expense.

### **Clearance Procedure**

House officers completing a graduate training program are required to complete a "House Officer Clearance Form" prior to the last day of training to ensure that there are no outstanding issues requiring resolution prior to their departure. This process is MANDATORY in order to allow for processing of termination. In addition to the required signatures, the anticipated plans of the house officer and a forwarding address and email address are

requested. This information enables the medical education office to respond appropriately to various surveys and ensures that you receive your current year W-2 for filing federal, state and city tax returns.

## **Cobra Insurance**

Continuation of health benefits will be offered upon graduation, termination, or resignation. Within 30 days of the end of employment, the former house officer will receive written information via mail from HFHS Employee Services regarding the COBRA process and options. Upon receipt of the information, house officers may elect to continue benefits and accept responsibility for payment on a month-to-month basis. Should the former house officer elect to continue his/her benefits, coverage will be continuous and retroactive to the termination date.

## **Verification of Training**

House officers who require verification of training for hospital privileges, prospective employers, and lending agencies must send a request in writing to the medical education office for processing.

## **Termination**

The Program director is responsible for notifying the Medical Education office, in writing, in the event that a house staff must terminate his/her training earlier than anticipated. The house staff must complete the clearance procedure, as stated above, prior to leaving the institution in order to receive a final paycheck.

## **GENERAL PROCEDURES and RESPONSIBILITIES**

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### **House Staff Supervision**

Faculty supervision of house staff clinical activities must comply with AOA/CPME program requirements and/or HCFA guidelines.

Senior house staff should be cognizant of the level of competence of house staff and medical students under their supervision in assigning clinical responsibilities. The [Medical Education Policy #402a Work Hours and Call Activities](#) provides details about oversight for duty hours and reporting violations.

### **Evaluation of House Staff, Faculty, and Programs**

The Director of Medical Education and individual Program directors must ensure that the following timetable for evaluation is met:

1. A written evaluation of each resident:
  - a. Must be conducted each month at a minimum for first year residents or at the end of a rotation lasting more than one month for residents.
  - b. Must be signed (on paper or electronically) by the resident (and residency program director if a resident) to acknowledge receipt and a signed copy must be reviewed by the DME or ADME and be kept on file (either in paper or electronically).
2. The residency program director must meet on a regular basis with each trainee to evaluate their progress in the program, following, at minimum, AOA, ACGME and CPME guidelines, either quarterly or semi-annually.
3. Evaluation of program faculty:
  - a. Residents must be provided with an opportunity to evaluate the program faculty in writing/electronically at the conclusion of each rotation
  - b. A confidential copy will be kept on file.
  - c. Summary reports of trainee evaluations of faculty and teaching services will be distributed to program faculty on a regular basis.
4. Evaluation of the educational program:



- a. Residents must be provided with an opportunity to evaluate their educational program at least once annually, in writing. Program directors are encouraged to conduct an exit evaluation at graduation.
5. Nursing Evaluation of Residents:
- a. Some programs request that nursing staff specific units evaluate residents either quarterly or semi-annually. These evaluations are designed to provide information on resident performance from the nursing standpoint.

### **Annual Reports**

The AOA and specialty colleges require that residents complete an annual report. Reports can be located at specialty college web sites. Please keep track of your cases for entry in these reports. A printed copy of the annual report must be turned in to the medical education office 30 days before the end of the annual contract. The Medical education office will not award certificates of program completion until these forms are completed and turned in. Specialty colleges will notify the Medical education office of completion of the annual report requirement. Failure to comply with the submission of this report may result in performance improvement.

### **House Staff Teaching Duties**

A major responsibility for residents is the teaching of medical students, and other residents. Residents actively participate, based on their level of training, in both informal education and in assigned formal conferences. Failure to comply with teaching assignments may result in performance improvement.

Medical students are physicians in training and require close supervision. First year residents review and sign each history and physical done by a student physician on their service, making appropriate corrections as necessary, and providing feedback to the student physician. First year residents are responsible for the activities of the student physician on their service. A resident must co-sign the student's history and physical exam, admitting note, and all orders written by the student.

During call hours, residents must have available an on-call list of attending physicians they may contact for assistance and supervision of the respective patients. Physicians are encouraged to review care given to their patients by residents and to participate in evaluation of this care with the residents.

### **Leaving an Assigned Hospital during a Rotation**

Medical students and residents may not accompany an attending physician to another hospital without written affiliation approval from the Medical Education Office. Malpractice and liability insurance will not cover members of the house staff outside of scheduled rotation sites.

### **Changes to Rotation Schedules**

If a change is made in a resident's schedule after it has been submitted to the medical education office, it is the resident's responsibility to be certain that the change has been recorded in his/her master schedule in the medical education office. Changes must be submitted in writing to the Program director and approved by the Program director. Failure to follow these procedures may result in performance improvement.

### **Prescription Writing for Residents**

Residents **may not** provide prescriptions to Hospital employees unless the employee is a Hospital patient or a patient in the ambulatory clinical panel of the trainee. Hospital employees requesting a prescription should be informed of this policy and requested to seek the assistance of an attending staff physician for their medical needs.

### **Prohibition of Consultant, Private Practice, or Attending Status during Training**

All residents are specifically prohibited from acting as a consultant, engaging in a private specialty practice, or maintaining attending status during the residency program.

## **Professional Conduct**

Every physician will be tactful, regardless of the difficulty of any situation in which they are involved. Physicians must maintain a courteous and respectful manner toward patients, family members, and all personnel with whom they come in contact at all times. Members of the house staff must observe confidentiality guidelines at all times. Disagreement regarding schedules and other issues should be dealt with within the residency program by the Program director and DME. As necessary, the medical education office will provide assistance, suggestions, and input.

## **Education Session Attendance**

First year residents are required to attend all structured didactic programs while in house (unless scrubbed or involved in an emergency) including:

- Department education meetings on an assigned service (check the schedule for your services)
- Journal clubs on an assigned service (check the schedule for your service)
- Any other educational programs on an assigned service
- Statewide Campus System educational programs as appropriate
- Any hospital-sponsored CME program may be attended free of charge
- Any special programs assigned by the Director of Medical Education

Henry Ford Hospital operates a separate schedule of didactic program activities. Residents assigned to a rotation at Henry Ford Hospital assume responsibility for attendance at these sessions.

Sign in sheets and/or evaluation sheets record attendance at all meetings and must be completely filled out at each session.

The medical education office develops and distributes monthly schedules of education sessions to all members of the house staff and medical staff. In addition, the Medical education office posts notices of sessions in the hospitals.

Absence from more than 20% of scheduled lecture programs while on a rotation assignment will result in remediation as determined by the program director. More than three months with greater than 20% absence may result in a performance improvement plan including suspension from the training program.

## **First Year Resident Goals, Duties, Responsibilities**

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The medical education committee has established the following broad goals for residency training which meets or exceeds the goals of the American Osteopathic Association and the Michigan OPTI, the Statewide Campus System of Michigan State University College of Osteopathic Medicine and the Council on Podiatric Medical Education:

- To provide appropriate clinical training experiences so that first year residents may identify, analyze, and solve the more common diagnostic and therapeutic problems of medical, surgical, and obstetrical patients, both ambulatory and hospitalized, in adult and pediatric age groups.
- To provide a systematic program of didactic experiences to assist first year residents in the organization and reinforcement of basic competencies; and to provide the opportunity to acquire new knowledge, skills, and attitudes that will provide the base for continuing education.
- Each residency experience is designed to increase responsibility in the diagnosis and management of patients.
- Each residency experience provides exposure to and contact with patients in a wide range of health care delivery settings.
- Each resident is responsible to contribute to the learning of others.
- Each resident assumes responsibility for independent study.
- Each resident has chosen a training program because she/he believes that it affords a superior opportunity to develop clinical skills.

Patient care is the principal method by which physicians in training gain clinical knowledge, skills and attitudes. While the trainee's education is of paramount importance, there will be a certain portion of patient care that will be a service to the patient, the attending physician, and the training setting. There is rarely a clinical experience that does not have some educational component to it. Flexibility and understanding are important attitudes for the first year resident to develop and practice as the training program strives to achieve an appropriate balance between education and service. Cooperation is essential to provide all aspects of patient care to qualified trainees.

First year residents care for patients within their level of expertise. This expertise will expand as training progresses. Resident physicians and attending staff are available to discuss any diagnostic or management decision about which there is uncertainty. First year residents will not be left unsupervised to care for patients beyond their expertise. Appropriate discretion and judgment are important attributes when any doubt exists or when confirmation of a trainee decision is indicated.

All residents must remain members of the AOA throughout their training.

### **First Year Resident Logs and Evaluations**

An appropriate trainer (attending physician in most cases) evaluates each resident at the completion of each rotation either electronically or in writing. During the last week of each rotation experience, each resident should request a meeting with his/her primary trainer to complete or review their performance. At this meeting, the trainer should provide a verbal as well as electronic or written evaluation of the resident's overall performance during the previous month. Each resident must complete an online "Service Evaluation" at the conclusion of each rotation. In addition, residents will be assigned confidential evaluations of the faculty for electronic completion. Completion of a service evaluation for each rotation is a requirement for completion of the first year of training. Failure to complete evaluations within **15 days** of completion of a rotation may result in performance improvement up to and including suspension from the training program.

First year residents must complete monthly logs in the web based elogs application or other applications, based on specialty college requirements. Logs are to be printed each month. The attending physician who supervised that rotation should sign the paper copy of the log. First year residents must submit the signed log to the medical education office within **15 days** of the end of each month of training. The Program director will review and sign first year evaluations and logs when they arrive in the office. First year residents should retain copies of their logs for their own use and records.

### **First Year Resident Duties and Responsibilities**

The first year resident's primary responsibility is to follow the requirements of the specialty service that s/he is rotating with each month. Residents are excused from their monthly service rotation's requirement for continuity clinic and their program's SCS education day. Residents are not excused for their track program requirements if they are on an ICU rotation. Please see the First Year Residency Goals and Objectives for specific information related to key rotations.

### **First Year Resident Teaching Service Responsibilities**

- History and Physical examination
- Daily progress notes
- Order writing in conjunction with the attending physician
- Follow-up on seriously ill patients at least twice a day or as often as necessary
- There is often more than one way to manage a patient. If there is conflict or controversy over management of a patient, the Attending Physician is responsible for the management plan. If you are at any time uncomfortable with the management plan of the Attending Physician, consult the Program director.
- Hours of duty will be established by the specific service rotation
- Attendance at teaching conferences is mandatory for all residents. Residents will report on time to all teaching conferences (morning report, noon lectures) unless attendance at a teaching conference will interfere with emergent patient care.

- Patients being treated and admitted from the Emergency Department have top priority. Please respond expeditiously to calls to see patients in the Emergency Department. Residents, in consultation with the Attending Physician, are responsible for initial assessment of the patient, including: a) history and physical, b) progress notes; 3) orders; 4) management plan. Once the Emergency Department has evaluated a patient and determined that the patient will be admitted, the Admitting Teaching Service is responsible for the patient.
- When leaving the service, the resident will write an off-service note for the incoming resident. The note will summarize the management plan for all patients on the service. When leaving duty, the resident signs out critical patients or seriously ill patients to the resident on call.
- At times it may be possible for the resident who is not assigned to evening coverage duties to leave at 1800 pm, provided all of the following criteria are met:
  - The Attending/Teaching Physician of the service to which the resident is assigned has completed all patient rounds and procedures and approves the request for “early out.” The resident must sign out to the on call resident prior to leaving.
  - The Attending/Teaching Physician has not specifically requested that the resident remain available in the hospital until 1900
  - There are no known patient admissions in progress for the resident’s service through the Emergency Department or the Admissions Office lists. The resident must check these areas to determine the status of pending admissions. If there are patients on the admission list prior to 1800, the resident must wait until at least 1900 for the patient to arrive.
  - Medical students on the resident’s service must have completed all their scheduled H&Ps and written orders and formally reviewed them with the resident. The resident is responsible for all written patient orders.
  - There are no known acute patient problems or potential procedures pending involving the resident’s assigned service.
  - The resident has personally contacted the House Officer of the day to determine if he/she needs any assistance in completing pending patient care duties. The resident will do what is needed to ensure that patient care is completed in a timely fashion.

### **First Year Residency Continuity Clinic Assignments**

Residents in some specialty tracks will be assigned a weekly ambulatory continuity clinic experience during the entire first year. Residents on this assignment follow the operational and patient care rules and regulations of their assigned ambulatory clinic. The Clinical Instructor in the Ambulatory Continuity Clinic must provide prior written approval for any time off that involves absence from regularly assigned clinic duty in addition to other signatures required on the Absence/Vacation Request form. The Medical education office will forward a completed copy of the form with all necessary signatures to the ambulatory clinic site. AOA/CPME training guidelines carefully specify the number of ambulatory site training days required in the training year. Residents must make up any time off to meet AOA/CPME requirements.

Ambulatory continuity clinic attendance remains a requirement while on Henry Ford Hospital rotations. The only exception to this policy is for MICU and SICU rotations at Henry Ford Hospital. **Residents are responsible for notifying their clinic instructor and scheduler as soon as they are aware of their ICU rotation month to ensure that the clinic instructor will know about the resident’s absence.** Time missed while on HFH MICU or SICU must also be made up to fulfill AOA training requirements.

### **Residency Goals, Duties, Responsibilities**

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The medical education office maintains and provides upon request specific goals for each residency, as well as specific program descriptions including objectives, curricula, and other pertinent residency material. Duties and responsibilities of residents vary based on specific residency and level of training. The program description for each residency contains a complete description of these duties and responsibilities.

## **Educational Goal and Objectives for Residency Training**

Goal: To insure the delivery of quality education to all residents, training in the program through the development of educational activities consistent with AOA standards, departmental resources and house staff expectations.

Objectives:

- Provide regularly scheduled formal didactic activity within each program. Minimally, 8 hours per month of formal education must occur unless AOA standards mandate otherwise. The educational sessions may be scheduled at the discretion of the program as individual one-hour sessions or in block time consistent with the needs of the program.
- Utilize either standard educational formats or innovative ideas for the delivery of educational programs. Activities such as book and journal clubs, clinical pathological conferences, procedural labs, or standard lectures would meet the expectations. Daily bedside rounds are not considered formal academic activities though are an expected part of any educational program. Surgical scrubbing is not formal academic activity.
- Development and delivery of the educational program is the responsibility of the program director.
- Development of attendance policies and their enforcement are the responsibility of the program director.
- Evaluation of program quality will be the responsibility of the graduate medical education committee through house staff evaluation of services, formally written documents initiated from other departments, internal review reports, and through AOA program reviews. Other sources of program concerns may be addressed at the discretion of the graduate medical education committee.

## **Research Papers**

Specialty colleges may require one or more research papers of a quality suitable for publication. The paper(s) may be a one-year, two-year, or three-year study, depending on the college requirements. See published AOA Standards at the AOA web site for your program requirements. The Education Committee of your program must approve an annual update on a research project each year. The specialty college must also approve an extended study if it is a two- or three-year project.

The original paper must be completed and signed by the Program director, unless otherwise required by the Specialty College. Papers must be submitted to the Medical education office no later than 30 days following the last day of your contract. After that date, the resident is responsible for sending the paper to the Specialty College. If a resident has not submitted a paper to the Medical education office within thirty days of the last day of contract, residents leaving the program will not receive a certificate of completion until the medical education office is notified by the specialty college of receipt and acceptance of the paper. Failure to comply with these policies may result in performance improvement.

## **Duties of Chief Residents**

- Establishes and maintains a forum for hearing the concerns of all residents in his clinical program.
- Creating call schedules
- Acts as a liaison between residents and the medical education office.
- Ensures supervision for clinical activities for all students and junior residents.
- Participates in the House Staff Council

## **Clinical Information & Policies**

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### **Police Cases and the Media**

Attempt to cooperate with police officials at all times, especially in terms of providing information regarding patient identification and the nature of a case. Refer requests from the media to the administration office, administrator on call or the attending physician on the case. In the Emergency Department, the emergency medicine physician on

duty handles all requests. **House officers are prohibited by HFHS policy from discussing or releasing information to the media.**

### **Medical Examiner's Cases**

According to *Act No. 92 of the Public Acts of 1969*, any physician, any person in charge of any hospital or institution (jail, convalescent home, etc.,) or any person who has first hand knowledge of a reportable death will immediately notify the Medical Examiner on call. When in doubt, or if questions arise, check with the attending physician or resident on the service. Reportable Medical Examiner's cases:

- Death by violence (shooting, stabbing, beating, drowning, poisoning, etc.)
- Accidental deaths (auto, burns, falls, etc.)
- Sudden and unexpected deaths from causes unknown (where deceased was in good health).
- Deaths occurring without medical attendance by a physician within 48 hours prior thereto unless a reasonable natural cause of death can be certified. A person, however, who has been seen by a physician within eight hours of death, is not a Medical Examiner's case unless the death falls within other categories enumerated.
- Deaths under suspicious or unusual circumstances.
- Deaths resulting from or associated with any therapeutic procedures. Deaths during anesthesia should also be reported.

In any case described under #6 above, a body may not be removed until after notice of death is given and removal of the body is approved by the Medical Examiner. Failure to give proper notice may have serious consequences. In doubtful cases, report to the Medical Examiner for his determination and advice:

- Specimens. Any portions of blood or urine samples collected during the subject's hospital or institution stay should accompany the body to the Medical Examiner's office (for toxicological analyses) whenever possible. All medications and medication containers are also required. Do not remove any catheters or drains from the body before transferring to the Medical Examiner.
- Clothing. Clothing of all possible homicide or accident victims must be transferred to the medical Examiner's office with the body.
- Medical Records. Medical records of individuals who come under the jurisdiction of the Medical Examiner's office should be available when the body is transferred from the hospital.

### **Significant Changes in Patient Status**

The family and attending physician must be notified when any patient's condition changes enough to warrant transfer to the ICU or if any complication of unusual circumstance related to patient care occurs. All services involved in caring for the patient must also be notified.

### **CODE BLUE Protocol (Cardiovascular and Pulmonary Emergencies)**

At Henry Ford Macomb Hospitals, the intern/resident is to respond to the Code Blue and assists the Code Team as directed by either the Nursing Supervisor or the House Physician.

### **Death of a Patient**

The resident must notify all Attending Physicians identified on the patient's chart if the patient expires. The resident must also take appropriate steps to notify the family.

### **Osteopathic Diagnosis and Treatment**

An osteopathic structural examination is a required component of the physical examination of all patients admitted to the hospital under the care of an osteopathic physician. The examination shall be recorded on the approved osteopathic structural exam form on each chart. It is not required that osteopathic treatment is done, but an examination is mandatory. When the patient's condition is critical or if the examination cannot be completed for any other reason, the chart should document this with a simple statement of explanation.

## **Certification in Invasive Procedures**

House officers must be evaluated and approved to perform specific invasive procedures without direct supervision. Each house officer is to enter procedures completed under supervision into the procedures component of MyEvaluations.com. Each procedure has a specified number to be completed successfully under supervision. Once a resident has achieved the specified number, MyEvaluations.com will list the resident as competent to perform the procedure without supervision. Each computer in clinical areas has an icon to look up and verify resident competencies.

## **Surgical Service: H&P Policies and Procedures at Henry Ford Macomb Hospital**

All trainees, including students and residents on general surgery, orthopedics, urology, ENT, ophthalmology, anesthesia, vascular surgery, and neurosurgery will be responsible for the H&Ps on all surgical services including patients scheduled for pre-admission testing.

- The surgical resident will assign these H&Ps to trainees with supervision by the chief surgical resident or designee.
- Trainees will return from offices and other outside activities at the close of the day to complete assigned H&Ps.
- Trainees will not be required to break scrub to perform an H&P except in the event of an emergency.
- H&Ps will be assigned by service. When trainees are in the OR, trainees from off service will perform off service H&Ps.
- H&Ps will be assigned in the following order by the general surgical first year resident:
  - On service extern will be called first
  - On service first year resident will be called second
  - Off service extern will be called third
  - Off service first year resident will be called fourth
  - The resident on service will be called last.
- Patients will wait no longer than one hour.
- The Surgery Center will document all problems as they occur and present them to the DME and the OR Task Force.

This policy applies during normally scheduled work hours. First year residents are responsible for H&Ps on every patient, both medical and surgical, admitted either directly or from the emergency room. Admissions called to first year residents must be accepted until 30 minutes before the scheduled end of the shift. Individuals coming on shift will take admissions from 30 minutes before the start of the shift until 30 minutes before it ends. If a first year resident is released from service early and an admission comes to the service prior to the resident's departure, the resident is responsible for that admission.

House staff assigned to the service, student or resident, are responsible for performing H&Ps. If the house staff is not available for reasons outlined in their job description, the H&P becomes the responsibility of the House Officer.

## **Intensive Care Rotations at Henry Ford Macomb Hospital**

Henry Ford Macomb Hospitals' first year residents use the following protocol while on the ICU rotation:

- Night float rotation coverage by senior resident and first year resident scheduled in the ICU rotation.
- No vacation during ICU month.
- Residents are relieved of continuity clinic responsibilities and SCS education events while assigned to the ICU.
- House staff must complete daily work rounds and progress notes on all cases with medicine service participation. The ICU resident has primary responsibility rather than the resident on the participating service.
- The ICU resident completes the admission order to the ICU. The ICU resident completes transfer notes on patients being transferred to other patient care units or facilities.

- House staff assigned to the ICU are to attend daily teaching rounds with the ICU attending physician.
- House staff should attempt to make daily contact with the managing attending and attempt to round with the attending of record.
- ICU house staff complete reading assignments.
- At the end of each month, the ICU house staff writes end-of-service notes on each patient being followed by the unit team.
- ICU house staff performs sign out rounds with the oncoming attending at the end of each shift.
- House staff are not to miss shifts during the ICU assignment. Should other activities be assigned during an ICU rotation, the medical office must be contacted immediately to reschedule that activity.

### **Notification of ICU Admissions**

Regarding communication for admissions to the ICU: to enhance patient safety and care, especially after hours, the following protocol will now be followed for all ICU admissions.

- The ICU Intensivist or Resident on call will be notified of all ICU admissions prior to their transfer to the ICU. This includes ER cases, OR cases, and transfers from the inpatient units.
- The ICU team will write ICU orders, if available. If not, the transferring physician will write the transfer orders.
- The Surgical team will continue to write admission orders for surgical patients.
- The Intensivist will be notified immediately of any patients that are deemed unstable and needing immediate interventions. If not on call, the covering physician will be notified.
- The ICU nursing staff will be notified by the ICU Intensivist or Resident of all incoming admissions to ensure appropriate orders and transfer of care has been achieved.
- To ensure compliance to this protocol, the ICU nursing staff will be instructed to hold admissions in cases where the ICU Intensivist or Resident has not been notified.

### **Medical Records Policy**

Medical records reflect patient care, and the medical record is evaluated on the basis of whether or not it contains sufficient recorded information to justify the diagnosis and warrant the treatment and result. Hospital care is evaluated primarily on the completeness and accuracy of medical records. Medical records are confidential information, property of the hospital, and may not be removed from premises.

**Incident Reports:** When called by nursing, for example, to evaluate a patient who has fallen, evaluate the patient and, in the chart, write a progress note why you were called, physical exam, assessment, and plan. Do **NOT** write in the progress note that a red form was completed. Contact the Medical education office if you have any questions regarding this policy. Patient and employee injuries are to be reported to the hospital risk management department.

H&Ps are assigned to interns based on their service assignment when possible. The resident's beeper number should follow their signature in the medical record.

### **Requirements for Medical Records:**

- **History:** A complete history must be taken within 24 hours after admission. The type and scope of the history shall be determined by the nature of the case. The history must include the following:
- **Chief Complaint:** The major reason that the patient is seeking treatment. Use patient's own words. State date of onset (not "last Monday"). In accident cases, be specific about time, place, and type of injury.
- **Present Illness:** An orderly resume of the onset and course of the illness. This portion of the history must be recorded in detail because the diagnosis and treatment are contingent upon these facts.
- **Past History:** A summary of the patient's previous health status. State type of surgery, date, where done, etc. In admitting cancer patients, be specific as to the exact year the cancer was diagnosed and what type of treatment was administered at that time.
- **Family History:** A record of hereditary and/or infectious disease. Do not use the term "not significant" or "non-contributory."
- **Inventory of Systems:** A review of the entire body to help determine the treatment to be prescribed.



- Physical: A complete physical examination must be made within 24 hours after admission, and a working (provisional) diagnosis shall be recorded on the medical record. **Osteopathic musculoskeletal examinations must be performed on all patients with an osteopathic attending physician except when contraindicated.** The findings must be recorded in narrative form on the physical examination record. The physician performing the examinations must sign all histories and physical examinations. These will later be co-signed by the attending physician. All signatures should include the date and time, as well as beeper number.
- Physician's Orders: All orders must be timed, dated, and signed, including beeper number.
- Admitting Note: An opening paragraph briefly stating the chief complaint, the symptoms and physical findings that led to the working diagnosis, the expected therapy, and possible consultation.
- Progress Note: Progress notes give a chronological picture and analysis as well as the clinical course of the patient. All significant physical changes, new signs and symptoms, complications, and treatment given but be recorded. Progress notes shall describe in proper continuity the course, progress, treatment, and disposition of the case.
- Final Progress Note: Includes a brief review of the patient's hospital stay, condition on discharge, and disposition of the case. The final note shall also describe the termination of the physician's responsibility of the hospitalized patient. Every progress note must be dated, timed, and signed by the physician writing that note. All entries in the medical record must be legible and in black ink. Under no circumstances are portions of the medical record or the entire medical record to be removed from nursing units.