

**THE CHILDREN'S MERCY HOSPITAL
PEDIATRIC SURGERY TRAINING PROGRAM POLICIES**

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Definitions:

“Appointment” is the Resident’s appointment to the Program, in accordance with the terms of the Post-Graduate Training Agreement;

“ACGME” means the Accreditation Council for Graduate Medical Education;

“Agreement” means the Post-Graduate Training Agreement between a Resident and the Hospital outlining the terms and conditions of the Resident’s Appointment to the Program;

“Board” means the examining or certifying board that is approved by the Council of Medical Education of the American Medical Association and the American Board of Medical Specialties;

“Drug” means:

- a) any drug which is illegal under federal, state or local laws, including but not limited to marijuana, heroin, hashish, cocaine, hallucinogens, and depressants and stimulants not prescribed for current personal treatment by an accredited physician;
- b) alcohol; or
- c) any other substance causing altered behavior;

“Graduate Medical Education Council” (GMEC): a committee of our sponsoring institution (The University of Missouri at Kansas City) that has the responsibility for monitoring and advising on all aspects of residency education. Voting membership on this committee includes residents nominated by their peers as well as program directors, administrators, faculty and the accountable DIO. The GMEC of UMKC includes the pediatric residency program directors and the Chairman of the Department of Pediatrics.

“Hospital” means The Children’s Mercy Hospitals and Clinics, a not-for-profit corporation, including its Medical Staff, administration and committees of each;

“Impaired Resident” means a Resident who:

- a) engages in the illegal use of drugs;
- b) uses alcohol or is under the influence of alcohol while providing services at the Hospital or while participating in any aspect of the Program; or
- c) is unable to perform the essential functions of his position, with or without an accommodation, without posing a direct threat to the health or safety of the Resident or others.

“Intervention” means a confrontation of a Resident by a representative from the Missouri Physicians Health Program, two members of the Resident Medical Education Committee, and other persons beneficial to the process;

“Medical Staff Education Committee” means the committee at the Hospital that has institutional oversight for all post-graduate medical education at the Hospital;

“Monitoring” means, with regard to an impaired Resident, the longitudinal follow-up of the Impaired Resident to ascertain compliance with recommendations of the evaluation and treatment programs;

“Program” means the specialty training, comprising a series of learning experiences in post-graduate medical education at the Hospital;

“Program Director” means the administrative director of the Program as designated by the Hospital;

“Resident” means an individual at any level of post-graduate medical education participating in a Program conducted by the Hospital. Trainees in subspecialty Programs are specifically included.

“Sponsoring Institution” means the institution that assumes the ultimate responsibility for a program of Graduate Medical Education.

Words used in these Policies shall be read as the masculine or feminine gender, as the content requires. The captions or headings are for convenience only and are not intended to limit or define the scope or effect of any provisions of these Policies.

SECTION I EDUCATIONAL POLICIES

1. Selection Criteria and Appointments to the Program

All applicants will complete an application form and submit it through ERAS (Electronic Residency Application System). This data will be compiled and reviewed by the Program Director. He/she will select applicants for interview based on academic achievement, professional qualifications, personal statement, written letters of recommendation, Dean's letter, community activities, Board scores, and any other contributing information included in the application.

The applicants invited for interview will arrange an interview date. The applicant will be responsible for overnight housing and transportation.

The interview will include individual interviews with the Program Director, the teaching faculty, and the residents. During or prior to the interview day, the applicant will be advised about salary, vacation, professional leave, sick leave, professional liability insurance, health insurance benefits, call rooms, meals on call, and parking.

At the end of the interview period, a Resident Selection Committee consisting of the Program Director and teaching faculty will review each candidate. The candidates to be ranked will be placed in order based on clinical ability, academic performance, interpersonal skills, integrity, judgment, motivation, honors, accomplishments, research, maturity, confidence, and ability to communicate. The rank order list will be forwarded to the National Resident Matching Program (NRMP) prior to the published deadline. Occasionally, candidates will be selected outside the NRMP in compliance with NRMP rules. It is the policy of the Hospital not to discriminate on the basis of race, color, national origin, gender, sexual orientation, age, religion, disability, or other basis prohibited by law in admissions or access to, or treatment or employment in its programs and activities, or in the provision of physician/staff privileges.

Term of Residency

The duration of each Program is two years. Acceptance into the Program is considered a commitment by the Resident and the Hospital to completion of the Program, subject to the terms of the Agreement. Agreements are offered on a yearly basis if performance is satisfactory to warrant advancement.

Training Agreement

Appointment to the Pediatric Surgery Training Program is documented by a completed and signed copy of the Pediatric Surgery Training Program Agreement. The Agreement and these Policies specify the Resident's responsibilities, financial support and benefits to be provided, duration of Appointment and conditions for reappointment, and policies regarding professional activities. Residents are

additionally subject to policies and procedures addressing employees and clinical practice.

2. Performance Evaluation

Performance evaluation is an essential component of the Program. The Program Director, with participation of members of the teaching staff, shall:

- 1) At least semi-annually, evaluate the knowledge, skills and professional growth of the Resident, using appropriate criteria and procedures.
- 2) Communicate each evaluation to the Resident in a timely manner.
- 3) Advance Residents to positions of higher responsibility only on the basis of their satisfactory progressive scholarship and professional growth.
- 4) Maintain a permanent record of evaluation for each Resident and have it accessible to the Resident and other authorized personnel.

A written final evaluation will be provided for each Resident who completes the Program. The evaluation will include a review of the Resident's performance during the final period of training and verify that the Resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation will be part of the Resident's permanent record maintained by the Hospital. Resident evaluation files are confidential and available only to the Resident and the Program Director.

Guidelines for performance evaluation are provided by the ACGME. These guidelines highlight areas most important to adequate performance as a physician. Additional areas may be evaluated including, but not limited to, observance of Hospital and medical staff policies and procedures, and satisfactory and timely completion of medical records.

Attendance at the Program's educational conferences will be monitored.

Residents will participate in the American Board of Surgery in-training examinations each February.

The training programs of the Children's Mercy Hospital embrace the goal of competency based evaluation. Each section of the Hospital is currently defining the specific knowledge, skills and attitudes required for residents to demonstrate competency on each rotation. Each section will be developing tools to measure core competency. The program director will review data from all rotations and assure that each resident attains competency in the six core areas: 1) patient care, 2) medical knowledge, 3) practice-based learn/ing and improvement, 4) interpersonal skills, 5) professionalism, and 6) systems-based practice. Details regarding these six core competencies are listed below.

PATIENT CARE

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents are expected to:

- communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families
- gather essential and accurate information about their patients
- make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
- develop and carry out patient management plans
- counsel and educate patients and their families
- use information technology to support patient care decisions and patient education
- perform competently all medical and invasive procedures considered essential for the area of practice
- provide health care services aimed at preventing health problems or maintaining health
- work with health care professionals, including those from other disciplines, to provide patient-focused care

MEDICAL KNOWLEDGE

Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavior) sciences and the application of this knowledge to patient care. Residents are expected to:

- demonstrate an investigatory and analytical thinking approach to clinical situations
- know and apply the basic and clinically supportive sciences which are appropriate to their discipline

PRACTICE-BASED LEARNING AND IMPROVEMENT

Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. Residents are expected to:

- analyze practice experience and perform practice-based improvement activities using a systematic methodology
- locate, appraise and assimilate evidence from scientific studies related to their patients' health problems
- obtain and use information about their own population of patients and the larger population from which their patients are drawn
- apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness
- use information technology to manage information, access on-line medical information, and support their own education

- facilitate the learning of students and other health care professionals

INTERPERSONAL AND COMMUNICATION SKILLS

Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients' families, and professional associates. Residents are expected to:

- create and sustain a therapeutic and ethically sound relationship with patients
- use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills
- work effectively with others as a member or leader of a health care team or other professional group

PROFESSIONALISM

Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Residents are expected to:

- demonstrate respect, compassion and integrity; a responsiveness to the needs of patients and society that supercedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development
- demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities

SYSTEMS-BASED PRACTICE

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. Residents are expected to:

- understand how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice
- know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources
- practice cost-effective health care and resource allocation that does not compromise quality of care
- advocate for quality patient care and assist patients in dealing with system complexities

- know how to partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance

3. Advancement

Residents will assume progressively increasing responsibility for patient care according to their level of training, their ability, and their experience. The level of responsibility accorded to each Resident will be determined by the teaching staff.

4. Unsatisfactory Performance

Unsatisfactory performance by a Resident, as judged by the teaching staff and/or Program Director, will result in corrective action as necessary to maintain the quality of patient care, the quality of the Program, the smooth operation of the Hospital, and the well-being of the Resident. Corrective action usually begins with the teaching staff physician or the Program Director discussing a deficiency with the Resident involved. However, the Program Director has the authority to administer any appropriate disciplinary action including, but not limited to:

- 1) Placement of a Resident on probation with specific requirements that must be met in order for the Resident to continue in the Program.
- 2) Alteration of the usual Resident responsibilities for a period of time.
- 3) Require that a Resident repeat a portion of the Program.
- 4) Temporarily suspend the Resident from the Program without pay until there is an indication that a severely deficient performance is likely to improve.
- 5) Terminate a Resident from the Program.

5. Initiation, Continuation and Termination of the Appointment

Initial Appointment to the Program occurs when a prospective Resident and the Program Director complete and sign the Agreement. Initial Appointment is for one year.

The Resident must obtain a regular state medical license in Missouri or a Temporary Certification of Registration to practice medicine in the State of Missouri before beginning the program. The Resident must maintain all required state licenses or Temporary Certification of Registration at all times to continue in the Program.

Continuation of the Appointment normally occurs at the expiration of each year's Agreement. Continuation and a new Agreement are contingent on the mutual agreement of both the Resident and the Hospital, as well as satisfactory completion of the Program to that point in accordance with all policies and procedures established by the Hospital.

Residents will assume progressively increasing responsibility for patient care according to their level of training, their ability, and their experience. The level of responsibility accorded to each Resident will be determined by the teaching staff.

Termination of the Appointment normally occurs at the end of the last year of training, but may occur at any other time at the option of the Resident or the Hospital with a written notice of the proposed termination date thirty (30) days in advance. The Hospital will provide a written reason for any termination it initiates, and the Program Director will provide an opportunity for the Resident involved to discuss the rationale for a termination that the Hospital initiates. Any termination or non-renewal of an Appointment by the Hospital is subject to the procedures under Section 1.6 of these Policies.

When a Resident completes or terminates an Appointment, all of the Hospital's property must be returned to the appropriate department head or the Program Director. Furthermore, all medical records must be completed and all unpaid Hospital bills must be settled. Unsatisfied claims will be deducted from the final paycheck.

6. Disciplinary Action Policy and Procedures

The Children's Mercy Hospital Pediatric Surgery Training Program complies with the disciplinary procedures of the sponsoring institution as follows:

***UMKC Resident Disciplinary Action Policy and Procedure
(approved January 23, 2003 by Council on Graduate Medical Education)***

Disciplinary action may be initiated within a program in the event of determination by the residency education committee of that program that such action is warranted, based on the results of residency evaluations, poor academic

performance, or documentation of inappropriate or unprofessional behavior. It is required that program directors evaluate residents at least annually.

In the event that patient welfare is jeopardized or the effective functioning of any affiliated institution is threatened, the Program Director, or an Associate Program Director in the absence of the Program Director is empowered to suspend a resident from clinical activity, pending a formal hearing. The Hospital Associate Deans and Office of Graduate Medical Education will be notified immediately of a suspension of clinical activity.

The residency education committee for the program shall meet to make recommendations regarding disciplinary actions to be taken. The Program's Residency Education Committee shall consist of faculty members of the Department, in which the Program resides shall include a resident representative. The Residency Education Committee shall meet at its earliest opportunity to determine any disciplinary action to be taken, but no later than fourteen days after the date of any suspension. The Residency Education Committee by majority vote may elect to take no action, issue a warning or reprimand, place a resident on probation, place a resident on suspension from patient care management, determine that unsatisfactory rotations must be satisfactorily repeated, recommend suspension, non-renewal of contract, or termination of a resident or other actions as agreed upon by the same committee.

Upon determination of a disciplinary action by the Residency Education Committee, a letter will be sent to the resident clearly identifying the problem, delineating the requirements to correct the deficiency, assigning an advisor, delineating the duration of remediation, stating the effects of remediation on length of training, proposing the method of any additional clinical supervision, and delineating the actions required by the resident to bring about a conclusion of the of the remediation program.

Upon implementation of any disciplinary action by the Residency Education Committee, the resident will be notified within five days of any such decision. In the event the resident disagrees with the decision of the committee, the resident has the option to formally appeal the decision in writing within five days, and appear in person before the committee. This hearing before the committee shall take place within four weeks of the notification of the resident. Written notice of the time and location of the hearing, with copies of the committee's recommendations and supporting documentation for the disciplinary action, will be sent to the resident at least five days prior to the hearing. The resident is required to attend the hearing and present his/her views on the subject matter. The resident will be allowed to present evidence regarding the matter to the committee. The resident may bring witnesses to the hearing and may bring one supportive person (legal counsel or other representative) of his/her choice to the hearing. The resident must, however, inform the committee in writing of the names and total numbers of any witnesses and representative/counsel/support personnel whom he/she wishes to bring to the hearing, at least two days prior to the hearing date.

If the Residency Education Committee determines that no disciplinary action is warranted following the hearing, the resident will be notified of such decision. If

disciplinary action is felt warranted by the committee, a letter confirming the final recommendation of the committee will be forwarded to the resident within seven days following the conclusion of the hearing. This final letter will clearly identify the problem, delineate the requirements to correct the deficiency, assign an advisor, delineate the duration of the remediation, state the effects of remediation length of training, propose the method of any additional clinical supervision, and detail the actions required by the resident to bring about a conclusion of the remediation program.

In the event that the Residency Education Committee recommends continued suspension of a resident from clinical duties, dismissal of a resident, or an action that adversely affects the resident's intended career development or prolongs the length of his/her program, the residency education committee will forward a copy of all documentation to the Council on Graduate Medical Education of the University of Missouri/Kansas City School of Medicine. The Council will review the documentation provided and confirm that due process was followed. The resident will be informed by the Council of his/her rights as a non-regular academic employee. This will include his/her right to access the Academic Grievance Procedure as stated in Section 370.010 of the Collected Rules and Regulations of the University of Missouri. In the event that resident non-renewal of contract or dismissal is recommended, all relevant University Procedures will be followed.

7. Grievance/Complaint Procedure

Residents who feel they have been treated unfairly or have complaints (except regarding discipline, non-renewal or termination covered by the procedures under Section 6, above) are encouraged to use the following procedure:

- 1) Discuss the problem with the appropriate attending physician, Chief Resident or the Hospital department head as soon as possible, usually not later than thirty (30) days after the Resident becomes aware of the complaint.
- 2) If the problem is not resolved under step 1, the Resident should contact the Program Director within fifteen (15) days after the decision by the individual contacted under step 1. Except in unusual circumstances, the Resident shall put the complaint in writing, and the matter shall be promptly investigated. Confidentiality, to the extent feasible, will be maintained. The Resident shall be informed of the result of the investigation.
- 3) If the matter is still unresolved after steps 1) and 2), the Resident may request that the Medical Staff Education Committee consider the matter. The request should be submitted to the Chair of the Medical Staff Education Committee in writing within fifteen (15) days after the determination under step 2.
- 4) If the matter is still unresolved after step 3, the Resident may submit the complaint in writing within thirty (30) days to the Executive Medical Director, who will meet with the Resident and make a final decision.

Any Resident who feels he cannot use the above procedure should contact the Hospital Human Resources Department for confidential assistance. A Resident

will not suffer adverse consequences for making a complaint or taking part in the investigation of a complaint. Residents who knowingly allege a false claim shall be subject to disciplinary action, including dismissal or termination.

The Hospital will make appropriate arrangements to assure that disabled persons can make use of this grievance process on the same basis as the non-disabled. Such arrangements may include, but are not limited to, the provision of interpreters for the deaf, providing taped cassettes of material for the blind or assuring a barrier-free location for the proceedings.

8. Completion of Residency and Certification

Upon completion of 24 months of residency, the Resident in good standing will receive a certificate. During the final week of residency, the Resident is required to complete a check-out process. This includes completion of medical records and return of parking pass and pager. The Resident is expected to work until this final day unless vacation has been previously approved.

SECTION II RESIDENT SUPERVISION POLICY

Every patient seen by a resident physician in the Children's Mercy Hospital is seen under the supervision of a staff physician who assumes complete responsibility for those patients for whom he/she is the attending physician. At the same time, since we are a teaching hospital, the staff physician is also responsible for the education of the residents. Attending supervision may be direct or indirect. Indirect supervision occurs when the responsible staff is aware of the patient and is available to assist or provide direct supervision if needed but is not physically present. In these instances, a Pediatric Surgery Resident (PSR) may provide direct supervision over a Junior Surgery Resident (JSR). Supervision is always available from senior residents, fellows and attending physicians. Residents at all levels are required to obtain help in any clinical situation in which they are inexperienced or in which they are unsure of the appropriate clinical management.

Resident Job Descriptions (First and Second Year)

During the first year of training, the first year PSR will provide patient care under the supervision of the second year PSR (Chief Surgical Resident) and attending physicians. The Residents will be given graduated responsibility for patient care based on training received during the course of the residency as well as the experience and knowledge gained by the Resident.

The first year PSR will:

1. Obtain and record detailed historical information from patients and families.
2. Perform and record detailed physical examinations on their patients.
3. Discuss with the Chief Surgical Resident and/or attending physician the history and physical findings and present a diagnostic and therapeutic plan.
4. Write orders for patient care including diagnostic studies and therapies based on the plan.
5. Record daily progress notes in the patient record. Modifications of the diagnostic and therapeutic plan, based on further examination of the patient and discussion with the Chief Surgical Resident and/or attending physician, will be recorded in the progress notes and patient orders.
6. Discuss as appropriate the diagnoses and diagnostic and therapeutic plan with other professionals, such as nursing, social work, nutrition, involved in the patient's care.
7. Discuss appropriate diagnoses and plans with patients and families.
8. Develop discharge planning, including prescriptions and home health care, along with the supervising resident and/or attending physician.
9. Dictate medical records in a timely manner according to hospital guidelines.
10. Be actively involved in teaching, directing and supervising junior residents and medical students.
11. Fully participate in the teaching program including teaching conferences, morning report, Grand Rounds, attending rounds, care conferences and other educational experiences. It is expected that the Residents will be a self-directed learner, including continuing education outside the structured residency educational program. The first year PSR is responsible for Journal Club.
12. Receive timely evaluations of performance on a monthly basis from attending physicians. Residents will be afforded the opportunity to evaluate the faculty and educational experience of each rotation.

The Chief Surgical Resident will:

1. Obtain and record concise historical information from patients and families and verify information gathered by students and residents who are under their supervision.
2. Perform and record concise physical examinations on patients and verify the findings of the students and residents who are under their supervision.
3. Write concise admission notes detailing history, physical examination and plans.
4. Develop discharge planning, including prescriptions and home health care, with the attending physician.
5. Dictate medical records in a timely manner according to hospital guidelines.
6. Be involved in teaching, directing and supervising the first year PSR, junior residents, and medical students.
7. Fully participate in the teaching program including teaching conferences, morning report, Grand Rounds, attending rounds, care conferences and other educational experiences. It is expected that the Chief Surgical Resident will be self-directed learner, including continuing education outside the structured residency educational program.
8. The Chief Surgical Resident will receive timely evaluations of performance every six months from teaching faculty. Residents will also evaluate the faculty and educational experience of each rotation.

SECTION III MOONLIGHTING

The University of Missouri-Kansas City School of Medicine and the Children's Mercy Hospital training programs recognize that residency education is a full-time endeavor. For this reason, moonlighting, defined as professional and patient care activities outside of the educational program, must not interfere with the ability of the resident to achieve the goals and objectives of his/her respective educational program. For any moonlighting that takes place by residents sponsored by the University of Missouri-Kansas City, the following stipulations apply:

1. The Resident must notify the program director in advance of any planned moonlighting activity, including moonlighting internal or external to the institution, and receive written approval of the activity from the Program Director.
2. The Program Director must acknowledge in writing that the moonlighting activity will not interfere with the ability of the Resident to achieve the goals and objectives of the educational program. This acknowledgement must be kept in the resident's file.

3. The hours spent in moonlighting, both internal and external to the institution, must be counted toward the 80 hour weekly limit on duty hours.
4. The Resident must show proof to the Program Director and the Office of Graduate Medical Education of individually obtained professional liability coverage (outside of that provided by the institution) for all moonlighting activities external to the institution and its major affiliates. Proof of this coverage will be maintained in the resident's file.
5. The Program Director must forward copies of any planned moonlighting activity approved by him/her to the Office of Graduate Medical Education.
6. Residents must not be required to engage in moonlighting activities by their respective program or institution.
7. Program Director must monitor the Resident for fatigue associated with moonlighting, and other effects of moonlighting on performance of the Resident, and must restrict the resident from moonlighting if they determine that the resident does not have sufficient time for rest and restoration or that the moonlighting activity is adversely affecting resident performance.

Other Moonlighting

- A. Moonlighting outside of the Children's Mercy system is discouraged. Approval from the Program Director is required.
- B. The resident must obtain appropriate state licensure. If outside of the State of Missouri, the resident is responsible for paying for the cost of the medical license.
- C. Malpractice insurance from Children's Mercy will NOT cover the moonlighting. It is the responsibility of the resident to obtain malpractice coverage.

SECTION IV WORK HOURS POLICY

Resident Duty Hours Policy

The resident duty hour policy of the University of Missouri-Kansas City School of Medicine and Children's Mercy Hospital was adopted verbatim from the following Common Program Requirements for All Core and Subspecialty Programs, effective July 1, 2003:

D. Resident Duty Hours and the Working Environment

Providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energies. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

1. Supervision of Residents

a. All patient care must be supervised by qualified faculty. The program director must ensure, direct and document adequate supervision of residents at all times. Residents must be provided with rapid reliable systems for communicating with supervising faculty.

b. Faculty schedules must be structured to provide residents with continuous supervision and consultation.

c. Faculty and residents must be educated to recognize the signs of fatigue and adopt policies to prevent and counteract the potential negative effects.

2. Duty Hours

a. Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

b. Duty hours must be limited to 80 hours per week, averaged over a three-week period, inclusive of all in-house call activities.

c. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational and administrative activities.

d. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

3. On-Call Activities

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty

hours beyond the normal work day when residents are required to be immediately available in the assigned institution.

- a. In-house call must occur no more frequently than every third night, averaged over a three-week period.*
- b. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care as defined in Specialty and Subspecialty Program Requirements.*
- c. No new patients, as defined in Specialty and Subspecialty Program Requirements, may be accepted after 24 hours of continuous duty.*
- d. At-home call (pager call) is defined as call taken from outside the assigned institution.*

1) The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

2) When resident are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

3) The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

4. Oversight

a. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.

b. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

5. Duty Hours Exception

An RRC may grant exceptions for up to 10% of the 80-hour limit, to individual programs based on a sound educational rationale. However, prior permission of the institution's GMEC is required.

SECTION V

TIME OFF FROM WORK

1. Paid Time Off for Illness

1) The Resident will accrue 1 day (8 hours) of paid time off for the Resident's illness after each full month of service.

In addition, during the first three (3) years of training, the Resident will be given, due to the Resident's illness, up to two (2) weeks (10 days) exclusive of Saturdays, Sundays and holidays) to be used for any absence(s) due to the Resident's illness or maternity leave during the term of appointment, without being required to use accrued paid time off for illness.

2) The Resident may use up to five (5) days of accrued paid time off for illness of a family member or for paternity leave. (For the purposes of this provision, "family member" is defined as the Resident's spouse, child, parent or sibling.)

If the Resident has no accrued paid time off for illness, time off for illness will be without pay, unless the resident uses available vacation days or the Resident qualifies for worker's compensation or long-term disability insurance.

3) Accrued paid time off for illness may be used concurrently with an approved leave of absence due to the Resident's or a family member's illness. Accrued paid time off for illness may be carried over from one year to the next. No payment will be made for unused accrued paid time off for illness at termination of the Appointment.

2. Vacation

The Resident is eligible for up to twenty (20) days of paid vacation every twelve (12) months. Vacation may be taken during vacation-approved months, and must be approved in advance by the Program Director or his/her designee. Vacation also may be used concurrently with an approved leave of absence.

A stipend of \$1,500 per year will be available to the Resident for educational meetings (See Educational Stipend Policy on page _____. Attendance at meetings must be approved in advance by the Program Director or his/ her designee.

Vacation may not be carried over from one year to the next and no payment will be made for unused vacation at the termination of the Appointment.

3. Bereavement Policy

Residents are allowed 2 days per year to attend funeral services of a family member. These days do not count as vacation or sick days. The resident should notify the Program Director as soon as possible so service

coverage can be addressed. If the resident is required to miss a call, the back-up call person will be activated.

If the death involves an immediate family member (spouse, child, parent or sibling) and the resident will require more time off, the resident should contact the Program Director as soon as feasible. Extended time off may be taken as a leave of absence.

4. Maternity Leave Policy

Residents becoming pregnant during residency should meet with the Program Director early in the pregnancy. Residents may take off up to 12 weeks per year for the birth or adoption of a child in accordance with the Family Medical Leave Act if eligible. Time beyond this must be approved by the Program Director. Residents will be paid for all accrued sick days. In addition, the resident will be given up to two weeks (10 days) exclusive of Saturday, Sundays and holidays, to be used for any absence(s) due to the resident's illness or maternity leave during the term of appointment, without being required to use accrued paid time off for illness. Time taken beyond this may be taken as vacation days, time without pay or a combination of the two.

5. Paternity Leave Policy

A resident who is adopting a baby or whose significant other is pregnant should notify the Program Director as soon as possible. Five days of accrued time off may be taken immediately after the birth/adoption or anytime within a 12 week period after the birth/adoption. The 5 days do not have to be used consecutively and may be divided within the 12 week period.

All residents may take up to 12 weeks off in accordance with the Family Medical Leave Act. Residents may use 5 days of accrued time off. Time taken beyond this may be taken as vacation time, time without pay or a combination of the two.

6. Leave of Absence Policy

Leaves of absence are granted on a case-by-case basis by the Program Director, in accordance with applicable law. Leaves of absence are normally unpaid. The ability to use vacation and/or sick time will be decided by the Program Director. The decision will be based on the underlying need for the leave of absence. Reasons for which a leave of absence may be granted include: the birth of a child or placement of a child by adoption or foster care; the serious health condition of a resident; the serious health condition of a resident's family member; and other circumstances. The resident may be terminated from the program if the length of the leave of absence extends beyond six (6) months. The resident may be required to make up all rotations missed.

1. Salary

Annual Financial support (compensation) is dependent on PGY year of training.

2. Educational Stipend Policy

Residents will receive an educational stipend of \$1,500 per year. Educational stipends may be used toward the purchase of educational materials such as books, audio or videotapes, computer programs, PDAs, medical equipment or computers. The Residency Coordinator can order books and supplies from UMKC with sales tax exemption. If books or supplies are purchased elsewhere, all receipts should be given to the Residency Coordinator and the resident will be reimbursed. The resident will not be reimbursed for the sales tax if purchases are made elsewhere.

A resident may also use his/her educational stipend to cover the cost of attending a medical meeting. This money may be used for registration fees, airfare or mileage reimbursement per Hospital Policy, hotel accommodations and food allowance. These funds cannot be used for a rental car unless the need for the car is justified and approved by the comptroller prior to leaving for the meeting. All airfare reservations must be arranged through the travel agency used by Children's Mercy Hospital (Executive Travel) in order to receive reimbursement. If a resident finds a lower airfare, this must be communicated prior to the purchase of the ticket. Upon return from the meeting, the resident must provide the Residency Coordinator with all itemized receipts and a copy of the CME certificate so that arrangements for reimbursement can be made.

3. Health Insurance

The Resident is eligible for group health and dental insurance for the Resident and the Resident's dependents, at the Hospital's expense. Health and dental insurance coverage is fully explained in and governed by the health insurance plan and summary plan description.

4. Other Insurance

Long-term Disability Insurance: The Resident is eligible for a benefit equal to sixty per cent (60%) of the Resident's base salary if the Resident is disabled for a period of at least ninety (90) days, in accordance with the terms of the life insurance policy.

Professional Liability Insurance: Professional liability insurance is provided through the Hospital's self-insured trust in the amount of two million dollars (\$2,000,000.00) at the Hospital's expense, in accordance with the terms of the self-insured trust.

All insurance coverage is explained in and governed by the terms of the applicable plan or policy and may change from time to time.

5. Memberships

Candidate membership in the Surgical Section of the American Academy of Pediatrics will be provided to the Resident at the Hospital's expense.

6. Flexible Spending Account

The Resident is eligible to participate in this optional account, which may be used to pay for child care, uncovered medical expenses, and health and dental insurance deductibles with pre-tax income.

7. Meals

The Resident will be provided meals through the Hospital cafeteria at the Hospital's expense when the Resident is on-call at night. The Program Director determines the amount of money available for the purchase of food.

8. Parking

The Resident will be provided free parking at the Hospital during the term of the Appointment.

9. Library

The Resident will be eligible to use the medical library located on the ground floor of the Hospital during the term of the Appointment; this library is available at all hours and on all days. The Resident also is eligible to use the library at the University of Missouri-Kansas City at the times and on the days established by the University.

10. Resident Quarters

The Resident will be provided a lounge, locker, on-call sleeping room and shower at the Hospital for the exclusive use of surgery residents in the Program, at the Hospital's expense. No living quarters will be provided to the Resident by the Hospital.

11. Notary Public

The Resident will be provided Notary Public service at the Hospital's expense.

12. Moving Allowance

A moving allowance of \$300 is provided for any Resident moving from outside the metropolitan Kansas City area.

SECTION VII RESIDENT WELL-BEING POLICIES

1. Prohibited Harassment

The Hospital does not tolerate harassment of any kind. Harassment is verbal or physical conduct that denigrates or shows hostility or aversion toward a Resident and/or his relatives or associates because of his/her race, color, national origin, gender, sexual orientation, age, religion, disability, or other basis prohibited by law, and that :

- 1) has the purpose or effect of creating an intimidating, hostile, abusive or offensive environment; or
- 2) has the purpose or effect of unreasonably interfering with an individual's work or educational performance; or
- 3) otherwise adversely affects an individual's employment or educational opportunities.

Any Resident who believes he/she is a victim of harassment must bring the matter to the immediate attention of the Program Director. The Resident also may use the grievance/complaint procedure set forth under Section I.7 above. Except in extraordinary circumstances, the Resident shall put the complaint in writing, and the matter shall be promptly investigated. Confidentiality, to the extent feasible, will be maintained. The Resident shall be informed of the result of the investigation. If the Resident is dissatisfied with the outcome of an investigation, he/she may submit the complaint to the Executive Medical Director who will make the final decision.

Residents who believe they cannot utilize the above procedure should contact the Hospital's Human Resources Department for confidential assistance.

A Resident will not suffer adverse consequences for making a complaint or taking part in the investigation of a complaint. Residents who knowingly

allege a false claim, and any Resident who violates this policy, shall be the subject of disciplinary action, including dismissal or termination.

2. Substance Abuse

The Hospital has the legal right to implement rules on substance abuse governing Residents' activities and conduct on or off Hospital property. Compliance with the requirement that Residents be drug-free while on the job should be considered an essential qualification of employment.

Residents should be aware of the following substance abuse policy guidelines:

- 1) The illegal use, sale or possession of narcotics, drugs or controlled substances while participating in the Program or on Hospital property is an offense that may result in dismissal or termination. Any illegal substances will be turned over to the appropriate law enforcement agency and may result in criminal prosecution.
- 2) Residents who are under the influence of alcohol, or who possess or consume alcohol while participating in the Program or while on Hospital property, have the potential for interfering with their own as well as others' safety. Such conditions will be proper cause for disciplinary action, including dismissal or termination.
- 3) Off-the-job illegal drug use which could adversely affect a Resident's job performance or which could jeopardize the safety of others or Hospital property is proper cause for disciplinary action, including dismissal or termination.
- 4) Residents who are arrested for off-the-job activity may be considered to be in violation of this policy. In deciding what action to take, the Hospital will take into consideration the nature of the charges, the Resident's status, the Resident's record, and other factors relative to the impact of the Resident's arrest upon the conduct of Hospital business.
- 5) Residents undergoing prescribed medical treatment with a controlled substance should report this treatment to the Program Director, when the controlled substance may affect the Resident's ability to perform his job without adversely affecting the health or safety of the Resident or others. The use of controlled substances as part of a prescribed medical treatment program is not grounds for disciplinary action, although it is important for the Hospital to know when such use is occurring so that the safety and health of the Resident and others may be protected.

The Hospital may allow the consumption of alcoholic beverages, in moderation, at some Hospital-sponsored events or meetings. The abuse of alcoholic beverages is prohibited by the Hospital in these situations, and may result in disciplinary action, including dismissal or termination.

The Hospital will provide assistance in certain circumstances for persons seeking to correct a substance abuse problem, and this will be encouraged in appropriate cases as explained in the Impaired Resident Policy, section 13, below.

3. Policy for Impaired Residents

The purpose of the Impaired Resident Policy at the Hospital is to promote the physical and emotional health and well-being of Residents while providing safe patient care. This policy is designed to educate, detect, intervene upon, rehabilitate and monitor residents as impaired.

Philosophy

It is the policy that Impaired Residents be treated in the same manner as those subject to other treatable diseases with respect to confidentiality, retention in the program, performance, sick leave and other benefits.

Procedure

1. Any person with reasonable suspicion that a Resident may be impaired will report this to the chair of the Resident Education Committee or another member of the Committee if the chair is unavailable. A Resident who recognizes possible impairment in himself may also approach the Committee to seek assistance.
2. An investigation will be conducted by the Resident Education Committee in conjunction with the Missouri Physicians Health Program to determine the validity of the report. If the investigation reveals that the Resident poses a direct threat to the health or safety of himself or others, appropriate steps will be taken to remove the threat.
3. If the investigation reveals probable impairment, intervention will occur. The Resident will be requested to submit voluntarily to an evaluation by an appropriate professional outside the Hospital and follow any recommendations made by the evaluator, Resident Education Committee, and Missouri Physicians Health Program staff. The Resident will be given a choice of treatment locations. If the Resident volunteers to submit to the evaluation and follow any recommendations made, the cost of treatment not covered by health insurance as well as fees for monitoring and follow-up shall be the responsibility of the Resident unless otherwise required by law.

If the initial evaluation reveals that the Resident is not impaired, the Hospital will pay the entire cost of the evaluation. Ongoing monitoring may be required if the evaluation reveals that the Resident is not impaired.

If the Resident refuses evaluation and/or treatment, the Program Director will be notified, and will decide on appropriate action. No report will be

made to the Program Director if the Resident agrees to evaluation and complies with all terms of the treatment program.

4. Long-term follow-up of the Resident will be the responsibility of the Missouri Physicians Health Program which will report periodically to the Resident Education Committee. Upon termination of the Resident from the Program, monitoring will be the sole responsibility of the Missouri Physicians Health Program.

5. If, during monitoring, the Missouri Physicians Health Program finds that the Resident is not complying with treatment recommendations, the Committee for Resident Wellness will report such to the Program Director, who will take appropriate action.

6. The Impaired Resident must receive a release to return to work from the treating professional and the Missouri Physicians Health Program before returning, absent extraordinary circumstances.

Confidentiality

Information regarding the Impaired Resident and treatment will be maintained by a member of the Committee for Resident Wellness, in secure files separate from the Impaired Resident's evaluation file, and released on a need-to-know basis only, in accordance with applicable law.

Education

It is the goal of the Program that Resident impairment be prevented by education and early detection of potential impairments. To this end, a representative from the Missouri Physicians Health Program and/or the Committee for Resident Wellness will be invited yearly to give a presentation open to all Residents, Hospital physician staff, community physicians and Hospital employees. Other education programs may occur when possible.

4. Counseling

The Children's Mercy Hospital offers an Employee Assistance Program (New Directions.). The EAP offers professional consultation and short term assistance and referral for additional assistance if necessary.

THE CHILDREN'S MERCY HOSPITAL PEDIATRIC SURGERY TRAINING PROGRAM POLICIES

APPROVED:

Date

Program Director

Children's Mercy Hospital

Date

Executive Medical Director
Children's Mercy Hospital

Date

Director of Medical Education
Children's Mercy Hospital

Date

Director of Graduate Medical Education
University of Missouri at Kansas City
School of Medicine

Pediatric Surgery Training Program Policies
October 2005