

2017-2018  
Philadelphia College of Osteopathic Medicine  
Graduate Medical Education Office  
Policy and Procedure Manual for Postgraduate Medical Education

Contents

[Mission Statement](#)

[PGY-1 Selection Policy](#)

[Resident Selection Policy \(PGY-2 and higher\)](#)

[Non Discrimination Policy](#)

[Curriculum](#)

[Educational Goals, Objectives and Concepts](#)

[Teaching in Major Departments](#)

[Anesthesiology](#)

[Internal Medicine](#)

[Family Medicine](#)

[General Surgery](#)

[Ambulatory Gynecology](#)

[Pediatrics](#)

[Radiology](#)

[Outpatient Department and/or Emergency Department](#)

[Records of Trainee Assignments and Certificate](#)

[Meetings and Lectures](#)

[Daily Lecture Series](#)

[Morning Report](#)

[Emergency Medicine](#)

[Family Medicine - Hospital Protocol](#)

[General Medical/Surgical Unit](#)

[Internal Medicine](#)

[Surgery](#)

[Outpatient Gynecology](#)

[Osteopathic Principles and Practices/Musculoskeletal System](#)

[Pediatrics](#)

[Special Surgery - Ophthalmology](#)

[Resident \(PGY-1 and higher\) Duties](#)  
[Responsibilities of Chief PGY-1 Residents](#)  
[Responsibilities of Chief Resident\(s\) \(PGY-2 and higher\)](#)  
[Graduate Medical Education Committee](#)  
[Off Site Rotations](#)  
[Grievance and Discipline Policy](#)  
[Remediation Policy](#)  
[Dismissal of Residents \(all PGY levels\) from the Program](#)  
[Grievance and Due Process](#)  
[Counseling, Medical and Psychological Support Services](#)  
[Trainee Duty Hours Policy](#)  
[Time Sheets](#)  
[Moonlighting](#)  
[Leave of Absence for Residents \(all levels\)](#)  
[Benefits](#)  
[Payroll](#)  
[Mail](#)  
[Biographical Information](#)  
[Substance Abuse Policy](#)  
[Harassment Policy](#)  
[Social Media Policy](#)  
[End of Year Checkout](#)  
[Hospital Closure](#)  
[Infection Control](#)  
[Reportable Diseases](#)  
[Off-Site Rotations](#)  
[Integrated Medical Services](#)  
[Medical Records Completion Policy](#)  
[Procedure for PCOM Campus Workshops](#)  
[Risk Management Policy](#)

## **Mission Statement**

The Mission of the Internship and Residency Programs at Philadelphia College of Osteopathic Medicine is to train and develop qualified physicians to practice as competent, caring physicians in the ambulatory, hospital, and extended care settings.

The Graduate Medical Education Department is dedicated to providing to the Trainees the highest quality of academic and clinical training.

## **PGY-1 Selection Policy**

1. PGY-1 recruitment and selection shall be conducted following the policies and procedures of the AOA Intern Registration Program (IRP), and all appointments will be made through this program. The institution will not impose local requirements to supersede the AOA PGY-1 match.
2. Admission to a PCOM PGY-1 will not be influenced by race, color, sex, religion, creed, national origin, age, or handicap.
3. The PGY-1 program will enroll only graduates of AOA accredited colleges of osteopathic medicine.

## **METHODOLOGY**

1. All applications will be processed through ERAS; to include: medical school transcripts; two letters of recommendation; National Osteopathic Board Scores (Comlex).
2. The interview process will commence late fall of the candidate's MS IV year.
3. An interview with selection committee members will be scheduled.
4. The selection committee may be made up of the educational committee and other professional Staff members from affiliated hospitals. The members of the intern selection committee will be named by the Vice Dean for Clinical Education.
5. A common "tool" will be used by each interviewer to evaluate the candidate. The interview is an "additive process" to the total application.
6. The final Match list will be sent to the IRP prior to deadline.
7. Post-Match, if slots are available, will be coordinated by the Vice Dean's Office with reports to the Medical Education Committee.
8. All PGY-1 Residency selections will be done in conjunction with the Program Director of the individual program.
9. The internship match is a binding agreement designed by the AOA to facilitate contracting of intern staff. PCOM strictly enforces this process.

## **Resident Selection Policy (PGY-2 and higher)**

The applicant must have:

1. Graduated from an AOA-accredited college of osteopathic medicine and have completed an AOA-approved Internship (PGY-1 year). The applicant must be or become a member of the AOA and the appropriate specialty college (if applicable). These memberships must be maintained throughout the residency training.

2. The applicant must be appropriately licensed in the state in which the training is conducted.
3. The institution shall execute a contract with each resident in accordance with the Basic Documents for Postdoctoral Training of the AOA.
4. Each first year or transfer Resident shall receive a medical evaluation, as well as any routine laboratory studies as required by the institution. All immunizations must be current.
5. Passed Parts 1 and 2 of COMLEX at PGY-2 level, and passed COMLEX III by the start of the PGY3 training year.
6. The applicant must have submitted the following to the appropriate Program Director/GME Office:
  - a. A completed PCOM residency application
  - b. Curriculum Vitae
  - c. 2 letters of recommendation
  - d. Dean's letter from graduating osteopathic college
  - e. Official transcript from osteopathic college
  - f. Copies of COMLEX Part I, II and III (if applicable) scores
7. The applicant must complete a scheduled interview with the Residency Selection Committee or one of its representatives.
8. Admission to a PCOM Residency Program will not be influenced by age, race, color, gender identity and expression, national origin, ancestry, sexual orientation, religion, creed, disability, genetic information or marital status.

The decision on selection will be made by the committee. The Program Director will notify the applicants of status in the prescribed time frame given at the interview.

## **Non Discrimination Policy**

1. PCOM policy prohibits discrimination on the basis of age, race, color, gender identity and expression, national origin, ancestry, sexual orientation, religion, creed, disability, genetic information or marital status.

## **Curriculum**

A.) The PCOM Postgraduate training curriculum focuses on the demonstration of the seven core competencies of the osteopathic profession as follows:

**Osteopathic Philosophy and Osteopathic Manipulative Medicine**

**Medical Knowledge**

**Patient Care**

**Interpersonal and Communication Skills**

**Professionalism**

**Practice-Based Learning and Improvement**

**Systems-Based Practice**

The resident will demonstrate to the satisfaction of the residency faculty that he/she is competent in all seven-core competency areas.

The PCOM Postgraduate Trainee curriculum provides numerous instructional methods to develop the knowledge, skills, and attitudes of the seven core competencies. Each Trainee will participate in all areas of the curriculum to develop the competencies.

B.) Each Intern/Resident training program will adhere to the AOA Basic Document for Postdoctoral Programs and the Basic Standards, as written, by the appropriate AOA specialty college.

**PCOM MEDNet Core Competencies**

To monitor the educational progress of residents, the American Osteopathic Association requires your completion of an annual evaluation report for each resident. Please evaluate the resident using the form below:

Competency 1: Osteopathic Philosophy Principles and Manipulative Treatment:  
Residents are expected to demonstrate and apply knowledge of accepted standards in OPP/OMT appropriate to their specialty. The educational goal is to train a skilled and competent osteopathic practitioner who remains dedicated to life-long learning and to practice habits in osteopathic philosophy and manipulative medicine.

This competency is not to be evaluated separately but its teaching and evaluation in the training program shall occur through Competencies 2-7 into which this competency has been fully integrated.

<p>Competency 2: Medical Knowledge and Its Application Into Osteopathic Medical Practice: Residents must demonstrate and apply integrative knowledge of accepted standards of clinical medicine and OPP in their respective osteopathic specialty area, remain current with new developments in medicine, and participate in life-long learning activities, including research.</p>		
<p>C2 Required Element #1: This resident demonstrated competency in the understanding and application of clinical medicine to osteopathic patient care.</p>		
<p>Please check the box(es) for the methods, outcomes, or demonstrations of compliance that were utilized</p>	<p>Please check the box(es) for the evaluation tool used to document methods, outcomes, or demonstrations of compliance</p>	<p>Please check the appropriate rating box &amp; comment on this resident's performance for this element:</p>
<p>The Resident:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Completed COMLEX Part III and/or an In- Service Examination this year. Demonstrated improved clinical decision- making and problem solving abilities. Attended seminars, CME programs, Grand Rounds, or lectures.</li> <li><input type="checkbox"/> Participated in a directed readings program and/or journal club.</li> </ul> <p>Completed OPP Competencies which may include but not be limited to the following: Performing critical appraisals of medical</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> literature related to OMT and/or OPP. Completing OMT and/or OPP computer- based educational modules,</li> <li><input type="checkbox"/> Participating in CME programs provided by COMs, the AAO, and the osteopathic specialty colleges.</li> <li><input type="checkbox"/> Demonstrating the treatment of people rather than symptoms.</li> <li><input type="checkbox"/> Demonstrating understanding of somato- visceral relationships and the role of the musculoskeletal system in disease. Participating in AOA Clinical Assessment Program.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 360-Degree Evaluation Instruments</li> <li><input type="checkbox"/> Chart Stimulated Recall Oral examinations (CSR)</li> <li><input type="checkbox"/> Monthly Service Rotation Evaluations</li> <li><input type="checkbox"/> Portfolio</li> <li><input type="checkbox"/> Written Examinations(i.e., in- training exam)</li> <li><input type="checkbox"/> Direct Observation</li> <li><input type="checkbox"/> Other:</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Deficient</li> <li><input type="checkbox"/> Usually meets Competencies</li> <li><input type="checkbox"/> Consistently meets Competencies</li> <li><input type="checkbox"/> Exceptional</li> </ul> <p>Comments:</p>

<p>Competency 2: Medical Knowledge and Its Application Into Osteopathic Medical Practice: Residents must demonstrate and apply integrative knowledge of accepted standards of clinical medicine and OPP in their respective osteopathic specialty area, remain current with new developments in medicine, and participate in life- long learning activities, including research.</p>		
<p>C2 Required Element #2: This resident must know and apply the foundations of clinical and behavioral medicine appropriate to his/her discipline with application of all appropriate osteopathic correlations.</p>		
<p>Please check the box (es) for the methods, outcomes, or demonstrations of compliance that were utilized</p>	<p>Please check the box(es) for the evaluation tool used to document methods, outcomes, or demonstrations of compliance</p>	<p>Please check the appropriate rating box &amp; comment on this resident's performance for this element:</p>
<p>The Resident:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Participated in research activities that allowed the critical evaluation of current medical and/or osteopathic information and scientific evidence.</li> <li><input type="checkbox"/> Developed as a medical educator by giving presentations before peers and faculty, and participated in the instruction of osteopathic medical students.</li> <li><input type="checkbox"/> Met specified standards of performance on medical procedures, indications and interpretations.</li> <li><input type="checkbox"/> Participated in programmatic education on Life Long Learning.</li> <li><input type="checkbox"/> Participated in lectures and workshops on behavioral psycho-social multi-cultural issues in his/her medical specialty, as appropriate.</li> </ul> <p>Completed OPP Competencies which may include but not be limited to the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Participating in OMT and/or OPP training at hospital and ambulatory sites.</li> <li><input type="checkbox"/> Performing critical appraisals of medical literature related to OMT and/or OPP. Participating in activities that provided osteopathic educational programs at the student and intern levels including osteopathic correlations.</li> <li><input type="checkbox"/> Demonstrating the treatment of people rather than symptoms.</li> <li><input type="checkbox"/> Participating in AOA Clinical Assessment Program</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 360-Degree Evaluation Instruments</li> <li><input type="checkbox"/> Chart Stimulated Recall Oral examinations (CSR)</li> <li><input type="checkbox"/> Monthly Service Rotation Evaluations</li> <li><input type="checkbox"/> Portfolio</li> <li><input type="checkbox"/> Written Examinations (i.e.. in-training exam)</li> <li><input type="checkbox"/> Direct Observation</li> <li><input type="checkbox"/> Other:</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Deficient</li> <li><input type="checkbox"/> Usually meets Competencies</li> <li><input type="checkbox"/> Consistently meets Competencies</li> <li><input type="checkbox"/> Exceptional</li> </ul> <p>Comments:</p>



<p>Competency 3: Osteopathic Patient Care:  Osteopathic residents must demonstrate the ability to effectively treat patients, provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventive medicine, and health promotion</p>		
<p>C3 Required Element #1: Gathered accurate, essential information from all sources, including medical interviews, osteopathic physical and structural examinations as indicated, medical records, diagnostic/therapeutic plans, and treatments.</p>		
<p>Please check the box (es) for the methods, outcomes, or demonstrations of compliance that were utilized</p>	<p>Please check the box(es) for the evaluation tool used to document methods, outcomes, or demonstrations of compliance</p>	<p>Please check the appropriate rating box &amp; comment on this resident's performance for this element:</p>
<p>The Resident:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Performed effective medical interviewing techniques.</li> <li><input type="checkbox"/> Developed effective patient management plans.</li> <li><input type="checkbox"/> Demonstrated the ability to request and sequence diagnostic tests and consultative services.</li> <li><input type="checkbox"/> Demonstrated a caring attitude that is mindful of cultural sensitivities, patient apprehensions, and accuracy of information.</li> <li><input type="checkbox"/> Conducted effective bedside rounds.</li> <li><input type="checkbox"/> Demonstrative effective ability in the performance of an Osteopathic SOAP Note.</li> </ul> <p>Completed OPP Competencies which may include but not be limited to the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Performing of OMT through the assessment of his/her diagnostic skills, medical knowledge, and problem-solving abilities.</li> <li><input type="checkbox"/> Assuming increased responsibility for the incorporation of osteopathic concepts in his/her patient management.</li> <li><input type="checkbox"/> Demonstrating understanding of somato-visceral relationships and the role of the musculoskeletal system in disease.</li> <li><input type="checkbox"/> Demonstrating listening skills in interaction with patients.</li> <li><input type="checkbox"/> Utilizing caring, compassionate behavior and touch with patients.</li> <li><input type="checkbox"/> Participating in AOA Clinical Assessment Program.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 360-Degree Evaluation Instruments</li> <li><input type="checkbox"/> Chart Stimulated Recall Oral examinations (CSR)</li> <li><input type="checkbox"/> Monthly Service Rotation Evaluations</li> <li><input type="checkbox"/> Portfolio</li> <li><input type="checkbox"/> Written Examinations (i.e. in-training exam)</li> <li><input type="checkbox"/> Direct Observation</li> <li><input type="checkbox"/> Other:</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Deficient</li> <li><input type="checkbox"/> Usually meets Competencies</li> <li><input type="checkbox"/> Consistently meets Competencies</li> <li><input type="checkbox"/> Exceptional</li> </ul> <p>Comments:</p>

<p>Competency 3: Osteopathic Patient Care:  Osteopathic residents must demonstrate the ability to effectively treat patients, provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventive medicine, and health promotion</p>		
<p>C3 Required Element #2: This resident validated competency in the performance of diagnosis, osteopathic and other treatment and procedures appropriate to his/her medical specialty.</p>		
<p>Please check the box (es) for the methods, outcomes, or demonstrations of compliance that were utilized</p>	<p>Please check the box(es) for the evaluation tool used to document methods, outcomes, or demonstrations of compliance</p>	<p>Please check the appropriate rating box &amp; comment on this resident's performance for this element:</p>
<p>The Resident:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Completed a program for instruction and credentialing to validate competency in the performance of medical procedures, where appropriate.</li> <li><input type="checkbox"/> Provided patient instructions on potential complications and known risks (informed consent).</li> <li><input type="checkbox"/> Participated in bedside teaching rounds</li> </ul> <p>Completed OPP Competencies which may include but not be limited to the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Performing OMT through the assessment of his/her diagnostic skills, medical knowledge, and problem-solving abilities.</li> <li><input type="checkbox"/> Participating in activities that provided educational programs at the osteopathic student and intern levels including osteopathic correlations.</li> <li><input type="checkbox"/> Demonstrating listening skills in interaction with patients.</li> <li><input type="checkbox"/> Participating in AOA Clinical Assessment Program.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 360-Degree Evaluation Instruments</li> <li><input type="checkbox"/> Chart Stimulated Recall Oral examinations (CSR)</li> <li><input type="checkbox"/> Monthly Service Rotation Evaluations</li> <li><input type="checkbox"/> Portfolio</li> <li><input type="checkbox"/> Written Examinations (i.e., in-training exam)</li> <li><input type="checkbox"/> Direct Observation</li> <li><input type="checkbox"/> Other:</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Deficient</li> <li><input type="checkbox"/> Usually meets Competencies</li> <li><input type="checkbox"/> Consistently meets Competencies</li> <li><input type="checkbox"/> Exceptional</li> </ul> <p>Comments:</p>

<p>Competency 3: Osteopathic Patient Care:  Osteopathic residents must demonstrate the ability to effectively treat patients, provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventive medicine, and health promotion</p>		
<p>C3 Required Element #3: This resident provided health care services consistent with osteopathic philosophy, including preventative medicine and health promotion based on current scientific evidence.</p>		
<p>Please check the box (es) for the methods, outcomes, or demonstrations of compliance that were utilized</p>	<p>Please check the box(es) for the evaluation tool used to document methods, outcomes, or demonstrations of compliance</p>	<p>Please check the appropriate rating box &amp; comment on this resident's performance for this element:</p>
<p>The Resident:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Demonstrated effective skills in counseling patients and their families on health promotion and lifestyle activities related to good health maintenance.</li> <li><input type="checkbox"/> Demonstrated effective skills in referring patients to non-for-profit and community service organizations that support health promotion and behavioral modification programs.</li> <li><input type="checkbox"/> Demonstrated the ability to work with professionals from varied disciplines as a team to provide effective osteopathic medical care to patients that address their diverse healthcare needs.</li> <li><input type="checkbox"/> Participated in bedside teaching rounds</li> </ul> <p>Completed OPP Competencies which may include but not be limited to the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Performing a critical appraisal of medical literature related to OMT and/or OPP. Assuming increased responsibility for the incorporation of osteopathic concepts in his/her patient management.</li> <li><input type="checkbox"/> Utilizing caring, compassionate behavior and touch with patients.</li> <li><input type="checkbox"/> Demonstrating the treatment of people rather than symptoms.</li> <li><input type="checkbox"/> Demonstrating listening skills in interaction with patients.</li> <li><input type="checkbox"/> Participating in AOA Clinical Assessment Program.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 360-Degree Evaluation Instruments</li> <li><input type="checkbox"/> Chart Stimulated Recall Oral examinations (CSR)</li> <li><input type="checkbox"/> Monthly Service Rotation Evaluations</li> <li><input type="checkbox"/> Portfolio</li> <li><input type="checkbox"/> Written Examinations (i.e.. in-training exam)</li> <li><input type="checkbox"/> Direct Observation</li> <li><input type="checkbox"/> Other:</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Deficient</li> <li><input type="checkbox"/> Usually meets Competencies</li> <li><input type="checkbox"/> Consistently meets Competencies</li> <li><input type="checkbox"/> Exceptional</li> </ul> <p>Comments:</p>

Competency 4: Interpersonal and Communication Skills in Osteopathic Medical Practice:

Residents are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams.		
C4 Required Element #1: This resident demonstrated effectiveness in developing appropriate doctor-patient relationships.		
Please check the box (es) for the methods, outcomes, or demonstrations of compliance that were utilized	Please check the box(es) for the evaluation tool used to document methods, outcomes, or demonstrations of compliance	Please check the appropriate rating box & comment on this resident's performance for this element:
<p>The Resident:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Demonstrated effective patient interviewing techniques.</li> <li><input type="checkbox"/> Demonstrated ability in assessing the health of non-English-speaking, deaf, and non-communicative patients.</li> <li><input type="checkbox"/> Involved patients and families in decision-making.</li> <li><input type="checkbox"/> Used appropriate verbal and non-verbal skills (including touch) when communicating with patients, families, and faculty.</li> <li><input type="checkbox"/> Demonstrated an understanding of cultural, gender and religious issues and sensitivities in the doctor-patient relationship.</li> <li><input type="checkbox"/> Participated in videos, workshops, bedside/clinic/office teaching about interpersonal communications and osteopathic skills</li> </ul> <p>Completed OPP Competencies which may include but not be limited to the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Demonstrating the treatment of people rather than symptoms.</li> <li><input type="checkbox"/> Demonstrating knowledge of and behavior in accordance with the Osteopathic Oath and AOA Code of Ethics.</li> <li><input type="checkbox"/> Demonstrating listening skills in interaction with patients.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 360-Degree Evaluation Instruments</li> <li><input type="checkbox"/> Checklist evaluation</li> <li><input type="checkbox"/> Monthly Service Rotation Evaluations</li> <li><input type="checkbox"/> Objective Structured Clinical Examinations (OSCE)</li> <li><input type="checkbox"/> Direct Observation</li> <li><input type="checkbox"/> Other:</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Deficient</li> <li><input type="checkbox"/> Usually meets Competencies</li> <li><input type="checkbox"/> Consistently meets Competencies</li> <li><input type="checkbox"/> Exceptional</li> </ul> <p>Comments:</p>

<p>Competency 4: Interpersonal and Communication Skills in Osteopathic Medical Practice: Residents are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams.</p>		
<p>C4 Required Element #2: This resident exhibited effective listening, written and oral communication skills in professional interactions with patients, families and other health professionals.</p>		
<p>Please check the box (es) for the methods, outcomes, or demonstrations of compliance that were utilized</p>	<p>Please check the box(es) for the evaluation tool used to document methods, outcomes, or demonstrations of compliance</p>	<p>Please check the appropriate rating box &amp; comment on this resident's performance for this element:</p>
<p>The Resident:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Communicated medical problems and patient options at the appropriate level of understanding.</li> <li><input type="checkbox"/> Maintained comprehensive, timely, and legible medical records.</li> <li><input type="checkbox"/> Demonstrated respectful interactions with health practitioners, patients, and families of patients.</li> <li><input type="checkbox"/> Elicited medical information effectively. Demonstrated an understanding of resources</li> <li><input type="checkbox"/> available to physicians to assist with appropriate assessment of communication- impaired patients.</li> <li><input type="checkbox"/> Worked effectively with others as a member or leader of a healthcare team.</li> <li><input type="checkbox"/> Participated in workshops/videos, bedside/clinic/office teaching on effective oral/written communication skills.</li> </ul> <p>Completed OPP Competencies which may include but not be limited to the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Utilizing caring, compassionate behavior and touch with patients.</li> <li><input type="checkbox"/> Demonstrating listening skills in interaction with patients.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 360-Degree Evaluation Instruments</li> <li><input type="checkbox"/> Checklist evaluation</li> <li><input type="checkbox"/> Monthly Service Rotation Evaluations</li> <li><input type="checkbox"/> Objective Structured Clinical Examinations (OSCE)</li> <li><input type="checkbox"/> Direct Observation</li> <li><input type="checkbox"/> Other:</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Deficient</li> <li><input type="checkbox"/> Usually meets Competencies</li> <li><input type="checkbox"/> Consistently meets Competencies</li> <li><input type="checkbox"/> Exceptional</li> </ul> <p>Comments:</p>

<p>Competency 5: Professionalism in Osteopathic Medical Practice: Residents are expected to uphold the Osteopathic Oath in the conduct of their professional activities that promote advocacy of patient welfare, adherence to ethical principles, collaboration with health professionals, life-long learning, and sensitivity to a diverse patient population. Residents should be cognizant of their own physical and mental health in order to care effectively for patients.</p>		
<p>C5 Required Element #1: This resident demonstrated respect for his/her patients and families and advocated for the primacy of his/her patient's welfare and autonomy.</p>		
<p>Please check the box(es) for the methods, outcomes, or demonstrations of compliance that were utilized</p>	<p>Please check the box(es) for the evaluation tool used to document methods, outcomes, or demonstrations of compliance</p>	<p>Please check the appropriate rating box &amp; comment on this resident's performance for this element:</p>
<p>The Resident:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Presented an honest representation of a patient's medical status and the implications of informed consent to medical treatment plans.</li> <li><input type="checkbox"/> Maintained patient's confidentiality and demonstrated proper fulfillment of the osteopathic physician's role in the doctor- patient relationship.</li> <li><input type="checkbox"/> Maintained appropriate and non-exploitive relationship with his/her patients.</li> <li><input type="checkbox"/> Informed patients accurately of the risks associated with medical research projects, the potential consequences of treatment plans, and the realities of medical errors in medicine.</li> <li><input type="checkbox"/> Treated the terminally ill with compassion in the management of pain, palliative care, appropriate touch and preparation for death. Participated in course/program (compliance and end-of-life), workshops, lectures, bedside, and clinic/office teaching.</li> <li><input type="checkbox"/> Participated in mentor/mentee sessions on professionalism, ethics, and cultural diversity</li> </ul> <p>Completed OPP Competencies which may include but not be limited to the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Completing OMT computer educational modules.</li> <li><input type="checkbox"/> Assuming increased responsibility for the incorporation of osteopathic concepts in his/her patient management.</li> <li><input type="checkbox"/> Participating in activities that provided educational programs at the osteopathic student and intern levels including osteopathic correlations.</li> <li><input type="checkbox"/> Participating in CME programs provided by COMs, the AAO, and the osteopathic specialty colleges.</li> <li><input type="checkbox"/> Utilizing caring, compassionate behavior and touch with patients.</li> <li><input type="checkbox"/> Demonstrating knowledge of and behavior in accordance with the Osteopathic Oath and AOA Code of Ethics.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 360-Degree Evaluation Instruments</li> <li><input type="checkbox"/> Checklist evaluation</li> <li><input type="checkbox"/> Monthly Service Rotations Evaluations</li> <li><input type="checkbox"/> Objective Structured Clinical Examinations (OSCE)</li> <li><input type="checkbox"/> Direct Observation</li> <li><input type="checkbox"/> Other:</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Deficient</li> <li><input type="checkbox"/> Usually meets Competencies</li> <li><input type="checkbox"/> Consistently meets Competencies</li> <li><input type="checkbox"/> Exceptional</li> </ul> <p>Comments:</p>

<p>Competency 5: Professionalism in Osteopathic Medical Practice: Residents are expected to uphold the Osteopathic Oath in the conduct of their professional activities that promote advocacy of patient welfare, adherence to ethical principles, collaboration with health professionals, life-long learning, and sensitivity to a diverse patient population. Residents should be cognizant of their own physical and mental health in order to care effectively for patients.</p>		
<p>C5 Required Element #2: This resident adhered to ethical principles in the practice of osteopathic medicine.</p>		
<p>Please check the box(es) for the methods, outcomes, or demonstrations of compliance that were utilized</p>	<p>Please check the box(es) for the evaluation tool used to document methods, outcomes, or demonstrations of compliance</p>	<p>Please check the appropriate rating box &amp; comment on this resident's performance for this element:</p>
<p>The Resident:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Demonstrated an increased understanding of conflicts of interest inherent in medicine and the appropriate responses to societal, community, and healthcare industry pressures.</li> <li><input type="checkbox"/> Used limited medical resources effectively and avoided the utilization of unnecessary tests and procedures.</li> <li><input type="checkbox"/> Recognized the inherent vulnerability and trust accorded by patients to physicians and upheld the highest moral principles that avoid exploitation for sexual, financial, or other private gain.</li> <li><input type="checkbox"/> Pursued life-long learning goals in medicine, humanism, and osteopathic ethics.</li> <li><input type="checkbox"/> Gained insight into the understanding of patient concerns and the proper relationship with the medical industry.</li> <li><input type="checkbox"/> Participated in workshops, lectures, bedside, and clinic/office teaching.</li> <li><input type="checkbox"/> Participated in a mentor/mentee program on professionalism.</li> <li><input type="checkbox"/> Demonstrated OPP Competencies by participating in activities and educational programs at the osteopathic student and intern levels and osteopathic correlations as appropriate.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 360-Degree Evaluation Instruments</li> <li><input type="checkbox"/> Checklist evaluation</li> <li><input type="checkbox"/> Monthly Service Rotation Evaluations</li> <li><input type="checkbox"/> Objective Structured Clinical Examinations (OSCE)</li> <li><input type="checkbox"/> Direct Observation</li> <li><input type="checkbox"/> Other:</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Deficient</li> <li><input type="checkbox"/> Usually meets Competencies</li> <li><input type="checkbox"/> Consistently meets Competencies</li> <li><input type="checkbox"/> Exceptional</li> </ul> <p>Comments:</p>

<p>Competency 5: Professionalism in Osteopathic Medical Practice: Residents are expected to uphold the Osteopathic Oath in the conduct of their professional activities that promote advocacy of patient welfare, adherence to ethical principles, collaboration with health professionals, life-long learning, and sensitivity to a diverse patient population. Residents should be cognizant of their own physical and mental health in order to care effectively for patients.</p>		
<p>C5 Required Element #3: This resident demonstrated awareness and proper attention to issues of culture, religion, age, gender, sexual orientation, and mental and physical disabilities.</p>		
<p>Please check the box(es) for the methods, outcomes, or demonstrations of compliance that were utilized</p>	<p>Please check the box(es) for the evaluation tool used to document methods, outcomes, or demonstrations of compliance</p>	<p>Please check the appropriate rating box &amp; comment on this resident's performance for this element:</p>
<p>The Resident:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Became more knowledgeable and more responsive to the special needs and cultural origins of patients.</li> <li><input type="checkbox"/> Advocated for continuous quality of care for all patients.</li> <li><input type="checkbox"/> Prevented the discrimination of patients based on defined characteristics. Demonstrated an increased understanding of the legal obligations of physicians in the care of patients.</li> <li><input type="checkbox"/> Attended lectures/workshops on multicultural medicine.</li> <li><input type="checkbox"/> Modeled competency to other residents and house staff.</li> </ul> <p>Completed OPP Competencies which may include but not be limited to the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Participating in CME programs provided by COMs, the AAO, and the osteopathic specialty colleges.</li> <li><input type="checkbox"/> Utilizing caring, compassionate behavior and touch with patients.</li> <li><input type="checkbox"/> Demonstrating the treatment of people rather than symptoms.</li> <li><input type="checkbox"/> Demonstrating listening skills in interaction with patients.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 360-Degree Evaluation Instruments</li> <li><input type="checkbox"/> Checklist evaluation</li> <li><input type="checkbox"/> Monthly Service Rotation Evaluations</li> <li><input type="checkbox"/> Objective Structured Clinical Examinations (OSCE)</li> <li><input type="checkbox"/> Direct Observation</li> <li><input type="checkbox"/> Other:</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Deficient</li> <li><input type="checkbox"/> Usually meets Competencies</li> <li><input type="checkbox"/> Consistently meets Competencies</li> <li><input type="checkbox"/> Exceptional</li> </ul> <p>Comments:</p>



**Competency 5: Professionalism in Osteopathic Medical Practice:**  
 Residents are expected to uphold the Osteopathic Oath in the conduct of their professional activities that promote advocacy of patient welfare, adherence to ethical principles, collaboration with health professionals, life-long learning, and sensitivity to a diverse patient population. Residents should be cognizant of their own physical and mental health in order to care effectively for patients.

**C5 Required Element #4:** The resident demonstrated awareness of one’s own mental and physical health.

Please check the box(es) for the methods, outcomes, or demonstrations of compliance that were utilized	Please check the box(es) for the evaluation tool used to document methods, outcomes, or demonstrations of compliance	Please check the appropriate rating box & comment on this resident’s performance for this element:
The Resident: <ul style="list-style-type: none"> <li><input type="checkbox"/> Demonstrated self-adherence to preventive care required of health professionals.</li> <li><input type="checkbox"/> Had established some form of routine physical activity.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 360-Degree Evaluation Instruments</li> <li><input type="checkbox"/> Checklist evaluation</li> <li><input type="checkbox"/> Monthly Service Rotation Evaluations</li> <li><input type="checkbox"/> Direct Observation</li> <li><input type="checkbox"/> Other:</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Deficient</li> <li><input type="checkbox"/> Usually meets Competencies</li> <li><input type="checkbox"/> Consistently meets Competencies</li> <li><input type="checkbox"/> Exceptional</li> </ul> Comments:

<p>Competency 6: Osteopathic Medical Practice-Based Learning and Improvement: Residents must demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based traditional and osteopathic medical principles into patient care, show an understanding of research methods, and improve patient care practices.</p>		
<p>C6 Required Element #1: This resident treated patients in a manner consistent with the most up-to-date information on diagnostic and therapeutic effectiveness (traditional and osteopathic).</p>		
<p>Please check the box(es) for the methods, outcomes, or demonstrations of compliance that were utilized</p>	<p>Please check the box(es) for the evaluation tool used to document methods, outcomes, or demonstrations of compliance</p>	<p>Please check the appropriate rating box &amp; comment on this resident's performance for this element:</p>
<p>The Resident:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Used reliable and current information in diagnosis and treatment.</li> <li><input type="checkbox"/> Effectively used the medical library and electronically mediated resources to discover pertinent medical information.</li> <li><input type="checkbox"/> Demonstrated the ability to extract and apply evidence from scientific studies to patient care.</li> <li><input type="checkbox"/> Sought feedback on his/her presentations and reports.</li> <li><input type="checkbox"/> Participated in evidence-based medicine Journal Clubs.</li> </ul> <p>Completed OPP Competencies which may include but not be limited to the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Performing a critical appraisal of medical literature related to OMT and/or OPP. Meeting performance standards of OPP through the assessment of his/her diagnostic skills, medical knowledge, and problem- solving abilities.</li> <li><input type="checkbox"/> Completing OPP computer-based educational modules</li> <li><input type="checkbox"/> Participating in activities that provided educational programs at the osteopathic student and intern levels, including osteopathic correlations as indicated.</li> <li><input type="checkbox"/> Participating in CME programs provided by COMs, the AAO, and the osteopathic specialty colleges.</li> <li><input type="checkbox"/> Completing OPP computer teaching modules</li> <li><input type="checkbox"/> Demonstrating the treatment of people rather than symptoms.</li> <li><input type="checkbox"/> Demonstrating understanding of somato- visceral relationships and the role of the musculoskeletal system in disease.</li> <li><input type="checkbox"/> Participating in AOA Clinical Assessment Program.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Chart Stimulated Recall Oral Examinations (CSR)</li> <li><input type="checkbox"/> Objective Structured Clinical Examinations (OSCE)</li> <li><input type="checkbox"/> Monthly Service Rotation Evaluations</li> <li><input type="checkbox"/> Portfolio</li> <li><input type="checkbox"/> Written Examinations (i.e. in-training exam)</li> <li><input type="checkbox"/> Direct Observation</li> <li><input type="checkbox"/> Other:</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Deficient</li> <li><input type="checkbox"/> Usually meets Competencies</li> <li><input type="checkbox"/> Consistently meets Competencies</li> <li><input type="checkbox"/> Exceptional</li> </ul> <p>Comments:</p>

<p>Competency 6: Osteopathic Medical Practice-Based Learning and Improvement: Residents must demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based traditional and osteopathic medical principles into patient care, show an understanding of research methods, and improve patient care practices.</p>		
<p>C6 Required Element #2: This resident performed self-evaluations of clinical practice patterns and practice-based improvement activities using a systematic methodology.</p>		
<p>Please check the box(es) for the methods, outcomes, or demonstrations of compliance that were utilized</p>	<p>Please check the box(es) for the evaluation tool used to document methods, outcomes, or demonstrations of compliance</p>	<p>Please check the appropriate rating box &amp; comment on this resident's performance for this element:</p>
<p>The Resident:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Understood and participated in performance improvement/quality assurance activities at the hospital and ambulatory sites.</li> <li><input type="checkbox"/> Applied the principles of evidence-based medicine in the diagnosis and treatment of patients (traditional and osteopathic).</li> <li><input type="checkbox"/> Compared/studied the effectiveness of his/her practice patterns against the results obtained with other population groups in terms of effectiveness and outcomes.</li> </ul> <p>Completed OPP Competencies which may include but not be limited to the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Performing a critical appraisal of medical literature related to OPP.</li> <li><input type="checkbox"/> Participating in activities that provided educational programs at the osteopathic student and intern levels, including osteopathic correlations as indicated.</li> <li><input type="checkbox"/> Participating in CME programs provided by COMS, the AAO, and the osteopathic specialty colleges.</li> <li><input type="checkbox"/> Completing OMT and/or OPP computer-based teaching modules</li> <li><input type="checkbox"/> Demonstrating knowledge of and behavior in accordance with the Osteopathic Oath and AOA Code of Ethics.</li> <li><input type="checkbox"/> Participating in AOA Clinical Assessment Program.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Chart Stimulated Recall Oral Examinations (CSR)</li> <li><input type="checkbox"/> Objective Structured Clinical Examinations (OSCE)</li> <li><input type="checkbox"/> Portfolio</li> <li><input type="checkbox"/> Other:</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Deficient</li> <li><input type="checkbox"/> Usually meets Competencies</li> <li><input type="checkbox"/> Consistently meets Competencies</li> <li><input type="checkbox"/> Exceptional</li> </ul> <p>Comments:</p>

<p>Competency 6: Osteopathic Medical Practice-Based Learning and Improvement: Residents must demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based traditional and osteopathic medical principles into patient care, show an understanding of research methods, and improve patient care practices.</p>		
<p>C6 Required Element #3: This resident understood research methods, medical informatics, and the application of technology as applied to medicine.</p>		
<p>Please check the box(es) for the methods, outcomes, or demonstrations of compliance that were utilized</p>	<p>Please check the box(es) for the evaluation tool used to document methods, outcomes, or demonstrations of compliance</p>	<p>Please check the appropriate rating box &amp; comment on this resident's performance for this element:</p>
<p>The Resident:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Participated in research activities as required by his/her respective osteopathic specialty colleges.</li> <li><input type="checkbox"/> Demonstrated computer literacy, information retrieval skills, and an understanding of computer technology that applies to patient care and hospital systems.</li> <li><input type="checkbox"/> Applied study designs and statistical methods to the appraisal of clinical studies.</li> <li><input type="checkbox"/> Participated in Journal Clubs and evidence- based medicine programs.</li> <li><input type="checkbox"/> Sought feedback on his/her presentations and reports.</li> <li><input type="checkbox"/> Provided effective and thoughtful feedback to others on their presentations and conclusions.</li> </ul> <p>Completed OPP Competencies which may include but not be limited to the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Performing a critical appraisal of medical literature related to OPP.</li> <li><input type="checkbox"/> Completing OMT and/or OPP computer educational modules</li> <li><input type="checkbox"/> Participating in activities that provided educational programs at the osteopathic student and intern levels, including osteopathic correlations as indicated.</li> <li><input type="checkbox"/> Participating in CME programs provided by COMs, the AAO, and the osteopathic specialty colleges.</li> <li><input type="checkbox"/> Participating in AOA Clinical Assessment</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Monthly Service Rotation Evaluations</li> <li><input type="checkbox"/> Objective Structured Clinical Examination (OSCE)</li> <li><input type="checkbox"/> Portfolio Procedure/Case Logs</li> <li><input type="checkbox"/> Other:</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Deficient</li> <li><input type="checkbox"/> Usually meets Competencies</li> <li><input type="checkbox"/> Consistently meets Competencies</li> <li><input type="checkbox"/> Exceptional</li> </ul> <p>Comments:</p>

<p>Competency 7: System-Based Osteopathic Medical Practice: Residents are expected to demonstrate an understanding of health care delivery systems, provide effective and qualitative osteopathic patient care within the system, and practice cost-effective medicine.</p>		
<p>C7 Required Element #1: This resident understands national and local health care delivery systems and medical societies and how they affect patient care, professional practice and relate to advocacy.</p>		
<p>Please check the box(es) for the methods, outcomes, or demonstrations of compliance that were utilized</p>	<p>Please check the box(es) for the evaluation tool used to document methods, outcomes, or demonstrations of compliance</p>	<p>Please check the appropriate rating box &amp; comment on this resident's performance for this element:</p>
<p>The Resident:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Attended instruction in matters of health policy and structure.</li> <li><input type="checkbox"/> Demonstrated an increased understanding of business applications in osteopathic medical practice.</li> <li><input type="checkbox"/> Demonstrated operational knowledge of health care organizations, and state and federal programs.</li> <li><input type="checkbox"/> Functioned as a member of the health care team in the hospital, ambulatory clinic and community.</li> <li><input type="checkbox"/> Attended guest lectures/seminars with policy makers.</li> <li><input type="checkbox"/> Attended hospital utilization review, quality and other administrative and multidisciplinary meetings</li> </ul> <p>Completed OPP Competencies which may include but not be limited to the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Performing a critical appraisal of medical literature related to OMT and/or OPP.</li> <li><input type="checkbox"/> Participating in activities that provided educational programs at the osteopathic student and intern levels, including osteopathic correlations as indicated.</li> <li><input type="checkbox"/> Participating in CME programs provided by COMs, the AAO, and the osteopathic specialty colleges.</li> <li><input type="checkbox"/> Completing OMT and/or OPP computer-based teaching modules</li> <li><input type="checkbox"/> Participating in AOA Clinical Assessment Program.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 360-Degree Evaluations</li> <li><input type="checkbox"/> Chart Stimulated Recall</li> <li><input type="checkbox"/> Oral Examinations (CSR)</li> <li><input type="checkbox"/> Monthly Service Rotation Evaluations</li> <li><input type="checkbox"/> Objective Structured Clinical Examinations (OSCE)</li> <li><input type="checkbox"/> Portfolio</li> <li><input type="checkbox"/> Other:</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Deficient</li> <li><input type="checkbox"/> Usually meets Competencies</li> <li><input type="checkbox"/> Consistently meets Competencies</li> <li><input type="checkbox"/> Exceptional</li> </ul> <p>Comments:</p>

<p>Competency 7: System-Based Osteopathic Medical Practice: Residents are expected to demonstrate an understanding of health care delivery systems, provide effective and qualitative osteopathic patient care within the system, and practice cost-effective medicine.</p>		
<p>C7 Required Element #2: This resident advocated for quality health care on behalf of his/her patients and assisted them in their interactions with the complexities of the medical system</p>		
<p>Please check the box(es) for the methods, outcomes, or demonstrations of compliance that were utilized</p>	<p>Please check the box(es) for the evaluation tool used to document methods, outcomes, or demonstrations of compliance</p>	<p>Please check the appropriate rating box &amp; comment on this resident's performance for this element:</p>
<p>The Resident:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Identified and used local medical resources available to patients for treatment and referral.</li> <li><input type="checkbox"/> Participated in advocacy activities that enhance the quality of care provided to patients.</li> <li><input type="checkbox"/> Practiced clinical decision-making in the context of cost, allocation of resources, and outcomes.</li> </ul> <p>Completed OPP Competencies which may include but not be limited to the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Assuming increased responsibility for the incorporation of osteopathic concepts in his/her patient management.</li> <li><input type="checkbox"/> Participating in AOA Clinical Assessment Program.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 360-Degree Evaluations</li> <li><input type="checkbox"/> Checklist Evaluations</li> <li><input type="checkbox"/> Objective Structured Clinical Examinations (OSCE)</li> <li><input type="checkbox"/> Portfolio</li> <li><input type="checkbox"/> Direct Observation</li> <li><input type="checkbox"/> Other:</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Deficient</li> <li><input type="checkbox"/> Usually meets Competencies</li> <li><input type="checkbox"/> Consistently meets Competencies</li> <li><input type="checkbox"/> Exceptional</li> </ul> <p>Comments:</p>

## Resident Assessment

1. Have you reviewed and approved the resident's research assignment (e.g., scientific paper, etc.)?

- Yes
- No
- N/A

Comment:

2. Did the resident participate in the annual resident in-service examination as required by the specialty college?

- Yes
- No
- N/A

Comment:

3. Have you reviewed the results of the COMLEX III or the resident's in-service examination with the resident?

- Yes
- No
- N/A

Comment:

4. Has the resident met the requirement for the management of a panel of patients followed throughout the year in an ambulatory continuity setting?

- Yes
- No
- N/A

Comment:

5. Has the resident completed all other specialty specific requirements for this year?

- Yes
- No
- N/A

Comment:

Please comment on this resident in terms of progress in the program, promise as a physician, and in other areas not specifically mentioned above. All comments will be treated confidentially.

This resident has made satisfactory progress in this training program and is capable to proceed to the next year.

- Yes
- No
- N/A (If no, please attach quarterly evaluations)

This confirms that this resident has completed this year of training.

- Yes
- No
- N/A

(Signature of Program Director)

(Date)

(Printed name of Program Director)

The following signature verifies that the resident has had the opportunity to review this report.

(Signature of Trainee)

(Date)

(Printed name of Trainee)



## **Educational Goals, Objectives and Concepts**

1. OMM videos and videoconferencing may be used in conjunction with the lectures and will be at the discretion of the Director of Medical Education
2. Journal Club: All Trainees are required to attend and accept such assignments as are given to them.
4. Library books, textbooks, journals, and magazines are for general use.
5. Regularly scheduled conferences are held daily. Copies of the conference schedule may be obtained in the Medical Education Office.

## **Teaching in Major Departments**

Each Academic department should include and correlate the basic philosophy that the human body is a unit in which structure and function are mutually and reciprocally interdependent; that the body, through a complex balancing system, tends to be self-regulatory and self-healing; that adequate function of body systems depends upon the unimpeded flow of blood and nerve impulses; that the musculoskeletal elements comprise a body system whose importance far exceeds that of providing framework and support; and that there are somatic components of disease which are not only manifestations, but also important contributing and/or maintaining factors, in the diseased area or distant from it. Among these somatic components are musculoskeletal dysfunctions, referred to as osteopathic lesions, detectable by palpatory methods and treated by manipulation.

### **Anesthesiology**

The intern will work with the anesthesiology team to understand the anatomy, physiology, and pharmacology relevant to anesthetic induction, maintenance, and emergence. The trainee will also recognize anesthetic options, including general, regional, monitored anesthetic care, and procedural sedation.

### **Internal Medicine**

This department should afford each trainee adequate instruction and experience in internal medicine. There should be special emphasis on the osteopathic concept in psychological, social, and somatic aspects and in such procedures as are commonly employed in the

practice of internal medicine. All subspecialty divisions will provide additional in-depth major contributions to the general medical knowledge of the interns. Training and care in the critically ill will be provided in ICU, CCU, and step-down unit and will incorporate line insertion, ventilation management, gram stain, microbiology, hemodynamic monitoring, and dialysis where indicated.

### **Family Medicine**

This department should afford each trainee adequate instruction and experience in family medicine. There should be special emphasis on the osteopathic concept in psychological, social, and somatic aspects of disease and in such procedures as are commonly employed in the practice of osteopathic family medicine.

### **General Surgery**

Surgical training should be planned to emphasize diagnosis and pre-and post-operative care, along with the development of Surgical Skills as appropriate. Time spent in the surgical suite should be designed through careful assignments to correlate in situ pathology with the findings recorded in the history and physical examination or evaluation of the patient, along with laboratory and x-ray findings. Special attention should be given to emergency room problems and to minor surgical procedures that are performed in outpatient departments or physicians' offices. Trainees are encouraged to accompany their patients to the operating room so as to facilitate their understanding of pre- and post-operative care.

### **Ambulatory Gynecology**

Gynecology skills will be experienced in the ambulatory setting with follow-up in the OR as seemed necessary.

### **Pediatrics**

Training in Pediatrics should include: well child care, including immunization procedures. The intern should also have an adequate amount of instruction and experience in the medical, surgical, and psychiatric aspects of disease in preventing the development of poor body mechanics in infancy and childhood.

### **Pathology**

Trainees should be required to be familiar with the pathological studies of surgical specimens and autopsy material of concern to their own patients. Except in emergencies, assignments

should not interfere with Trainees attendance at post-mortem examination of cases under their care.

## **Radiology**

Trainees should spend time in the radiology department reviewing the films of patients assigned to them and on their service. This practice will provide them more depth of understanding of the management of their patients, especially when correlated with laboratory findings and their own patient evaluations.

## **Outpatient Department and/or Emergency Department**

The hospital should provide Trainees with carefully supervised experiences in emergency and trauma care under circumstances comparable to the office and hospital practice of osteopathic medicine. Trainees should also have an understanding of the functions of community health services.

## **Records of Trainee Assignments and Certificate**

The intern must keep adequate and detailed logs of all inpatient and outpatient **procedures**. In addition they must complete an evaluation of each rotation and complete daily duty hours. A letter of completion will be provided upon the satisfactory fulfillment of all PGY-1 requirements.

## **Meetings and Lectures**

Trainees may be in attendance at any/all of the following meetings and lectures:

1. Departmental and Staff Meetings
2. Scheduled Lectures
3. Clinicopathological Conferences
4. Medical Audit Committee
5. Tissue Committee
6. Disaster Committee
7. Tumor Board
8. Utilization Committee
9. Mortality Review
10. Post-mortem Examination

## **Daily Lecture Series**

Topics will be of practical importance and should stress diagnosis and management. Trainees are expected to attend these lectures and only patient care emergencies should supersede. The DME at each hospital will provide a monthly lecture schedule.

## **Morning Report**

Morning report is held at each hospital every morning. Attendance is **mandatory** as this report is of two-fold importance. One is to facilitate the administrative transfer of patients who were admitted the night before. The second is to provide an opportunity for the class to discuss management issues of these patients or other interesting cases in the hospital.

Trainees will be responsible for briefly presenting cases with x-rays and EKGs at each morning report. Ideally, this will be a patient admitted that night or presently hospitalized. The proper use of diagnostic tests as well as cost/risk/benefit analysis of ancillary testing will be discussed. Trainees will concentrate on learning data-gathering skills and developing clinical skills. A differential diagnosis will be evaluated and a clinical approach to each problem developed.

Again, full participation by all interns and residents is mandatory! All Attendings are invited with primary attendings scheduled for each day.

## **Behavioral Science Core Curriculum**

Biopsychological knowledge and skills are taught in both formal and informal settings throughout the PGY-1 training year, both by attending physicians on rounds and in formal lecture format.

Topics to be covered are: evaluation of psychosocial problems, social and developmental history, assessment of mental competence, the spectrum of anxiety, dealing with death and terminal illness and the scope of depression.

## **Emergency Medicine**

### **PROGRAM GOAL:**

The PGY-1 Resident will be exposed to and should demonstrate an understanding of the diagnosis and treatment of patients with emergency medical problems.

### **BEHAVIORAL GOALS:**

At the completion of PGY-1 training the intern will:

1. Perform a thorough and complete emergency assessment at a satisfactory level.
2. Recognize, diagnose and manage common emergency problems.
3. Provide direction and management for complicated emergency problems.

### **SPECIFIC OBJECTIVES:**

In order to achieve the behavioral goals specified above, interns must master new knowledge, learn new clinical and technical skills, develop appropriate attitudes, and become familiar with the role of emergency medicine in practice. The following specific objectives were developed to enable the intern to meet the program goal and behavioral goals for the emergency medicine section.

**KNOWLEDGE:** after completing the rotational assignments and required didactic assignments in the ambulatory care and hospital setting the intern will demonstrate knowledge concerning:

1. The differences between emergency and urgent complaints.
2. The factors influencing triage and emergency assessment.
3. The principles of emergency care management.
4. The principles of fluid and electrolyte balance in children and adults.
5. The principles of managing environmental emergencies.
6. The principles of managing trauma in children and adults.
7. The clinical components of advanced cardiac life support.
8. The clinical indications of shock and the principles of shock management.
9. The clinical indications of poisoning and drug overdoses.

**CLINICAL AND TECHNICAL SKILLS:** In the ambulatory care and hospital setting the Trainee will perform the following clinical and technical skills for the management of the patient presenting with emergency problems:

1. Participate in the initial assessment and triage in emergency care.
2. Collect an accurate medical history.
3. Demonstrate the ability to formulate a differential diagnosis using the general skills of history collection and physical examination.
4. Formulate a therapeutic plan for the treatment of emergency problems.
5. Perform and/or participate in the following technical skills:
  - a) Vital signs
  - b) Advanced cardiac life support
  - c) Arterial punctures
  - d) Intravenous infusion (peripheral vein percutaneous puncture, venous cutdown, external jugular vein, central venous access)
  - e) Lumbar puncture
  - f) Suprapubic aspiration
  - g) Thoracentesis
  - h) Endotracheal Intubation

**ATTITUDES:** In the ambulatory care and hospital setting, the Trainee will demonstrate the appropriate attitudes during the management of the patient with emergency problems:

- a) Consider the psychosocial factors involved in the care of a patient with emergency and urgent complaints.
- b) Demonstrate empathy and compassion towards patients with emergency problems and their families, including the problems involved with a death of a patient from an emergency situation.
- c) Demonstrate the ability to establish interpersonal relationships with patients, families, attending physicians, nurses, and health professionals.
- d) Develop self-education skills in the area of emergency medicine.
- e) Demonstrate an appreciation of cost and cost effectiveness of the treatment modalities and diagnostics in emergency care.
- f) Demonstrate an appreciation of the moral and ethical implications of treatment modalities and diagnostics in emergency care.

**MEDICAL PROBLEMS IN EMERGENCY MEDICINE:** In the ambulatory care and hospital setting, the Trainee will utilize the related knowledge, skills and attitudes to provide patient management for the following problems correlated with emergency care:

1. Acute abdominal pain
2. Acute diarrhea
3. Anaphylaxis

4. Animal, human and arthropod bites
5. Apnea
6. Ataxia
7. Burns and smoke inhalation
8. Chest pain
9. Congestive heart failure
10. Coma
11. Cyanosis
12. Drowning
13. Electrical or lightning injuries
14. Dysphagia
15. Fever
16. Gastrointestinal and rectal bleeding
17. Hemorrhage
18. Hypertensive crisis
19. Hypo and hyperthermia
20. Orthopedic injuries
21. Paralysis and hemiplegia (stroke)
22. Poisoning and drug overdose
23. Pulmonary edema
24. Respiratory distress
25. Status epilepticus
26. Sudden infant death syndrome
27. Syncope
28. Trauma
29. Diabetic Emergencies
30. Dyspnea
31. Pulmonary Embolic Disease

#### CURRICULUM IMPLEMENTATION

1. Trainees participate in rotational assignments in ambulatory care and hospital assignments which include management of patients with emergency and urgent complaints.

#### CURRICULUM EVALUATION

1. Faculty evaluation of Trainees clinical performance.
2. Intern's evaluation of ambulatory care and in-hospital management.

## READING LIST

“Annals of Emergency Medicine,” Journal of the American College of Emergency Physicians.

Emergency Medicine. A Comprehensive Study Guide. American College of Emergency Physicians.

Harrison’s Principles of Internal Medicine 17<sup>th</sup> Edition, 2008



## Family Medicine - Hospital Protocol

The following is the routine protocol for students and residents on the family medicine hospital rotation:

7:30 - 8:30 a.m.	Morning Report—MANDATORY
9:00 a.m.-12:00 p.m.	<u>Students</u> and <u>Residents</u> make rounds with attending physicians.
12:00 - 1:00 p.m.	Noon conference/lunch – MANDATORY
1:00 pm	Radiology rounds-one <u>student</u> each day is assigned to pull x-rays for review.
1:30 - 4:30 p.m.	Follow-up on rounds, i.e., track down labs, studies or tests performed on patients.
4:30 – 5:00 p.m.	Card rounds as indicated with residents to distribute next day's responsibilities.

The following are the responsibilities of the students, interns, residents, and attending physicians in the hospital setting:

### STUDENT RESPONSIBILITIES

1. Students will write daily notes on patients.
2. Students will present the patients on rounds providing:
  - a. history leading to hospitalization
  - b. pertinent physical findings
  - c. up-to-date labs (chart formation)
  - d. medications(i.e., date of starting antibiotic)
  - e. review nursing notes
  - f. other pertinent data
3. Students will gather medical histories and conduct physical examinations on family medicine patients.
4. Students will assist the intern and resident in exam, diagnosis, medications list, and follow-up appointments.
5. Students are expected to attend morning report and noon conference daily, as well as the Wednesday Family Medicine Core Conference from 3:00 – 5:00 p.m.
6. Students will admit patients from the ER or direct admissions and participate in the discharge planning of patients with either the intern or resident, including the actual discharge summary.

### PGY-1 RESPONSIBILITIES

1. Interns will admit all patients to the General Medical floor. (Both direct floor admissions and ER admissions.)
2. Interns will present the case to the attending physician.
3. Interns will take the first call.
4. Interns will write discharge prescriptions and final progress notes.
5. Interns will help students in tracking lab work and studies and assist in daily notes.
6. Interns will be an educational resource for students in history and physicals, admissions, daily progress notes, and patient management issues.
7. Interns will be available to nursing and students in dealing with difficult patient problems.
8. Interns will handle non-teaching service issues as assigned on the intern coverage schedule.
9. Interns are expected to attend daily morning report and noon conference.

### RESIDENT (PGY-2 and higher) RESPONSIBILITIES

1. Residents will supervise all activities listed thus far.
2. Residents will admit patients to the telemetry unit and ICU/CCU as per protocol.
3. Residents will teach students how to follow a hospitalized patient.
4. Residents will conduct rounds with the service attending at scheduled times.
5. Residents will lecture daily on pre-selected topics.
6. Residents will handle all patient management problems.
7. Residents will assign patients to students on service.
8. Residents will make certain that all discharge summaries are completed.
9. Residents are responsible for the daily progress notes.
10. Residents will attend daily morning and noon conferences.
11. Residents will assist interns and students with potential problems before and after rounds.

### ATTENDING RESPONSIBILITIES

1. Attending physicians will be present for rounds on time.
2. Attending physicians will respond to cases as presented to them and deliver teaching points as they pertain to the case work-up.
3. Attending physicians will present formal lectures to students as time permits.
4. Attendings will provide articles for students, interns, and residents on family medicine topics as indicated.

## **General Medical/Surgical Unit**

### **PROGRAM GOAL:**

At the completion of PGY-1 training the trainee will coordinate all the necessary health care services with a minimum amount of fragmentation.

### **BEHAVIORAL GOALS:**

At the completion of PGY-1 training the trainee will:

1. Provide complete management for the hospitalized patient admitted to the general medical/surgical unit.
2. Participate in patient care from admission to discharge.
3. Function as a member of the hospital team and coordinate services with attending physicians, nurses, and other health care professionals.

### **SPECIFIC OBJECTIVES:**

In order to achieve the behavioral goals specified above, trainees must master new knowledge, learn new clinical and technical skills, develop appropriate attitudes, and become familiar with preventive practices in general practice. The following specific objectives were developed to enable the intern to meet the program/goal and behavioral goals for the general medical/surgical section.

**KNOWLEDGE:** After completing rotational assignments and required didactic assignments in the hospital setting the intern will demonstrate knowledge concerning:

1. The process for admitting patients to the general medical/surgical unit.
2. The special considerations for patients admitted to the general medical/surgical unit.
3. The principles of infection control in the general medical surgical unit
4. The importance of the nursing staff in the general medical surgical unit.
5. The role of the attending physician and house staff in the general medical/surgical unit.
6. The role of health care personnel in the general surgical unit.
7. The role of health care personnel in the general medical/surgical unit (i.e. occupational therapists, laboratory technicians, pharmacists and support staff).
8. The purpose of the physical design of the patient rooms, isolation rooms and nurses station.

9. The purpose of proper ventilation in patient and isolation rooms, and treatment rooms.
10. The Special provisions for the patient's family members during the patient's hospitalization.

**CLINICAL AND TECHNICAL SKILLS:** In the hospital setting the intern will perform the following clinical and technical skills for the management of the hospitalized patient:

1. Collect complete medical history and perform a thorough physical examination during the patient's admission.
2. Demonstrate the ability to formulate a differential diagnosis using the general skills of history collection and physical examination.
3. Formulate a therapeutic plan for the treatment of the hospitalized patient.
4. Perform and/or participate in the technical skills necessary to obtain a diagnosis.
5. Maintain accurate hospital records including admissions notes, progress notes and discharge summaries.

**ATTITUDES:** In the hospital setting, the intern will demonstrate the following appropriate attitudes during the management of the hospitalized patient:

1. Consider the psychosocial factors involved in the care of the hospitalized patient.
2. Demonstrate empathy and compassion towards hospitalized patients and their families.
3. Demonstrate the ability to establish interpersonal relationships with patients, families, attending physicians, nurses and health care professionals.
4. Apply medical knowledge to the clinical practice of managing the hospitalized patient.
5. Develop self-education skills in the care of the hospitalized patient.
6. Demonstrate appreciation of the cost and cost effectiveness of the treatment involved in hospitalization.
7. Demonstrate an appreciation of the moral and ethical implications of treatment modalities and diagnostics in hospitalization.

**MEDICAL PROBLEMS AND THE HOSPITALIZED PATIENT:** In the hospital setting, the intern will utilize the related knowledge, skills and attitudes to provide management of general medical problems for the hospitalized patient.

## CURRICULUM IMPLEMENTATION

1. PGY-1 Resident participation in rotational assignments in the hospital setting which includes complete management of the hospitalized patient.

## CURRICULUM EVALUATION

1. Faculty evaluation of trainee's clinical performance.
2. Trainee's evaluation of in-hospital management.

## Internal Medicine

1. Medical History
2. Physical Examination
3. Neuromusculoskeletal examination
4. Clinical procedures (venous pressure, circulation time, spinal tap, Master's test, etc.)
5. Manipulative therapeutics as applied to medical service patients.
6. Cardiology – to include examination of the heart, cardiac fluoroscopy, evaluation of the peripheral vascular system, diagnosis and management of myocardial infarction, congestive heart failure, valvular and congenital heart disease, pericarditis, rheumatic heart disease, viral heart disease, the endocrinopathies and their cardiac manifestations.
7. Infectious diseases –to include a clinical review and demonstration sessions in the viral, rickettsial, mycotic, bacterial and parasitic diseases.
8. Gastroenterology – to include the contribution of endoscopic procedures (esophagogastrosopy and proctosigmoidoscopy) and the diagnosis and management of esophagitis, gastritis, hepatitis, ileitis, colitis, peptic ulcer, gastrointestinal hemorrhage, and gut tumors.
9. Fluid and electrolyte management.
10. Diagnosis and management of the nephritides.
11. Diagnosis and management of renal insufficiency and shutdown.
12. Endocrinopathies – to include diabetes, disease of the thyroid, adrenal, ovarian, testicular and pituitary glands.
13. Hematology – to include the anemias, the purpuras, aplasias and disease of the blood forming organs.
14. Hepatic disease – to include cirrhosis, hepatitis, hepatoma, biliary disease and congenital errors of metabolism.
15. Allergy and allergy testing.
16. Diseases of the respiratory system – to include upper respiratory infections, pneumonia, tuberculosis, emphysema, bronchiectasis, pulmonary malignancy, pulmonary abscess, and the contribution of bronchoscopy.
17. Collagen diseases – to include rheumatic fever, rheumatoid arthritis, lupus erythematosus, dermatomyositis and scleroderma.
18. Vascular system – to include coverage of the peripheral vascular diseases, pulmonary embolism, thrombophlebitis and venous insufficiency.
19. Nervous system – to include cerebrovascular accidents, differential diagnosis of thrombosis, hemorrhage and embolism, acute alcoholism, the medical psychiatric patient, differential diagnosis of brain tumor, and the intracranial infections.
20. Medical emergencies – to include the diagnosis and management of the unconscious patient, the acute poisonings, and specific survey of other acute medical situations.

In each of the above there will be an integrated program of comment and demonstration of those staff members of demonstrated excellence in the field of osteopathic conceptuality and therapeutics.

## **SPECIAL MEDICINE**

### **CARDIOLOGY**

#### **PROGRAM GOAL:**

After completion of intern training in cardiology, the intern will demonstrate a thorough understanding of the prevention, diagnosis, treatment, and rehabilitation of patients with cardiovascular problems.

#### **BEHAVIORAL GOALS:**

At completion of intern training the intern will:

1. Perform a thorough and complete cardiac assessment at satisfactory level.
2. Recognize, diagnose and manage common cardiac disorders.
3. Provide direction and management of complicated cardiac problems.

#### **SPECIFIC OBJECTIVES:**

In order to achieve the behavioral goals specified above, interns must master new knowledge, learn new clinical and technical skills, develop appropriate attitudes, and become familiar with the role of cardiology in general practice. The following specific objectives were developed to enable the intern to meet the program goal and behavioral goals for the cardiology section.

**KNOWLEDGE:** After completing rotational assignments and required didactic assignments in the ambulatory care and hospital setting, the intern will demonstrate knowledge concerning:

1. The anatomy and hemodynamics of the normal heart.
2. Recognition of the abnormal anatomy and hemodynamics related to common congenital heart defects.
3. The importance of diagnostic testing in cardiac investigation.
4. The complications of congenital heart disease and the indications for specific bacterial endocarditis prophylaxis.
5. The management of common cardiac pathologies.
6. Principles of managing heart failure.
7. The implications of cardiac surgery in the management cardiac pathology.



MEDICAL AND TECHNICAL SKILLS: In the ambulatory care and hospital setting the intern will perform the following clinical and technical skills related to cardiology:

1. Collect a complete medical history and perform an accurate physical examination.
2. Perform accurate blood pressure readings on adults and children of all ages with accurate cuff sizes at various locations on the body.
3. Distinguish between abnormalities in heart size, increases and decreases in pulmonary vascularity and chamber enlargement from a PA and lateral chest x-ray.
4. Distinguish between functional heart murmurs and typical auscultatory findings in normal and abnormal cardiac pathologies.
5. Perform and correctly interpret an electrocardiogram including disturbances of rhythm and evidence of right or left ventricular hypertrophy, patterns of various arrhythmias.
6. Perform or participate in the following technical skills in cardiology:
  - a) Electrocardiogram and vectorcardiograph
  - b) Cardiopulmonary resuscitation
  - c) Central venous pressure catheter placement and maintenance
  - d) Cardiac catheterization and selective angiography
  - e) Cardioversion
  - f) Pericardiocentesis
  - g) Cardiac pacing
  - h) Echo-cardiography and phonocardiography

ATTITUDES: In the ambulatory care and hospital setting, the intern will demonstrate the following appropriate attitudes during the management of the cardiac patient:

1. Consider the psychosocial factors involved in the care of the cardiac patient.
2. Demonstrate the empathy and compassion towards patients with cardiac problems and their families including problems involved with a dying patient.
3. Demonstrate the ability to establish effective interpersonal relationships with patients, families, attending physicians, nurses and health professionals.
4. Develop self-education skills in the area of cardiology.
5. Demonstrate the appreciation of cost and cost effectiveness of the treatment modalities and diagnostics in cardiac care.
6. Demonstrate the appreciation of the moral and the ethical implications of treatment modalities and diagnostics in cardiac care.

MEDICAL PROBLEMS IN CARDIOLOGY: In the ambulatory care and hospital setting, the intern will utilize the related knowledge, skills and attitudes to provide patient management for the following problems correlated with cardiac pathology:

1. Arrhythmia
2. Cardiac arrest
3. Cardiac murmurs
4. Cardiomegaly
5. Carditis
6. Congenital heart disease, cyanotic and acyanotic forms
7. Congestive heart failure
8. Hypertension
9. Myocardial infarction
10. Rheumatic fever, with or without carditis
11. Shock

## CURRICULUM IMPLIMENTATION

1. Trainee's participate in rotational assignments in ambulatory care and hospital assignments which include management of patients with cardiac pathologies.

## CURRICULUM EVALUATION

1. Faculty evaluation of intern's clinical performance.
2. Trainee's evaluation of ambulatory care and in-hospital management.

The Cardiology Service at PCOM allows the intern a complete education in the diagnosis and management of acute (and chronic) cardiovascular disease. For the most part, emphasis will be placed on the following abnormalities:

1. Acute Myocardial Infarction
2. Unstable Angina Pectoris
3. Acute Congestive Heart Failure
4. Hypertensive Emergencies
5. Abnormalities of Cardiac Rhythm

In all cases of patient management, the PGY-1 trainee is responsible to the upper level resident on service and in turn directly responsible to the attending physician. The PGY-1 trainee will be responsible for the supervision of medical students on Cardiology Service. Progress notes, discharge summaries and orders should be implemented after discussion with the above personnel. Consultations, when indicated, should be discussed prior to implantation for reasons of maintaining the freedom of choice of the referring physician. At times, patients may require transfer to another institution (arrangements will be made by the attending physician only) for

cardiac procedures – cardiac catheterization or heart surgery – it may be necessary for the trainee to accompany the patient during transfer due to the critical nature of heart disease.

Teaching on rounds with emphasis on bedside teaching will be accompanied by formal lectures and conferences, audiovisual materials and hand out material to insure a basic knowledge of cardiology. Since discussions are held at the patient beside, it would be appropriate for terminology to be carefully employed so as to not alarm already frightened and critical cardiac patients. Osteopathic concept and principles will be utilized in cardiac patients due to the beneficial therapeutic as well as diagnostic benefits which have been recognized by the attending staff.

The trainees on Cardiology Service will spend time on the primary service of attending cardiologists at the discretion of the medical director, and time in the Coronary Care Unit and Cardiac Step-Down Units.

#### Responsibilities of the PGY-1 Resident:

##### Coronary Care Unit and Cardiac Step-Down Unit:

1. Assist in formal teaching rounds not only with the attending service but with all consulting services to aid in coordination and implementation of management decisions. Daily progress notes should reflect coordinated management.
2. Assist in the transportation of management decisions when patients are transferred to and from the Coronary Care Unit and the Cardiac Step-Down Unit.
3. Assist the upper level resident and attending staff when asked and when indicated in the performance of procedures necessary in the diagnosis and management of critical patients, utilizing sterile techniques and under the guidelines of the CCU Policy and Procedure Manual.

##### Floor Services:

1. Trainees will be assigned to attending cardiologists or to floor service by the medical director.
2. Admission and transfer and discharge of patients will be assisted by the trainee following formal rounds with the attending cardiologist, orders should be written accordingly.

3. Implementation of management decisions involves the complete discussion with the resident and attending staff and orders should be written accordingly.
4. PGY-1 Residents are responsible for coordination of students on assigned services.
5. PGY-1 Residents are responsible for attending the educational conferences of the assigned attending staff in addition to other educational activities assigned by the medical director.

## INTERNAL MEDICINE

“Annals of Internal Medicine,” American College of Physicians.

“The New England Journal of Medicine,” Massachusetts Medical Society.

Each issue of these journals should be reviewed for current “state of the art” articles.

Harrison’s Principles of Internal Medicine, McGraw-Hill.

## Surgery

The surgical Residency program at PCOM is aimed at giving the PGY-1 Resident exposure to the surgical conditions that have been covered in classroom lectures.

A thorough understanding of the basic principles of Surgery, Anatomy, and Pathology, and its complications are very important regardless of what branch of the healing arts you are interested in, particularly if you are going into General Practice.

1. Review of the following material, with clinical demonstrations when appropriate by the surgical residents;
  - a. suture material operative equipment and sterile techniques
  - b. emergency surgical procedures – venous cut down cystotomy and tracheostomy
  - c. preoperative and postoperative care.
2. Surgical management of cardiac arrest.
3. Management of post surgical shock.
4. Emergency room surgical procedure.
5. Fluid electrolyte and blood therapy in the surgical patient.
6. Thoracentesis, and surgical approaches to bursa.
7. The surgical approach to gastrointestinal disease:
  - a. gastrointestinal pathology
  - b. biliary surgery
  - c. pancreatic surgery
  - d. splenic surgery
  - e. surgery of the small intestine
  - f. surgery of the colon, rectum, and anus
  - g. office gynecology
8. Surgical management of diseases of the breast.
9. Surgical management of endocrinopathies.
10. Review and instruction covering indications, complications, and techniques in tonsillectomy and adenoidectomy.
11. Pelvic examination.
12. Office gynecology.
13. Surgery of the genitourinary tract – to include cystoscopy, ureterostomy and retrograde examination, reconstructive surgery of the kidney, ureters and bladder, and nephrectomy.
14. Herniorrhaphy (inguinal), femoral (ventral and diaphragmatic).
15. Acute surgical abdomen.
16. Intractable pelvic pain (surgical approach).
17. Mental illness and surgery.
18. Office practice or minor surgery.

## RESPONSIBILITIES AND DUTIES

You will be assigned to surgical patients in the hospital when they are admitted to General Surgical Service, and also that of the surgical sub-specialties.

As soon as you are notified that you have a patient admitted to service, you will:

1. Visit the patient to determine if the condition is acute and check vital signs.
2. Report to the upper level resident or attending physician for orders and discuss plan of management.
3. The PGY-1 Resident on surgical service is required to notify immediately the upper level surgical resident of any surgical admission, whether it be a regularly scheduled admission or an emergency. If the resident is not available the intern shall notify the surgeon in charge of the case.
4. Write admission orders as directed by resident or attending surgeon.
5. Perform a complete history and physical and record it on the chart as an admission, note, including a rectal examination and musculoskeletal finding.
6. If a female patient, consult with a resident regarding a vaginal exam, and if you do this examination, be sure to record it on the sheet.
7. Write admission progress note starting briefly the condition of the patient, the main complaint, your findings, and plans of management.
8. Check the posted OR schedule for the time of surgery and report the next day at least 10 minutes prior to scheduled surgery time. You should be in the operating room in a scrub suit, cap, mask, and boots.
9. You will be expected to scrub and assist on the operative procedure.

The PGY-1 resident and upper level resident on surgical service are responsible for familiarizing himself with all pre and post-operative surgical cases on his service, as well as the progress and condition of these patients.

- a. The PGY-1 resident and the upper level resident are to be present in the OR before surgery starts.

- b. The PGY-1 resident is responsible for learning the proper procedure for scrubbing, gowning, aseptically preparing the patient, and draping the patient for surgery.
- c. The PGY-1 resident must familiarize himself with the various surgical instruments and their proper usage.
- d. The PGY-1 resident is responsible for learning proper OR procedure and decorum.

The purpose of the House Staff in the OR is not only to become familiar with the various operating room procedures and surgical techniques, but to learn anatomy and see the pathology demonstrated. In this way, the house staff can correlate the findings of the history and physical examination, his preoperative diagnosis and the pathology present at the time of surgery.

The PGY-1 resident and the upper level resident is required to follow closely the pre and post-operative management of all surgical cases on his service. Be prepared to write post-operative orders if so directed by the resident. Post-operative orders will vary with each surgeon.

The PGY-1 resident and the upper level resident is required to attend all surgical department meetings and teaching programs.

The PGY-1 resident is required and required to report immediately any change in the condition of a surgical patient, or other information which could have a bearing on the management of the case to the surgical resident or if he is not available, to the surgeon in charge of the case.

The House Staff may be allowed to perform certain minor surgical procedures according to his ability during his surgical tour. Under no circumstances shall a PGY-1 resident perform any surgical procedure except with the definite permission of the attending physician and under the supervision of the surgical resident or qualified member of the surgical department. This applies to all cases without exception.

The surgical consent or permission forms for either operative procedures or diagnostic procedures are not to be completed by the PGY-1 resident or upper level resident, unless the contemplated procedure has been explained to the patient by the surgeon designated to perform such a procedure. If such a procedure has been explained, it shall be documented as such in the form of a progress note.

The PGY-1 resident will be required to assist on all surgical procedures so designated by the resident.

The PGY-1 resident will assist in delivering the patient to Recovery Room from Surgery.

The PGY-1 resident will be required to make rounds with the attending surgeon and upper level resident surgeon when time permits in the AM and with the upper level resident after the surgery schedule is completed.

The PGY-1 resident will examine with the upper level resident all patients to have surgery the following morning and become familiar with the pre-operative orders on these patients.

The PGY-1 resident with the upper level resident, will see to it that the clinical clerks become thoroughly familiar with operating room procedures.

X-ray films are to be brought to surgery on all cases where necessary, that is: Gall Bladder, Stomach, Orthopedic Cases, etc.

The House Staff must complete assigned reading material and enter into lectures and discussions.

The PGY-1 resident will be responsible for the changing of all dressings and removal of drains, sutures, etc., under supervision of the upper level resident.

The PGY-1 resident will check the records of the surgical patients at 8:00 AM and 6:00 PM daily, noting any change of orders, and he will be responsible that all orders on surgical patients are carried out.

The PGY-1 resident will be called upon to aid in the out-patient surgery room if the occasion arises.

The House Staff is encouraged to visit the Pathology Laboratory and to examine gross and microscopic sections, at the convenience of the department.

The House Staff will attempt as much as possible to make the surgical patients comfortable and their hospital stay as pleasant as possible.

Check the Operating Room schedule for the following day and read on the technique of the operations for which you are assigned. If there are any questions, check with the upper level resident or the attending surgeon.

It should be remembered that while the PGY-1 resident is a part of the surgical team, it is not his privilege to discuss any problem relative to the patient's care of diagnosis or any other pertinent matter of a clinical nature with either the patient or the patient's relatives. Question in this



particular field should be referred to the upper level resident or the attending surgeon. He should also be aware of the necessity of maintaining the dignity of silence in and about the recovering patient who may overhear unrelated remarks, which could later be misconstrued, by the patient. Discussion with upper level residents and staff physicians should be carried on in a place of privacy so that patients and visitors will not overhear privileged information relative to any patient.

This surgical service is a two-way street. The more you put into it, the more you will get out of it.

#### READING LIST

Principles of Surgery, Seymour Schwartz, McGraw-Hill

Current Surgical Diagnosis and Treatment, Lawrence Way, Lange Publishers

## **Outpatient Gynecology**

During the rotation on the GYN service, the following goals should be accomplished by each PGY-1 resident.

1. The PGY-1 resident will refine his/her ability to perform a pelvic examination.
2. The PGY-1 resident will familiarize him/herself with frequently performed gynecologic procedures.
3. The PGY-1 resident will master the area of family planning.
4. Reading requirements will be assigned by the GYN attending.

### READING LIST

Current Obstetric and Gynecologic Diagnosis and Treatment, Martin Pemoll, Lange Publishers

## **Osteopathic Principles and Practices/Musculoskeletal System**

### PROGRAM GOAL:

The osteopathic physician incorporates evaluation and treatment of the musculoskeletal system as a basis for the approach to health and disease, combining this with the diagnostic and therapeutic modalities used by other scientific approaches to the healing arts. After the completion of the PGY-1 training program, the trainee will demonstrate a thorough understanding of the principles and practice of osteopathic medicine in relation to the practice of General Practice.

### BEHAVIORAL GOALS:

At the completion of PGY-1 resident training the trainee will:

1. Perform a thorough and complete musculoskeletal assessment at a satisfactory level.
2. Recognize, diagnose and manage common musculoskeletal disorders.
3. Provide direction and management for complicated musculoskeletal problems.

## SPECIFIC OBJECTIVES:

In order to achieve the behavioral goals specified above, PGY-1 residents must master new knowledge, learn new clinical and technical skills, develop appropriate attitudes, and become familiar with the role of osteopathic principles and practices and rehabilitation in general practice. The following specific objectives were developed to enable the PGY-1 resident to meet the program goal and behavioral goals for the osteopathic principles and practices/musculoskeletal section.

**KNOWLEDGE:** After completing the rotation assignments and required didactic assignments in the ambulatory care and hospital setting the PGY-1 resident will demonstrate knowledge concerning:

1. The relationship of the principles of osteopathic medicine to the concepts of health and disease in General Practice.
2. The normal growth and development of the musculoskeletal system.
3. The principles of the musculoskeletal evaluation procedures suitable for each age group.
4. The recognition of the most frequently occurring anomalies in the musculoskeletal system at each age level.
5. The principles of somatic changes occurring as a result of distant disease processes and the relationship of these changes in delaying the resolution of the disease process.
6. The principles of primary somatic changes resulting from anatomical syndromes and the relationship to other syndromes.
7. The recognition of a variety of manipulative procedures for evaluation and therapy appropriate to age/development/disorder.
8. The recognition of the relationship of disease/disorders of the musculoskeletal system to total well being.
9. The principles of managing congenital abnormalities.
10. The clinical indications of generalized diseases of the bone.
11. The principles of managing infections of the skeletal system.
12. The principles of managing trauma of the musculoskeletal system.

**CLINICAL AND TECHNICAL SKILLS:** In the ambulatory care and hospital setting the PGY-1 resident will perform the following clinical and technical skills for the management of the patient with musculoskeletal problems. The PGY-1 resident will:

1. Collect an accurate medical history and perform a thorough physical examination.

2. Demonstrate the ability to formulate a differential diagnosis using the general skills of history collection and physical examination.
3. Formulate a therapeutic plan for the treatment of musculoskeletal problems.
4. Demonstrate the ability to assume complete responsibility for the diagnosis and treatment of musculoskeletal problems.
5. Perform and/or participate in the following technical and clinical procedures:
  - a) Application of osteopathic manipulative procedures.
  - b) Bone x-rays
  - c) Exercises and range of motion
  - d) Muscle biopsy
  - e) Myelography
  - f) Reduction simple dislocations
  - g) Splinting fractures

**ATTITUDES:** In the ambulatory care and hospital setting, the PGY-1 resident will demonstrate the following appropriate attitudes during the management of the patient with musculoskeletal problems:

1. Consider the psychosocial factors involved in the care of a patient with musculoskeletal problems.
2. Demonstrate empathy and compassion towards patients with musculoskeletal problems and their families.
3. Develop effective interpersonal relationships with patients, families, attending physicians, nurses, and health professionals.
4. Develop self-education skills in the area of musculoskeletal medicine.
5. Demonstrate an appreciation of cost and cost effectiveness of the treatment modalities and diagnostics in musculoskeletal medicine.
6. Demonstrate an appreciation of the moral and ethical implications of treatment modalities and diagnostics in musculoskeletal medicine.

**MEDICAL PROBLEMS IN THE MUSCULOSKELETAL SYSTEM:** In the ambulatory care and hospital setting, the PGY-1 resident will utilize the related knowledge skills, and attitudes to provide patient musculoskeletal pathology:

1. Bone cysts
2. Bone, joint and muscle pain
3. Burn across joints
4. Deformities of the chest wall and extremities.
5. Dislocations
6. Epiphyseal dysplasia

7. Flat feet, re: age
8. Hip synovitis
9. Osteoarthritis
10. Rickets
11. Rheumatoid arthritis
12. Scoliosis
13. Scurvy
14. Torticollis

#### CURRICULUM IMPLEMENTATION:

1. PGY-1 residents participate in rotation assignments in the ambulatory care and hospital setting, which includes management of patients with musculoskeletal problems.

#### CURRICULUM EVALUATION:

1. Faculty evaluation of PGY-1 resident's clinical performance.
2. PGY-1 resident's evaluation of ambulatory care and in-hospital management.

## **Pediatrics**

### **PROGRAM GOAL:**

A thorough knowledge of the principles of growth and development is the foundation upon which the health care of children is based. In addition the examination of the child differs from that of the adult, and techniques must be adapted to the degree of cooperation of the child. The achievement of the following goals and objectives are dependent upon the Hospital/Ambulatory rotation.

### **BEHAVIORAL GOALS:**

At the completion of PGY-1 resident training the trainee will:

1. Perform a thorough and complete pediatric assessment.
2. Recognize, diagnose and manage common pediatric problems.
3. Provide direction and management for complicated pediatric problems.

### **SPECIFIC OBJECTIVES:**

In order to achieve the behavioral goals specified above, PGY-1 resident must master new knowledge, learn new clinical and technical skills, develop appropriate attitudes, and become familiar with the role of pediatrics in general practice. The following specific objectives were developed to enable the PGY-1 resident to meet the program goal and behavior goals for the pediatric section.

### **KNOWLEDGE:**

After completing the rotation assignments and required didactic assignments in the ambulatory care and hospital setting the PGY-1 resident will demonstrate knowledge concerning:

1. The components of evaluations of the newborn.
2. The components of well baby visits and children health screenings.
3. The nutritional requirements of infants and children.
4. The immunization schedules for infants and children.
5. The multiple causes of failure to thrive in infants.
6. The evaluation and management of dehydration in children.
7. The principles of managing the infections in the newborn (congenital rubella, herpes simplex infection, cytomegalovirus infection, toxoplasmosis).

8. The principles of managing infections in children (common cold, otitis media, conjunctivitis, cervical adenitis, croup, epiglottitis, bronchiolitis, pneumonia).
9. The principles of managing headaches in children.
10. The clinical indications of jaundice in the newborn.
11. The clinical indications of urinary tract infection in children.
12. The clinical manifestations of meningitis, viral hepatitis, gastroenteritis and septic arthritis in children.
13. The components of managing the pediatric emergency (shock, anaphylaxis, accidental poisoning).
14. The management of convulsive disorders in children.
15. The factors that cause enuresis in children.
16. The management of congenital cardiac disease in children.
17. The clinical indications of rheumatic fever in children.
18. The diagnostic criteria and management of acute glomerulonephritis and the nephritic syndrome.
19. The components of managing diabetes mellitus in children.
20. The evaluation and management of anemias in children.
21. The evaluation of children with behavioral and developmental problems.

#### CLINICAL AND TECHNICAL SKILLS:

In the ambulatory care and hospital setting the PGY-1 resident will perform the following clinical and technical skills for the management of the pediatric patient:

1. Collect a complete medical history and perform an accurate physical examination and pediatric assessment.
2. Formulate a therapeutic plan for the treatment of common pediatric disorders.
3. Demonstrate the ability to assume complete responsibility for the diagnosis and treatment of common pediatric disorders.
4. Perform and participate in the following clinical and technical skills for the management of common pediatric disorders.
  - a. Audio and visual screenings
  - b. Growth and development milestones
  - c. Immunizations
  - d. Patient education

#### ATTITUDES:

In the ambulatory care and hospital setting, the PGY-1 resident will demonstrate the appropriate attitudes during the management of common pediatric problems:

1. Appreciate the psychosocial factors involved in the care of pediatric patients.
2. Demonstrate empathy and compassion towards pediatric patients.
3. Establish effective interpersonal relationships with patients, families, attending physicians, nurses, and health professionals.
4. Develop self-education skills in the area of Pediatric medicine.
5. Demonstrate an appreciation of cost and cost effectiveness of the treatment modalities and diagnostics in pediatric medicine.
6. Demonstrate an appreciation of the moral and ethical implications of treatment modalities and diagnostics in pediatric medicine.

#### MEDICAL PROBLEMS IN PEDIATRIC MEDICINE:

In the ambulatory care and hospital setting, the PGY-1 resident will utilize the related knowledge, skills, and attitudes to provide patient management for the following problems correlated with pediatric problems:

1. Accidental Poisoning
2. Anaphylaxis
3. Cardiac Arrest
4. Fever
5. Respiratory Distress
6. Seizures and Convulsions
7. Shock
8. Sudden Infant Death

#### CURRICULUM IMPLEMENTATION:

PGY-1 resident participate in rotation assignments in the ambulatory care and hospital assignment, which includes management of patients with pediatric problems.

#### CURRICULUM EVALUATION:

1. Faculty evaluation of PGY-1 resident's clinical performance.
2. PGY-1 resident's evaluation of ambulatory care and in-hospital management.

#### READING LIST

Current Pediatric Diagnosis and Treatment, William Hathaway, Lange Publishers.  
Textbook of Adolescent Medicine, Elizabeth McAnarney, W.B. Saunders.



## Special Surgery - Ophthalmology

THE EDUCATIONAL PROGRAM SHOULD INCLUDE THE FOLLOWING:

1. Bedside Teaching – The most important phase of PGY-1 resident and upper level resident instruction consists of regular daily rounds with well-conducted bedside teaching. There should be systematic instruction of the house staff by the attending physician, with discussion of the history, physical laboratory findings, the diagnosis and treatment. It is the duty of the attending physician of the patients assigned to the house staff to be responsible for bedside instruction. It should be supplemented by the supervision of the house staff by the Director of Medical Education.
2. Conferences – Clinical conferences are second in importance to bedside teaching. The organization and conduct of clinical conferences is a measure of the effectiveness of the teaching program. Conferences should be scheduled at hours and places convenient for the house staff. PGY-1 residents and upper level residents shall be required to participate in all staff activities which evaluate patient care such as medical audit, mortality, tissue and tumor committee meetings. There should be weekly educational lecture programs. Each department should conduct conferences at least once a month. The pathologist should cooperate in this with the clinical departments. Clinicopathological conferences should be held at least monthly.

OPHTHALMOLOGY SKILLS LIST:

1. Routine eye examination
2. Recognition of normal eyes
3. Schiottz tonometry
4. Ophthalmoscopy (direct)
5. Differential diagnosis of a red painful eye
6. Differential diagnosis of blurr vision
7. Test for muscle imbalances
  - a. Cover and alternate cover tests
  - b. Hirshbert & Krimsky tests
  - c. Fization light and Maddox rod
8. Minor Surgery
  - a. Chalazion excision
  - b. Hordeolum I & D
  - c. Removal of conjunctival foreign body

- d. Removal of superficial intracorneal foreign body
- 9. Emergency Management of:
  - a. Acute Glaucoma
  - b. Lacerations of globe
  - c. Alkali burns
- 10. Medical Management of chronic open angle Glaucoma



## **Resident (PGY-1 and higher) Duties**

Resident hours are from 7:00 a.m. until 5:00 p.m, unless otherwise directed by the Program Director.

1. All Residents are required to fulfill all rules and obligations as set forth by the AOA or specialty college (annual report, scientific paper, and evaluation of the program director).
2. All Residents must utilize their PCOM pagers 24 hours a day.
3. All Residents are responsible for the daily care of all patients assigned to them under the guidance of their faculty trainer.
4. All Residents are required to attend daily rounds at their assigned rotation and must see all service patients prior to discharge, if applicable.
5. All Residents are charged with the responsibility of a timely response to all emergent and non-emergent calls on their assigned service.
6. All Residents are to assure the preparation for surgery of all patients under their care.
7. There shall be a Pre-op note, Op note, and Post-op note on every patient going to the operating room (surgical residents).
8. All Residents must prepare formal lectures for conferences at respective hospitals as required by the DME or Program Director.
9. All Residents will act at all times in a manner which assures the rights and dignity of their patients.
10. All Residents are REQUIRED to attend all conferences at their assigned institution.
11. All Residents must maintain a permanent logbook throughout his/her resident training as required by the AOA Postdoctoral Standards.
12. The resident may be responsible for the dictation of operative reports that he/she participated in, at the discretion of the attending surgeon. The resident is responsible to write progress notes on all assigned patients within 24 hours of admission and for the duration of the patient's stay (surgical residents).

13. All Residents should acquire thorough knowledge of the patients on their respective services. This includes all lab work, x-rays, and special studies which will be discussed at sign out.
14. All Residents are required to perform all wound care as appropriate.
15. Any Resident on night call must provide comprehensive report to other Residents the following morning.
16. Official sign-out rounds are **mandatory** at each institution. All patients will be discussed.
17. No Resident is permitted to act as a consultant.
18. All Residents are encouraged to submit research papers/posters at annual meetings.
19. Teaching rounds must be performed by all Residents with house staff on all patients on a daily basis.
20. All Residents are required to prescribe and to administer OMT to their patients, as appropriate.
21. All Residents must be in compliance with the 80 hour work week.

## **Responsibilities of Chief PGY-1 Residents**

A group of Chief PGY-1 Residents will be selected at orientation by the class and they will be responsible to act as liaisons between the PGY-1 class and administration. They will attend the regular Medical Education Committee meetings.

### **PGY-1 Resident Job Description:**

1. Complete sign-in sheets for each Educational Session (primarily Morning Report & Noon Conference) and assist the DME in monitoring attendance.
2. Maintain weekly communication with the interns at each specific hospital to include:
  - a. Service problems or hospital issues
  - b. Problems with call schedules
  - c. Review of weekly time sheets
  - d. Presentation of GME office communications to fellow Interns
3. Attend Educational Meetings (PCOM Campus)
  - a. Present report compiling information gathered from the interns at your local site.
  - b. Present general overview of the services, didactic sessions and the hospital administration.
  - c. Review service size, post-call protocol, weekly hours & on-call, “Peripheral Services”
  - d. Site specific issues should be handled by the local DME unless of a more global nature which would require review by the education committee.
4. Maintain weekly communication with the local DME to address issues (such as call schedules) as they arise (see #2 above).
5. Maintain “Live” PCOM beeper at all times for general communication with GME staff and in case of emergency (personnel issues, weather, etc.)

## **Responsibilities of Chief Resident(s) (PGY-2 and higher)**

In a program with multiple residents at various levels of training, it is considered advantageous to appoint a chief resident for the program. The appointment of chief resident will be made by the program director of each discipline with the final approval of the PCOM DME.

### **Duties And Responsibilities Of The Chief Resident Include:**

1. Prepare resident call and coverage schedules on a monthly basis.
2. Make daily assignments for junior residents and externs. Should the chief resident be absent from the hospital, he/she must make provisions for these assignments by designating one of the junior residents to perform this function.
3. Supervise and schedule the conferences to be prepared and presented by the residents.
4. Maintain and supervise the core lecture meetings. This will include the selection of topics and notification of the meetings to the attending staff, the residents, and other house staff members. These schedules must be submitted to the residency coordinator 15 days prior to the beginning of the month.
5. Mediate house staff grievances.
6. Attend all meetings of the appropriate Committees. In the event that the chief resident cannot attend, he/she must delegate another resident. The collection of any data required for these meetings shall be the responsibility of the chief resident. The assignment of case presentations for any of these meetings is also the responsibility of the chief resident.
7. Work closely with the program director and the other members of the attending staff to coordinate the training program and improve its form and function.
8. Contact the GME Office, 215-871-6690, with any monthly rotation changes.

## **Graduate Medical Education Committee**

The integrated PCOM PGY-1 program will have an Educational Committee whose purpose is to maintain and improve program quality for the Postgraduate training program. It will consist of the on-site DMEs, GME administration, Chief Residents of Internal Medicine and Surgery, Chief PGY-1 Residents and representatives of major hospital affiliates & clinical services as needed. It will convene bimonthly to review the overall program throughout the year. It is also the means to disseminate important information to the Housestaff through the Chief Residents (all levels).

To supplement the above committee, the major affiliated hospitals will have their own education committees that will monitor the training at that site. These site specific Education Committees will be comprised of local staff members, local administration and Resident representatives. They will be run by the local DME and will address on-site training issues. Any major problems are to be reported to the overall GME committee as is necessary.

Both of these committees will be organized to assist the DME in developing and implementing a high quality educational program for Residents and as well as the review of program and house staff evaluations.

## **Off Site Rotations**

During the course of studies at PCOM, Residents may be asked to visit, work and/or reside at locations off campus (“offsite locations”) to further their education.

Since PCOM has no control over the safety and security procedures at these off-site locations, Trainees are recommended to be mindful of their own safety and security and to familiarize themselves with the policies, practices, and procedures regarding safety and security at these off-site locations.

If a Resident has any concern or apprehension regarding their safety and/or security at an offsite location, they should contact the security personnel of the offsite location, as well as the Security Department of PCOM, to relate their concerns.



## **Evaluations**

PCOM utilizes the electronic evaluation system, E-Value, to evaluate the trainees and the rotation sites. At the completion of each rotation, the appropriate faculty member at the affiliate institution office must conduct an evaluation of the trainee, using E-Value. The assigned faculty member and the trainee will review the evaluation form. The evaluation is also reviewed by the DME, Program Director and Vice Dean for Clinical Education, and is maintained electronically in the E-Value system.

In addition, at the completion of each rotation, the trainee shall evaluate the rotation and shall be reviewed by the DME, program director and Vice Dean for Clinical Education and stored in the E-Value system.

### Evaluation Policy:

1. At the completion of each rotation, the trainee will be evaluated by the appropriate professional staff. These evaluations will be reviewed by the trainee and the DME and maintained by the E-Value system.
2. In addition, at the completion of each rotation, the trainee shall in turn, evaluate the rotation which shall be reviewed by the DME, program director and Vice Dean for Clinical Education.
3. The Consortium DME and the Graduate Medical Education Committee shall review the performance of each trainee every quarter to ensure that educational objectives are being met.
4. The Consortium DME will meet quarterly with each trainee to ensure that program objectives are being met.
5. A Hearing and Review Procedure has been established for any trainee who requests a formal review of an evaluation or recommendation.
6. Trainees will not receive credit for their training unless all logs (if applicable) and time cards are appropriately completed on the E-Value system.
7. All logs are due in the E-Value system one week after completion of each rotation.

## **Remediation and Dismissal Policy**

### **Remediation**

**Policy Statement:** Each residency program is responsible for assessing and monitoring each resident's academic and professional progress including specific knowledge, skills, attitudes, and educational experiences required for residents to achieve competence in patient care, medical knowledge, practice--based learning and improvement, interpersonal and communication skills, professionalism, and systems--based practice, as well as adherence to departmental policies concerning resident education and the hospital's graduate medical education policies. Failure to demonstrate adequate fund of knowledge or professional decorum adequately in any of these areas may result in remediation or more stringent disciplinary and corrective action if deemed appropriate.

#### **Procedure Steps, Guidelines, or Recommendations**

This policy has been developed in accordance with ACGME guidelines to provide fair and formative remedy –with due process – for residents failing to meet expectation in the core competencies. The objective of this policy is to provide constructive feedback and encouragement to overcome deficiencies. In the event that a deficiency is persistent and inconsistent with the practice of medicine, this policy also provides guidance for the due process leading to adverse actions such as extension of training, probation, or dismissal from the program. Apart from this policy, if a resident physician commits an egregious act, he or she may be dismissed from direct patient care or from the program.

#### **Level 1 – Constructive Advice**

If a resident is identified as failing to meet the minimum requirements for progression in the program in any core competency, faculty or residents will notify the Program Director and disclose the details of the concern. A Program Director may take any of the following action and does not have to move through these actions in a consecutive manner.

- a. **Meeting and Basic Documentation:** The Program Director will meet with the resident to discuss the deficiency or offense. If the Program Director determines that no further action is warranted, no documentation will be placed in the resident's file. If the Program Director determines that the concern is sufficient to warrant documentation, the concern and a plan for remedy will be placed in the resident's file. If remediation is successful, documentation will be removed from the resident's file upon graduation. If remediation is not successful, further action will be taken. In any case, the documentation produced at this level is **NOT** reportable for future licensure and credentialing purposes.
- b. **Follow Up:** If any action, as defined in a Level 1 deficiency or offense occurs, at least one follow up meeting is required between the resident and Program Director to assess progress.

**Level 2 - Performance Improvement Plan:** If a resident has previously met with the Program Director and he/she has provided basic documentation and a similar concern is again raised or if a more serious infraction occurs, the Program Director will document the (additional) details of the deficiency or offense using the GMEC approved Performance Improvement Plan for Academic or Professional Development. The plan (may also be termed a Remediation Plan) should include the Director's recommendations and conclusions prescribed to the resident, along with any accompanying corrective action plan or possible remediation plan. The Program Director should inform the Associate Designated Institutional Officer of any corrective action or remediation plans as soon as possible. The Program Director will then meet with the resident to discuss the action plan. The resident will be required to sign the formal action plan and is able to write a rebuttal to the plan. A copy of the plan and any accompanying rebuttal letter will be forwarded to the Designated Institutional Office (DIO) for review and additional recommendations, if any. Once the DIO has reviewed all the documents, they will be placed in the resident's file. The status of the resident in correcting the deficiency will be reevaluated at a time commensurate with the severity of the deficiency, usually between four weeks and three months.

Any decisions to implement an improvement plan should be based on timely evaluation of the resident by the Program Director and must be supported by appropriate documentation. The resident should have received warning of deficiency (ies) prior to the problem(s) reaching a Level 2 improvement plan unless the infraction is of a more serious nature. A program director may seek confidential counsel of the GME Academic Progression Committee as he/she considers any graduated serious action or subsequent levels.

If progress through the improvement plan is successful, all documentation will be removed from the resident's file upon graduation.

### **Level 3 – Formal Probation**

If, during evaluation, it is found that a deficiency or offense has not been corrected satisfactorily, the resident will be placed on formal probation, (hereinafter “probation”). Curriculum credit may be withheld pending the outcome of formal probation. Moonlighting privileges, if previously granted, will be suspended.

1. The Program Director must inform the Associate DIO & DIO of formal probation plans as soon as possible and present his or her recommendation for probation to the GMEC/GME Executive Committee for formal action prior to implementation.

2. The recommendation for probation, along with the prescribed corrective action, will be documented in an addendum to the original letter of counseling (if started at Level I). Documentation will include a statement that formal probation is reportable on all future state licensing and credentialing forms in most states and signature blocks for the Program Director, the resident and the Associate DIO & DIO. Specifically, the statement should include:

- a. The nature of the offense or deficiency (--ies);
- b. A summary of due process and remediation opportunities during a probationary period (i.e., constructive advice, improvement plan, etc.);
- c. Statement of failure to successfully remediate the offense or deficiency (--ies) during the probationary period;
- d. Final recommendations for corrective action that must be met within the probation in order to avoid prolongation of training, inability to sit for boards, dismissal from the program or other adverse action;
- e. A statement that failure to meet recommendations for corrective action in three months will result in permanent dismissal from the program if this is intended;
- f. A statement that probation is reportable on all future state licensing and credentialing forms in most states; and
- g. Signature blocks for the Program Director, the resident, the Associate DIO, & DIO. The resident's signature box will be placed below a checkbox stating, “I accept the terms of probation as outlined in this letter”.

3. Final recommendations for corrective action must be met within the probationary period in order to avoid prolongation of training, inability to sit for boards, dismissal from the program or other adverse action

4. A prescribed date of reevaluation for final disposition commensurate with the severity of the deficiency, usually between four weeks and three months. At this time, the status of the resident's correction of the deficiency will be reevaluated. Comments may be solicited from involved individuals and compiled – along with other evidence of successful movement while on probation – into a reevaluation addendum to the letter of counseling.
5. Once the resident physician has successfully demonstrated adequate correction of the documented deficiency (-ies), this reevaluation letter will state that probation was successful and will be maintained in the resident's file.

Any decision to place a resident on probation shall be based on a timely evaluation of the resident by the Program Director and must be supported by appropriate documentation. The resident should have received sufficient warning of the deficiency (ies) or the offense(s) prior to the problem(s) reaching a Level 3 Formal Probation. If the resident refuses to sign and/or accept the terms of probation, the terms will go into effect from the date that the Program Director's signature is placed on the letter. The resident may choose to appeal the recommendation for Level 3 Probation by initiating the formal resident grievance process (see Policy on Grievance and Due Process).

If the terms and conditions of probation are met, the resident will be retained by the program and, if no further adverse events transpire, will be eligible to graduate from the program. However, **probation is reportable for all future licensure and credentialing purposes, and could adversely affect future employability.**

If a resident's deficiency is believed by the Program Director to potentially compromise patient safety, the resident will be removed from direct patient care responsibilities and placed on administrative leave for the duration of the investigation of the deficiency. Upon completion of the investigation, corrective action may occur, if warranted.

#### **Level 4 – Dismissal** (also see policy on Dismissal of Residents)

If a resident physician has been placed on probation and fails to successfully complete all expectations as outlined in his/her plan for a known offense or documented deficiency or if the problem recurs after apparently a successful probationary period, he or she will be dismissed from the program. The Program Director will compile a letter of recommendation for dismissal that includes:

- a. The nature of the offense or deficiency (-ies) with clinical and/or professional context for the severity of the offense or deficiency;

- b. A summary of due process and relevant remediation or probation opportunities (i.e. constructive advice, improvement plan, probation, suspension, etc.)
- c. Statement of failure to successfully remediate the offense or deficiency (--ies);
- d. A statement that dismissal from a program is reportable on all future state licensing and credentialing forms in most states; and
- e. Signature blocks for the Program Director, the resident and, the Associate DIO, & DIO. The resident's signature box will be placed below a checkbox stating, "I accept the terms of dismissal as outlined in this letter".

The Program Director will present his or her recommendation for dismissal to the GMEC for formal action prior to implementation. The GMEC will officially act on the recommendation. The GMEC Executive Subcommittee may impose temporary action (e.g. suspension) until the GMEC meets.

If the resident refuses to sign and/or accept the terms of dismissal, the terms will go into effect from the date that the Program Director's signature is placed on the letter. The resident may choose to appeal the recommendation for dismissal by initiating the formal resident grievance process (see policy on Grievance and Due Process.

Any information, materials, incident or other reports, statements, memoranda, or other data which are determined to be privileged are not to be copied or released without the prior authorization of the Designated Institutional Officer (DIO) and his/her designee with advance notification and/or upon request.

## **Dismissal of Residents (all PGY levels) from the Program**

### **Dismissal of Residents**

**Policy Statement:** A resident may be dismissed "for just cause". In all cases, however, the resident has the right to appeal the decision in accordance with the resident Grievance and Due Process Policy.

1. **Procedure Steps, Guidelines or Recommendations:** A resident may be dismissed "for just cause." Causes for dismissal include, but are not limited to, the following:

1.1. Incapacitating illness, which in the judgment of the resident's Program Director precludes the resident from participation in the graduate medical education program and patient care activities.

1.2. Failure by the resident to abide by policies of PCOM's teaching hospitals, GMEC policies,

departmental policies, and resident related provisions of the Medical and Bylaws/Rules and Regulations of the teaching hospitals.

1.3. Failure by the resident to demonstrate, meet, or maintain satisfactory levels of academic, professional, and/or clinical performance required by the residency programs (See Remediation Policy)

1.4. Failure by the resident to comply with licensure, registration or certification requirements and/or failure by the Resident to maintain authorization for employment in the United States.

1.5. Actions which directly violate any of the terms of the resident agreement of appointment.

1.6. Willful or inexcusable breaches of Philadelphia College of Osteopathic Medicine rules or regulations.

Unprofessional conduct or behavior by the resident which in the opinion of the Program Director and PCOM, interferes with the performance of the activities provided for under the resident agreement of appointment and/or which are determined by the Program Director and the Hospital to be unsatisfactory for members of PCOM.

2. The Program Director will present the recommendation for dismissal to the GMEC.

3. The GMEC will officially act on the recommendation.

4. The GMEC Executive Subcommittee may impose temporary action (e.g., administrative leave) until the GMEC meets. (See Remediation Policy)

5. The Program Director will notify the resident of dismissal decision. The GME office will collect identification badges, keys, and any other facility and records access items as soon as possible.

6. DIO will notify GME officials and direct them to notify appropriate parties to ensure that resident access to electronic medical records and other privileged residency systems is terminated as soon as possible.

7. In the event of dismissal, the resident has the right to appeal the decision in accordance with the Resident Grievance and Due Process Policy.

## **Grievance and Due Process**

**Policy Statement:** Residents are provided a process for resolving academic and job-related complaints. This includes grievances related to probation, suspension, non-renewal of a resident agreement of appointment, non-promotion to the next level of training, or dismissal.

### **Procedure Steps, Guidelines, or Recommendations**

#### **1. Grievance Steps: (Consult Remediation Policy for expectations on documentation))**

1.1A resident who has a dispute or grievance must discuss this with his/her Program Director, who will make every effort to resolve the matter within seven (7) calendar days from the date the discussion was held.

1.2. If the response is unsatisfactory to the resident, the resident must discuss the complaint or grievance with Associate DIO, who will make every effort to resolve the matter within seven (7) calendar days from the date the discussion was held. (If the Program Director is also the Associate DIO, this step is skipped).

1.3 If the response is unsatisfactory to the resident, the resident must immediately request a meeting with the DIO. The request must be made within seven (7) calendar days of the Associate DIO's response. The meeting with the DIO will be conducted no more than ten (10) calendar days from the date of the request. The DIO will investigate and review the resident's grievance and will respond with a decision in writing to the resident within ten (10) calendar days from the date the meeting was held.



1.4 Should a recommendation for Level 4 Dismissal be overturned after a successful appeal, the resident will be responsible for completing **any training time** lost during the appeal process **with** additional training in order to fulfill board requirements for length of training to sit for boards. In the case of successful appeal, the GMEC Executive Committee, will determine whether the department's recommendation for probation or dismissal or additional length of training is reportable for future licensure and credentialing purposes. If it is determined that such recommendation is not reportable, documentation will be removed from the resident physician's file at the time of graduation from the program.

## **12. Grievance Timelines:**

2.1. Failure to meet timelines or receive approval for extension of timelines will result in forfeiture of grievance rights Requests to extend any deadlines in this process will only be considered based on extenuating circumstances:

2.1.1. Extensions will be considered only when requested in advance of deadlines.

The decision to extend a deadline will be made by the Corporate Director of Human Resources (or his/her designee)

2.1.2. Approvals for a delay will be communicated to the parties involved.

## **Counseling, Medical and Psychological Support Services**

If a PGY-1 Resident or upper level Resident requires counseling, medical and or psychological support services the following procedure should be used:

1. Contact the Assistant Dean for Graduate Medical Education, Supervisor or the Executive Director of PCOMMEDNet at 215-871-6690.
2. Counseling services will be provided by Carebridge 1-800-437-0911.

## **Duty Hours**

The Institutional GMEC ensures that all GME programs are in compliance with the Accreditation Council for Graduate Medical Education requirements to monitor and limit resident duty hours and work environment. The GMEC recognizes that duty hours and work environment must be carefully planned and monitored to ensure sound academic and clinical education, patient safety, and resident well-being. The GMEC further ensures that each GME program establish formal written policies governing resident duty hours.

### Maximum Hours of Work per Week

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

### Maximum Duty Period Length

- Duty periods of first year resident physicians must not exceed 24 hours in duration.
- Duty periods of second year and above resident physicians may be scheduled to a maximum of 24 hours of continuous duty in the hospital.
- Programs must encourage resident physicians to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m. is strongly suggested.
- It is essential for patient safety and resident education that effective transitions in care occur. Resident physicians may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours.

- Resident physicians must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.
- In unusual circumstances, Resident physicians, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family. Under those circumstances, the resident must:
  - Appropriately hand over the care of all other patients to the team responsible for their continuing care; and
  - Document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director/DIO.
  - The program director must review each submission of additional service, and track both individual resident and program-wide episodes of additional duty.

#### Maximum In-House On-Call Frequency

Second year and above resident physicians must be scheduled for in-house call no more frequently than every third-night (when averaged over a four-week period).

#### Minimum Time Off Between Scheduled Duty Periods

- First year resident physicians should have 10 hours, and must have eight hours, free of duty between scheduled duty periods.
- Intermediate-level resident physicians (as defined by the Review Committee) should have 10 hours free of duty, and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.

- Resident physicians in the final years of education (as defined by the Review Committee) must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods.
- This preparation must occur within the context of the 80-hour, maximum duty period length, and one-day-off-in seven standards. While it is desirable that resident physicians in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances (as defined by the Review Committee) when these resident physicians must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty.
- Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by resident physicians in their final years of education must be monitored by the program director/DIO.

#### Maximum Frequency of In-House Night Float

Resident physicians must not be scheduled for more than six consecutive nights of night float.(The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by the Review Committee).

#### Mandatory Free Time off of Duty

Resident physicians must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At-home call cannot be assigned on these free days.

#### Duty Hour Exceptions

- The Program Director may grant exceptions for up to 10% or a maximum of 88 hours to individual programs based on a sound educational rationale.

- The Program Director must follow the duty hour exception policy from the ACGME/AOA Manual on Policies and Procedures.
- Exceptions that occur or granted are to be reported as a duty hour exception at the next GMEC meeting.

#### At-Home Call

- Time spent in the hospital by resident physicians while on at-home call must count towards the 80-hour maximum weekly hour limit. The frequency of at-home call is not subject to the every-third-night limitation, and should not exceed every other night, but must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks.
- At-home call must not be as frequent or taxing as to preclude rest or reasonable personal time for each resident.
- Resident physicians are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new “off-duty period”.

The GMEC will require all programs to assess compliance to their duty hour policy on a weekly basis. Quarterly, each program will report to the Institutional GMEC documenting compliance to the duty hour policy.

#### Duty Hour Violations

PCOM, the Sponsoring Institution, takes the ACGMEs policies very seriously since infractions could jeopardize patient safety, the institution’s accreditation status, and ultimately the accreditation status of all their programs. Therefore, any resident who knowingly violates the

Duty Hour Policy will be dealt with by the respective Program Director. If a resident knowingly continues to violate the Duty Hour Policy, the Program Director/DIO can invoke other departmental sanctions and at any time may bring the issue before the GMEC for review and possible subsequent disciplinary action up to and including the resident's dismissal from the program.

## **Time Sheets**

All trainees are required to complete time sheets each week in E-Value. The PCOM GME Program remains in complete compliance with federal work hour guidelines.

## **Moonlighting Policy- *Updated November 11, 2016***

Outside employment is not allowed during the PGY-1 training year.

PGY-1 trainees may participate in private, professional or clinical practice as it relates to the structured educational experience to which they are assigned. They shall not receive compensation for such activities.

Residents may engage in moonlighting opportunities beginning in the PGY-2 year, but only after the successful completion of their PGY-1, which includes the submission of all paperwork.

PCOM will not provide professional liability insurance to residents for any moonlighting activities.

Residents may practice medicine only within the scope of their specialty training, education and experience.

It is also strongly recommended that an attending physician be present on the premises at all times while the resident is moonlighting.

If you have any questions regarding this policy, please contact Laura G. Bell, Risk Management at 215-871-6609.

## **Moonlighting Requirements:**

1. A Resident Application of Approval for Moonlighting form must be filled out. These forms are available in the Graduate Medical Education (GME) office. The form must be signed by both the Director of the Residency Program and the Associate Dean for Graduate Medical Education.
2. Evidence of the professional liability insurance coverage must be provided and attached to the form. This insurance may be provided by the entity for which the resident will be moonlighting or the resident's own individual insurance.
3. Residents must have an unrestricted license (OS license) to practice medicine in the state where the moonlighting will occur. A residency training license (OT license) is NOT a license to practice medicine outside the scope of residency training.

## **Leave of Absence for Residents (all levels)**

PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE

Prepared by: Graduate Medical Education

Approved by: \_\_\_\_\_

Effective Date: June 24, 2002

Revision Date:

Title: LEAVE OF ABSENCE FOR INTERNS AND RESIDENTS

**Policy:** It is the policy of the Philadelphia College of Osteopathic Medicine to grant a Leave of Absence to eligible Residents, with proper approval, after the reason is determined to be satisfactory and appropriate consideration is given to the operating requirements of the department.

**Purpose:** To set forth policy on Leave of Absences for all eligible PCOM trainees.

**Scope:** Applies to all eligible trainees at PCOM.

**Definition:** A Leave of Absence is a pre-arranged period of time in excess of seven calendar days which an employee is authorized to be absent from active employment in accordance with the procedures stated herein.

**Procedure:**

**1.0 Eligible Employee**

- A Resident (PGY-1 and higher) (trainees) who has signed an AOA contract for the current academic year.

**2.0 Job Entitlement and/or Reinstatement**

- Trainees returning from a Leave of Absence will continue in their training program from the level at which they left.
- Any trainees (PGY-1) intending to return to work must contact the PGY-1 Program Director as soon as possible to be placed back on the rotation schedule. The return date will be agreed upon and the DME will make the final determination.
- Any Resident (PGY-2 and higher) intending to return to work must contact the Residency Program Director as soon as possible to be placed back on the rotation schedule. The return date will be agreed upon and the DME will make the final determination.

**3.0 Effective Date**

- The effective date will coincide with the first day that the employee has ceased active employment.

**4.0 Return Date**

- The return date will coincide with the first day that the employee returns to active employment.
- Failure to return on the specified date will be considered a voluntary resignation.



## 5.0 Maternity Leave

- Residents may take up to twelve weeks of unpaid leave to care for their newborn child.
- Health benefits will continue during the twelve weeks of leave.
- Residents must make up the amount of maternity time taken.
- Salary, medical benefits, and malpractice insurance will be paid during the make-up period.

## 6.0 Medical Leave

- A Leave of Absence for medical reasons can be granted for a period of up to six months, provided that a physician's certification stating that the leave is medically necessary is furnished.
- Health benefits (1 year of service required) for employees eligible for leave under the Family Medical Leave Act will continue for a period of six months from the effective date of the Leave, otherwise, benefits will be maintained for sixty days. Health benefits for leave due to Worker's Compensation will continue for a period of six months.
- Prior to returning from a Medical Leave of Absence, an employee must submit a physician's return to work certificate.

## 7.0 Military Leave – Active Duty

- Under Federal Law, employees subject to military duty are eligible for a Leave of Absence for a period equal to the period of service plus ninety (90) days.
- Medical, Dental, and Life insurance benefits will remain in effect until the last day of the month coinciding with or following the start of the Leave of Absence. All other benefits will be canceled as of the first day of the Leave of Absence.
- In accordance with Federal Law, an employee on military Leave of Absence must apply to be reinstated to his previous job within ninety (90) days after discharge from active military service.

## 8.0 Military Leave – Reserve and National Guard

- Employees returning from active Reserve or National Guard duty are subject to the provisions of the Active Military Leave as stated above.
- Employees regularly enrolled in a Military Reserve or National Guard Program will be allowed absence without pay for regularly scheduled training periods. Employees will be eligible for this coverage for regularly scheduled periods of up to two weeks in duration (10 working days).

## 9.0 Personal Leave of absence

- A personal Leave of Absence may be granted for a period of time deemed appropriate by the Associate DIO and the Director of Human Resources.
- Health, prescription and dental insurance benefits will remain in effect until the last day of the month coinciding with or following the start of the Leave of Absence.
- All other benefits will be canceled as of the first of the Leave of Absence.
- Employees must notify the College of their intent to return to work within two weeks prior to the expiration of their Leave of Absence.

## 10.0 Time Off Policy

- Trainees do not accrue vacation, sick or personal time. See paid time off policy.

## 11.0 Administrative Processing

- The Leave of Absence application form must be utilized.
- All applications and Personnel Action Forms must be submitted to the Graduate Medical Education office.
- A trainee may obtain approval of a Leave of Absence request in advance by timely submission of the application without the Personnel Action Form. In those cases when the approved request is returned to the Department Head, the Personnel Action Form may be submitted.
- The Department Head may initiate a request for a leave of Absence on behalf of the employee in the absence of a specific employee request, where such action is appropriate for the protection of the rights of the employee.
- If approval is not obtained in advance or is not practical, the application form accompanied by the Personnel action Form is submitted by the Graduate Medical Education Department for processing.

## 12.0 Payroll

- If the trainee is granted a leave of absence the current salary will be discontinued during the leave.
- Twelve (12) months of training must be completed as stated on the AOA contract.
- Salary, medical benefits and malpractice insurance will be paid during the make-up period.
- Trainees may not miss more than 20 days during an academic year.

## Benefits

1. **Salary – 2017-2018 Training year:**

PGY-1	\$52,500
PGY-2	\$54,500
PGY-3	\$55,500
PGY-4	\$56,500
PGY-5 and higher	\$57,500

2. Paid Time Off (PTO)-

PGY-1 residents shall receive up to a total of 20 days of PTO per academic year. This includes 10 vacation days and 10 days that can be used for paper/poster presentations at conferences, interviews, and/or sick time. Five of the vacation days will be taken at the Christmas/New Year's holiday week. The other 5 days can be used at any other time of the year, except in the months of June and July, or while rotating at certain affiliated hospitals. Unused PTO cannot be carried over to the next academic year. Any time beyond 20 days must be made up before you can advance to the next level of training. All time off must be approved by the site director, your program director, and the Associate Dean for GME.

PGY-2 and above residents shall receive up to a total of 20 days of PTO per academic year. These days may be used for any combination of vacation, conferences, paper/poster presentations at conferences, interviews and/or sick time. Unused PTO cannot be carried over to the next academic year. Any time beyond 20 days must be made up before you can advance to the next level of training. All time off must be approved by the site director, your program director, and the Associate Dean for GME.

3. Bereavement Leave-

In the unfortunate event of bereavement leave, the resident must inform their Program Director, the Rotation Director, and the Graduate Medical Education office asap. Three days paid leave shall be granted for the death of a spouse, child, parent, sibling, grandparent, mother-in-law, or father-in-law. One day of paid leave shall be granted for the death of an aunt, uncle, niece, nephew, cousin, brother-in-law, sister-in-law or grandparent-in-law. Verification may be required in the form of a death notice, obituary, or a house of worship announcement.

4. Official Holidays- Independence Day, Labor Day, Thanksgiving Day, Christmas Day, New Years Day, and Memorial Day.
5. Dues – Membership dues for the American Osteopathic Association (AOA) and Pennsylvania Osteopathic Medical Association (POMA) are paid by PCOM, please submit your invoice to the GME Office.
6. CME – The book fund allotment is \$255 per year. Please contact the GME office to access those funds.
7. Lab Coats – Coats will be purchased by the GME office for all trainees. Each Resident is entitled to 2 new lab coats for each year of training.
8. Fees – PCOM will pay for the required OT training license.  
Initial OT License Fee – An Osteopathic Training License (OT) is a requirement of the Commonwealth of Pennsylvania, even if you hold a Permanent License (OS). All new trainees will receive an application for an OT license when they receive their contract. If you have not received an application please contact the GME office immediately.
9. Renewal OT License Fee – All Residents with prior training in Pennsylvania should have received a renewal application from the prior training institution. If you have not received an application please contact the GME office immediately.
10. National Boards Part III COMLEX Level 3 must be taken before the end of the PGY-1 year. PCOM will pay for the initial exam only. The NBOME has implemented an electronic on-line registration for all COMLEX USA exams. All PGY-1 trainees must use this system to register, make payment, schedule, cancel and withdraw from the examination. PGY-1 trainees must contact the GME Office to confirm the date of the scheduled test in order to maintain hospital service coverage and to avoid conflicting dates with other PGY-1 trainees. A form must also be faxed by the GME Office to confirm participation in the PGY-1 trainees program. Reimbursement will be made after your receipt of payment is provided to the GME Office.
11. Mandatory Course and/or Training – Each Program Director is provided a list of required courses covered by your program.
12. Parking – Parking provisions have been made for all trainees while on the PCOM campus for academic programs. If you are on rotation at other hospitals, you must inquire at that location for the parking arrangements.

## Payroll

1. Direct Deposit – Direct Deposit is **mandatory** for all House Staff. The forms will be mailed with the trainee contract and will also be available at orientation. These forms should be completed as soon as possible, since it could take up to five weeks for processing. The payroll department will notify you as to the date your check will go directly into our account. Each trainee will be paged from the GME office when a “live” check is present for pickup. Everyone is paid on a bi-weekly basis.
2. Paperless Direct Deposit began on September 8, 2006. Please visit Nucleus through the PCOM Website (pcom.edu) to view your pay stub.

### Steps:

- Go to PCOM website – pcom.edu
- Click into Nucleus (top right icon)
- Log into Nucleus (enter username & password)
- Click the “resources” tab
- Click into Administration Services (Banner) (top left)
- Click into “Check this link to access Banner PCOM Web Services”
- Click “employee”
- Click “pay information”

If you have difficulty accessing Nucleus, please call our MIS Department at 215-871-6110.

\* Note: The last paycheck of the training program will be directly deposited. Any check will be mailed only in a case of emergency.

## Mail

Mailboxes are located on the lower level of Evans Hall, Room 006 across from the Rosner classroom. All mail received by the GME office will be placed in your box. The combination number for the door lock will be given to all trainees at orientation. It is to your advantage to pick up the mail on a regular basis, since important documents are often mailed to the GME office to be distributed to the House Staff. If a mail box becomes overstuffed, you will be paged one time and notified, after that, your box will be emptied and the contents sent to your DME or Program Director.

## Biographical Information

Any changes in address, telephone number, marital status\*, number of dependents\*, acquisition of OS and/or DEA numbers must be given to the GME office. If the GME office has incorrect or outdated information on file, it could cause any number of problems for you.

\*You will need to complete a new W-4 and possible additional insurance addition/change forms.

## Pagers

1. All new House Staff are assigned a pager at orientation by Mgt. Information Services (MIS) (215-871-6110) which are property of PCOM.
2. All Interns/Residents are held responsible for their pager. The GME office will **not** assume responsibility for a lost, stolen or damaged pager. Any lost, stolen or damaged pager **must** be reported **immediately** to both the GME office and MIS.
3. You are required to pay for a lost/stolen/damaged pager; the approximate cost of a pager is \$79.95. A replacement pager **will not** be issued until payment arrangements have been made. Payment arrangements can be done either by payroll deduction or cash or check (made payable to PCOM).
4. You are required to wear your PCOM pager during working hours while on every rotation. It is important that you respond to all pages\*.
5. You must submit your home phone number to each hospital in which you are training. As a House Staff Member, you may be part of the Hospital's Disaster Plan and thereby subject to emergency call. It is your responsibility to discuss our role in the Hospital's Disaster Plan with the DME of that Hospital at the start of each rotation.

\*Note: Any problem with the functioning of your pager should be reported immediately to the MIS Department (215-871-6110)

## **Substance Abuse Policy**

Prepared by: Human Resources      Approved by:  
Effective Date: January 12, 1982      Revision Date: September 1, 2011  
Title: SUBSTANCE ABUSE                      Policy: 2.45

Policy: It is the policy of the Philadelphia College of Osteopathic Medicine to assure an institutional environment free of substance abuse by employees, teachers, students, interns and residents. The policy provides anyone having drug and/or alcohol related illnesses the opportunity to be treated in an appropriate manner.

### Purpose:

1. To establish and maintain a safe, healthy working environment for all employees, teachers, students, interns and residents.
2. To provide rehabilitation assistance for any individual who seeks such help.

Scope: Applies to all employees and students and Residents at PCOM.

### Definition:

1. Alcoholism - a chronic and/or progressive illness manifested in repeated and uncontrolled drinking of alcoholic beverages in excess. Alcoholism shall be characterized as a dependence on alcohol to the extent that it interferes with the employee's health, safety and/or job performance.
2. Drug Dependency - Repeated use of a drug (legal or illegal), characterized by a psychological and physiological dependence on drugs to the extent that it interferes with the health, safety and/or job performance of the employee.

### Drug Free Institutional Policy:

1. The Philadelphia College of Osteopathic Medicine recognizes that Alcohol and Drugs continue to be among the Nation's leading illnesses and a major contributor to impaired job performance, morale, institutional accidents and absenteeism.

2. Management is responsible to ensure that procedures be followed which assure individuals with substance abuse difficulties that their job security or promotional opportunities are not jeopardized by request and/or referral for diagnosis or treatment.

3. When an individual's work performance or attendance is unsatisfactory and the employee is unwilling or unable to correct the situation either alone or with managerial assistance, this will be used as an indicator there may be some cause outside the realm of the job which may be the basis of the poor job performance.

4. Prohibition Against Unlawful Presence of Controlled Substances in the Workplace:

The unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance on PCOM premises, or while engaged in PCOM activities is strictly prohibited, and will result in immediate termination.

5. Prohibition Against the Unauthorized Presence of Alcoholic Beverages:

The unauthorized or unlawful manufacture, distribution, dispensing, possession, or consumption of alcoholic beverages on PCOM premises, or while engaged in PCOM activities is strictly prohibited, and will result in immediate termination.

6. Prohibition Against Working or Reporting to Work Under the Influence of Legal Drugs Which Affect Safety or Performance:

Except as provided below, use or being under the influence of any legal drug by an employee while on PCOM premises or while engaged in PCOM activities is prohibited to the extent such use or influence may affect the safety of the employee, co-workers, or members of the public, job performance, or the safe or efficient operation of PCOM.

It shall not be a violation of this policy if a person can prove that his or her use of a controlled substance (except for methadone) was prescribed by a licensed medical practitioner who is familiar with the medical history and assigned duties.

The Occupational Health Service (OHS) physician may provide an opportunity to discuss a positive test result and clarify if a prescribed medication is involved.

7. The supervisor's responsibility is to identify persistent work performance or attendance difficulties whether they are continuous or intermittent. The supervisor shall not render diagnosis or cause of such performance difficulties, but shall refer to OHS when it is apparent that normal supervision hasn't resolved the performance or attendance concern.

8. Employee must share in the responsibility to comply with the referral for diagnosis and prescribed treatment. When an employee refuses to accept diagnosis and treatment or fails to



respond to treatment, it shall be recommended that the employee be handled in the same manner as any other illness is handled when the results of such referral or failures continue to adversely affect job performance or attendance.

9. This policy incorporates provisions of a drug and alcohol free workplace and academic environment practice.

Procedure:

- 1.0 When an employee's job performance or attendance is unsatisfactory, it shall be addressed pursuant to the attendance policy by the supervisor.
- 2.0 When a problem is identified by the supervisor, the supervisor shall not attempt to delve into detail to try to identify cause(s). If the employee is unable to improve job performance/attendance, the employee shall be required to report to Occupational Health Services for medical evaluation.
- 3.0 If the employee admits to having a substance abuse problem and, as a result of the medical evaluation, accepts help, and the attendance/job performance meets work expectations, no further counseling shall be required.
- 4.0 If the employee denies having a substance abuse problem and/or treatment and attendance/job performance continues to be a concern, the supervisor must continue to address the concern by progressive counseling which may lead to the termination of the employee in accordance with established procedures.
  - 4.1 The supervisor is reminded to encourage the employee to seek medical evaluation during any point of the progressive counseling process.
- 5.0 Procedures to follow when supervisor suspects employee is impaired:
  - 5.1 If an employee is in a suspected impaired condition, the supervisor's obligation is to confront the employee with the decision that the employee seems to be unfit for duty. The supervisor is to offer the employee the following options:
    - A. The employee is offered the opportunity and is encouraged to go for medical evaluation at OHS during routine business hours.
    - B. If the employee decides not to take advantage of the option listed in item #1 above, the employee is advised to leave the premises and be sent home by cab or

by some other supervised method. If the employee wishes, a call will be placed to the employee's home and someone can come and pick the employee up.

6.0 Employee Chooses to be Evaluated:

- 6.1 The employee is to be seen and evaluated by a physician who will determine if the employee is fit or unfit for duty. This means the employee may be required to take a drug test. The tests can include specimens of bodily fluids, such as blood and/or urine specimens, and will screen for legal or illegal substances, including alcohol.
- 6.2 The employee has to give permission for the tests. If the employee refuses to permit the tests, the process goes back to "the employee is unfit for duty" and appropriate action is taken per the organization's work rules.
- 6.3 The employee agrees to take tests recommended by the OHS physician and the tests confirm an impaired state, then the physician will decide the appropriate next steps. If the decision is for the employee to be sent home, the employee is to report back to work the next business day for a conference in Human Resources. The OHS department will inform the Human Resources department of this outcome
- 6.4 The employee's supervisor and the employee will attend the conference, coordinated by the Human Resources Department. At that time, the employee will be apprised of the nature of his/her unfit condition and offered an opportunity to enter into an evaluation process which may or may not lead to substance abuse treatment.

7.0 Employee Refuses to be Evaluated:

- 7.1 The employee is advised that, by virtue of the fact that the employee has refused to go for evaluation and possible treatment, the employee has taken himself/herself out of the evaluation process.
- 7.2 If there is another episode of the employee reporting to work in an apparent unfit condition, the employee will be required to go for a medical evaluation for fitness-for-duty, which may include a drug and alcohol test; and if these are

positive, the employee will be entered into the disciplinary system. This could subsequently lead to termination.

## 8.0 Confidentiality

### 8.1 Human Resources files shall contain performance and attendance information only.

- A. Whenever an employee is referred for medical treatment of a drug-related problem, the supervisor shall be required to ensure the employee's confidentiality is maintained. Information from the agency providing treatment shall only be released with the written authorization of the employee.
- B. Any breach of confidentiality by the supervisor shall be cause for counseling up to and including termination. Exceptions to confidentiality are those who have the right and need to know.
- C. Employees who are referred for inpatient care for drug related problems shall be granted a medical leave of absence. An employee returning from leave shall be returned to active employment pursuant to existing policies and procedures and a signed Return to Work Agreement outlining the expectations for continued employment.
- D. Required preventative treatment programs must also remain confidential.

## 9.0 Employee Responsibility

- 9.1 To recognize drug/alcohol abuse as one of the Nation's leading illnesses; and dependency is a major contributor to poor job performance, institutional accidents, and increased absenteeism. Employees are encouraged to seek diagnosis and follow through with prescribed treatment. No employee shall report to work or will work impaired by any substance, drug or alcohol, lawful or unlawful.
- 9.2 To recognize the supervisor's role is to assist in the operation of the institution's goals through the assurance of a drug-free work environment.
- 9.3 To recognize the supervisor's role is to assist an impaired employee in seeking appropriate medical treatment.

- 9.4 To recognize the failure to participate in a treatment program for drug-related problems may result in the termination of employment.
- 9.5 An employee returning to active employment following inpatient or outpatient care and has a recurrence of the job performance/attendance problem following treatment, shall be handled in an accelerated manner to effect the employee's termination.
- 9.6 A Return to Work Agreement must be strictly followed by the employee under the penalty of counseling, including termination.
- 9.7 Reasonable Cause Testing: When there is reasonable cause to suspect that an individual is using substances illegally, the person will be required to be tested for the use of controlled substances. The individual must submit to testing, upon reasonable cause, for the use of illegal controlled substances when requested to do so.
- 9.8 Notification of appropriate third parties: third parties, e.g., State Board of Nursing, will be notified when an employee tests positive for substances covered by this policy.
- 10.0 Reasonable Suspect
- 10.1 If an employee suspects another employee and/or practitioner is impaired, the employee should ask the individual to refrain from performing services. If the alleged "impaired" individual agrees to not perform the services, the employee should contact the immediate supervisor for appropriate follow-up. If the individual insists on rendering services, then:
- A. The employee should notify the supervisor for immediate assistance. If the supervisor is not available, then the employee should contact Administration (if after hours, Administrator on call) for assistance.
- 11.0 In-service Training
- 11.1 Philadelphia College of Osteopathic Medicine will promote awareness of the effects of drug and alcohol abuse through in-service training. Such training will emphasize the impact of alcohol and drug dependency on performance, the

importance of early documentation and detection, intervention and objectivity in handling the dependent employee and the referral procedures to OHS.

#### Health Risk Associated with Alcohol and Substance Abuse

- 12.1 There are serious health risks associated with the use of any drug, including alcohol and both illicit, legal and prescription drugs.
- 12.2 Prolonged use and/or abuse of such substances can lead to addictive disorders and chemical dependencies. Serious psychological illnesses, including depression, anxiety, sleep disturbances, and compulsive behavior, and others have been shown to be closely associated with drug and alcohol abuse. Alcohol and drug abuse are also major factors in accidental death and injury, particularly automobile accidents.
- 12.3 A wide array of illnesses are associated with alcohol and drug abuse due to the alteration of body chemistry and interference with the body's ability to resist disease. In addition, the damage to vital organ systems such as liver, kidneys, heart, and lungs caused by addictive behaviors represents a major cause of the health problems facing our society. Alcohol and drug abuse has also been shown to threaten the health of the fetus, causing birth defects and at-birth addiction of infants born to pregnant women engaged in such abuse.
- 12.4 The intravenous drug user who shares needles is also at greater risk of contracting the HIV and Hepatitis viruses.
- 12.5 The Department of Corporate Health Services can provide students and employees with more detailed information regarding the health risks associated with drug and alcohol abuse.

#### 13.0 Standards of Conduct Related to Alcohol and Substance Abuse

- 13.1 For students and employees, failure to participate in a treatment program for drug or alcohol related problems as discussed in this policy may result, respectively, in permanent dismissal or termination of employment. Further, the institution will impose its disciplinary sanctions in compliance with Federal, State and Local laws. A violator of the drug and alcohol policies may not only be dismissed from

employment or enrollment in the college, but may be referred by the institution for prosecution by law enforcement authorities.

#### 14.0 Legal Penalties for Drug and Alcohol Abuse

##### 14.1 Commonwealth of Pennsylvania:

- A. Pennsylvania prohibits the manufacture, distribution, sale, or acquisition by misrepresentation of controlled substances, and the possession of unlawfully acquired controlled substances. There are five categories of controlled substances defined by Pennsylvania law.
- B. First-time violators of the law (the Controlled Substance, Drug, Device, and Cosmetic Act, Pa.) face a minimum of 30 days imprisonment, \$500 fine (or both), for possession of small amounts or limited distribution of certain controlled substances to 15 years imprisonment, \$250,000 fine (or both) for manufacture or distribution of narcotic drugs.
- C. Pennsylvania law specifies a minimum penalty of one year imprisonment for delivery or intent to deliver drugs to a minor. Such offenses committed within 1,000 feet of a college or university campus carry an additional two years confinement as a minimum sentence.
- D. Alteration of a prescription, or other misrepresentation to fraudulently procure prescription drugs carry a first-offense penalty (maximum) of one year's imprisonment, \$5,000 fine (or both) (The Pharmacy Act of 1961, Pa.)
- E. All sales, transport and consumption of alcoholic beverages in Pennsylvania are controlled by the Pennsylvania Liquor Code. The statutes contained in the code prohibit persons under the age of 21 from purchase, consumption, possession, or transporting of liquor in the Commonwealth of Pennsylvania, and possessing a false identification card for the purpose of purchasing alcoholic beverages. The penalty for a first offense is suspension of driving privileges for 90 days, a fine of up to \$300 and imprisonment for up to 90 days. Upon a second offense, driving privileges may be suspended for one year, and violators may be imprisoned for up to one year and face a fine of \$500.

- F. It is illegal to furnish alcoholic beverages to a minor, which includes selling, giving, or allowing a minor to possess alcoholic beverages on the accuser's property. First offense violations are subject to a \$1,000 fine; \$2,500 for each subsequent violation, and imprisonment of up to one year for any violations.
- G. Driving under the influence of alcohol or a controlled substance in Pennsylvania is illegal and police officers may arrest suspected violators without a warrant. Such an offense is a misdemeanor and violators are subject to 30 day's imprisonment (the Pa. Vehicle Code, amended 1977).

## 15.0 Federal Law

- 15.1 Federal penalties for the manufacture, use, possession, and distribution of controlled substances are defined by The Controlled Substances Act, which classifies controlled substances into categories, similar to Pennsylvania law. Maximum penalties include life imprisonment, a \$4,000,000 fine (or both).
- 15.2 Distribution of even a small amount of marijuana or simple possession of a controlled substance carries a maximum one year imprisonment, \$1,000 - \$100,000 fine (or both), for the first offense. Subsequent violations carry more severe penalties. Federal law also specifies forfeiture of vehicles, boats, or aircraft used to transport a controlled substance.
- 15.3 Penalties for distribution of controlled substances to minors results in doubling or tripling of the penalties for distribution of similar quantities of such substances to persons over 18. Also similar to Pennsylvania law, The Controlled Substances Act imposes double penalties for distribution offenses committed within 1,000 feet of a school or college campus.
- 15.4 Special penalties are imposed for possession of crack cocaine. A first conviction for a possession of a quantity of crack cocaine in excess of five grams carries a mandatory sentence of five to twenty years of prisonment and a fine of \$250,000.
- 15.5 Persons convicted of possession or distribution of a controlled substance may be denied federal benefits, such as student loans, grants, contracts, and professional licenses for one to five years.

## 16.0 Alcohol and Drug Treatment Resources

- 16.1 The following is a partial listing of area resources to assist students and employees in locating appropriate assistance for treatment of an alcohol or substance abuse problem:

NEW JERSEY

Hampton  
Rancocas Road  
Westhampton Township, NJ 08073  
1-800-345-7345

PENNSYLVANIA

Addiction 24-Hour Helpline  
610-645-3610

Alcoholics Anonymous  
215-574-6900

Narcotics Anonymous  
215-440-8400

Women in Transition  
215-751-1111

Women Against Abuse  
215-739-9999

Pennsylvania Medical Society  
777 East Park drive - P. O. Box 8820  
Harrisburg, PA 17105-8820  
(717) 558-7750

Mercy Catholic Medical Center  
In-Patient Care  
215-365-1200



H78

National Council on Alcoholism - Delaware Valley Area  
215-627-9640

Woodside Hall Addiction Treatment Center  
Ford Road and Monument Avenue  
Philadelphia, PA 19131  
Main Number (24 hours) 215-581-3757

Eagleville Hospital  
In-Patient Care  
610-539-6000

14.2 The following is a partial listing of Georgia area resources to assist students and employees in locating appropriate assistance for treatment of an alcohol or substance abuse problems:

## GEORGIA

Atlanta Family Counseling Center Inc.  
Primary Focus: Mix of mental health and substance abuse services  
Service Provided: Substance abuse treatment  
Type of Care: Outpatient  
190 Camden Hill Road Suite A  
Lawrenceville GA 30045  
(770) 513-8988

Atlanta Metro Treatment Center  
Primary Focus: Substance abuse treatment services  
Services Provided: Substance abuse treatment, Detoxification, Methadone Maintenance, Methadone Detoxification  
Type of Care: Outpatient  
6500 McDonough Drive Suite B-2  
Norcross GA  
30093 (770)  
242-7865

GRN Alcohol and Drug Abuse Program

Primary Focus: Mix of mental health and substance abuse services

Services Provided: Substance abuse treatment

Type of Care: Outpatient

175 Gwinnett Drive

Lawrenceville GA 30045

(770) 963-8141

Lakeland Centres Atlanta

Primary Focus: Mix of mental health and substance abuse services Services Provided:

Substance abuse treatment, Detoxification, Methadone Maintenance, Methadone  
Detoxification

## Harassment Policy

### PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE

**Prepared by:** Human Resources

**Effective Date:** January 12, 1982

**Title:** HARASSMENT

**Approved by:**

**Revision Date:** April 1, 1996

**Policy:** 2.25

**Policy:** PCOM is committed to providing a work and learning environment free from sexual harassment in any form. It is the policy of the Philadelphia College of Osteopathic Medicine to provide a safe, healthy, and comfortable work environment for employees, faculty, and students. To this extent, any form of harassment, including sexual harassment or hazing, will not be tolerated. Anyone who harasses or solicits favors (including sexual favors) from an unwilling subordinate in return for promotions, increased wages, continuance of the job, better grades, position or status, or any similar promise will be subjected to disciplinary action up to and including discharge

Likewise, unwelcome sexual propositions may also constitute sexual harassment and will not be tolerated.

PCOM is committed to maintaining an environment conducive to learning and working.

**Purpose:** To eliminate harassment from the college.

**Scope:** The purpose of this section is to define and explain the nature of harassment and appropriate corrective measures.

**Definition:**

1. Sexual harassment is defined as unwelcome sexual advances or requests for sexual favors and other verbal or physical conduct of a sexual nature, and usually falls under one of three categories:
  - A. Verbal: Sexual innuendoes, suggestive comments, threats, insults, jokes about gender-specific traits, sexual propositions;

B. Non-Verbal: Making suggestive or insulting noises, obscene gestures, whistling, leering; and

C. Physical: Touching, pinching, and brushing body, coercing sexual intercourse, assault.

**Procedure:**

1.0 PROHIBITED

Unwelcome sexual advances, request for sexual favors, and other verbal or physical conduct of a sexual nature when:

- 1.1 Submission to such conduct is made either explicitly or implicitly a condition of an individual's continued employment, or student status, or
- 1.2 Submission or rejection of such conduct by an individual is used as the basis for employment or education decisions affecting such individual or
- 1.3 Such conduct has the purpose or effect of substantially interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

2.0 EXAMPLES OF SEXUAL HARASSMENT

- 2.1 Physical assault
- 2.2 Direct or implied threats that submission to sexual advances will be a condition of employment, work status, promotion, grades, or letters of recommendation;
- 2.3 Direct propositions of a sexual nature;

- 2.4 A pattern of conduct (not legitimately related to the subject matter of a course if one is involved) intended to discomfort or humiliate, or both that includes one or more of the following: Comments of a sexual nature, or sexually explicit statements, questions, jokes, or anecdotes;
- 2.5 A pattern of conduct that would discomfort and/or humiliate a reasonable person at whom the conduct was directed which includes, but is not limited to, one or more of the following: Unnecessary touching, patting, hugging, or brushing against a person's body, remarks of a sexual nature about a person's clothing or body, or remarks about sexual activity or speculations about previous sexual experience.
- 3.0 CORRECTIVE MEASURES
- 3.1 If possible, directly inform the sexual harasser that such conduct is unwelcome and must stop.
- 3.2 Employees or faculty who are subject to or observe any form of sexual harassment should report the incident to their supervisor immediately. If the harassment is by the supervisor, the employee should contact the Human Resources Director. The complaint will be investigated, and if it is substantiated, disciplinary action will be taken, up to and including discharge. Students who are subject to or observe any form of sexual harassment should report this incident to the Human Resources Director describing the actions or words.
- 3.3 A report of sexual or other harassment will be treated seriously, and a thorough and prompt investigation will be conducted. An individual who files a complaint will be treated fairly and courteously at all times. In filing a complaint, the individual will be requested to provide a written statement of all relevant facts, including the names of witnesses or other individuals known by the complaining person to have been harassed.
- 3.4 The following procedure will be followed:

## A. INFORMAL PROCEDURE

1. Determine with the Human Resources Director if the matter can be resolved satisfactorily by:
  - a) The complainant deciding to handle the situation her/himself by asking the offender to stop the behavior, or
  - b) The Human Resources Director can intervene to stop the behavior by reprimanding the offender, without any formal disciplinary action.

## B. FORMAL PROCEDURE

1. If an informal resolution is not possible or if you decide to pursue the matter formally, the following procedure will be followed:
  - a) The Human Resources Director will promptly interview the complainant, the accused harasser, and any witnesses.

## Social Media Policy

**Prepared by:** Marketing and Communications

**Approved by:** Edward Potts

**Effective Date:** July 1, 2014

**Revision Date:** July 1, 2014

**Title:** Social Media Use

**Policy:** 2.04

**Policy:** The term “social media” refers to the use of Web--based and mobile technologies to turn communication into an interactive dialogue. Philadelphia College of Osteopathic Medicine (“PCOM”) realizes that social media sites including but not limited to Facebook, Blogger, YouTube, LinkedIn, Twitter, Pinterest and Issuu have become important and influential communication channels for our community. While it is solely your decision whether to engage in social media activities outside of work/campus time and on your own personal equipment, this policy is intended to provide helpful, practical advice to protect faculty, staff and students as well as PCOM.

All social media platforms are managed by the PCOM Department of Marketing and Communication.

**Purpose:** To establish policy and procedures governing the use of social media platforms in relationship to PCOM.

**Scope:** This social media policy (the “Policy”) applies to the PCOM faculty and staff, as well as to our students, alumni and stakeholders, including the social media team (collectively, “user” or “you”) participating in social media. The purpose of using these channels is to support PCOM’s Mission and to disseminate college news, information, content and directives, and such use must be consistent with the procedures and guidelines contained in this Policy.

## Procedures:

1. When using any social media channel, you should assume at all times that you are representing PCOM. Accordingly, the same principles and guidelines found in PCOM's Human Resources policies, the PCOM General Student Handbook, individual academic program handbooks, the Faculty Handbook or any applicable PCOM policy or agreement between you and PCOM apply to your activities online. Before creating online content, consider the risks and rewards that are involved. Keep in mind that any of your conduct that adversely affects your job performance, the performance of your colleagues or otherwise adversely affects associates, classmates and PCOM's supporters/community or PCOM's legitimate business interests may result in disciplinary action up to and including termination.

## Guidelines

2. You are expected to use your best judgment at all times while engaging in social media activities. The following guidelines apply to all social media activities by you at all times, whether or not on campus or using PCOM equipment. Nothing in these Guidelines is intended to prevent, interfere with or otherwise restrain an employee's rights under the National Labor Relations Act ("NLRA") or any other federal or state statute protecting employee workplace rights.

2.1. Use of PCOM's Equipment. Except as specifically authorized, faculty and staff (fulltime and part--time), should limit or refrain from conducting blogging or social and professional networking activities using PCOM's equipment--including computers, handheld electronic devices, company--licensed software or other electronic equipment-- or on PCOM's time (whether using PCOM's equipment or not). (See also Policy #2.03 -- Use of PCOM's Information Systems, PCOM--Owned Devices, and Personal Devices, and the "Acceptable Use Policy" which govern PCOM provided equipment).



2.2. Social Media is inherently “Open.” *You have no reasonable expectation of privacy when you engage in social media activities using PCOM’s equipment.* Any posted material is subject to review in accordance with PCOM’s faculty/staff and student policies and the use of social media in any context does not guarantee the privacy of any content. Information, including pictures or videos, that a user posts to social media sites, including your own sites, may be reviewed by PCOM. PCOM reserves the right to monitor comments or discussions about the College, its faculty, staff, employees, students, vendors, and the industry, posted on the Internet by anyone, including faculty, staff and students (whether part-time or fulltime). PCOM may use search tools and software to monitor social media activity such as blogs, social networking sites, postings, and other types of personal journals, diaries, and personal and business discussion forums. For reference, a “posting” may include any type of online communication, whether written, pictures, video or otherwise, whether posted by you or on your behalf. You are reminded that you do not have the right of privacy with respect to any messages or information created or maintained on PCOM’s systems, regardless of whether that information has been deleted or erased.

2.3. You are personally responsible for what you post. All users are personally responsible for the content they publish on social media. To help clarify that your comments are not on the behalf of PCOM (unless specifically authorized by PCOM), users should publish content in the first person. While users may mention in their personal profiles that they work for or attend PCOM, please do not use the PCOM name in any user name (such as “PCOMSusan”), whether or not in the workplace. If you are

not authorized to speak on behalf of PCOM (see 2.4, below) and PCOM is a subject of the content you are creating, be clear and open about your connection to PCOM and make it clear that your views do not represent those of PCOM, your colleagues, PCOM’s faculty, associates, students, or PCOM’s supporters/community. If you publish a blog or post online related to the work you do or subjects associated with PCOM, make it clear that you are not speaking on behalf of PCOM. If you publish content to any Web site outside of

PCOM and it implicates your professional roles and responsibilities or subjects associated with PCOM, use a disclaimer such as: “The postings on this site are my own and do not necessarily represent PCOM’s views, positions, strategies, or opinions.

2.4. Speaking on behalf of PCOM requires written approval from Marketing and Communications. To speak on behalf of PCOM, you must obtain the written approval of the College in advance. With approval, you should focus your contributions on topics related to your area of expertise and ensure that all statements are truthful. Your relationship with PCOM must be disclosed in a “clear and conspicuous” manner, such as “I am a PCOM faculty member.” Even with PCOM’s approval, you may be liable for your actions online.

2.5. Maintain confidentiality. You may not disclose any confidential or proprietary information of or about PCOM, its affiliates, faculty, staff or students, including but not limited to business and financial information, trade secrets such as the development of therapies, process, products, know--how and technology, represent that you are communicating the views of PCOM (unless specifically directed to do so by PCOM in writing), or do anything that might reasonably create the impression that you are communicating on behalf of or as a representative of PCOM without proper approval. If the information is not already public, you should not make it so. Do not post internal reports, policies, procedures, attorney--client privileged information or other internal business--related confidential communications; do not reveal personally identifiable information (e.g. social security numbers, addresses) regarding co--workers, students, vendors or other affiliates of PCOM. (See also Policy 2.01 – Confidentiality).

2.6. When necessary, use disclaimers. If you publish content to any Web site outside of PCOM and it implicates your professional roles and responsibilities or subjects associated with PCOM, use a disclaimer such as: “The postings on this site are my own and do not necessarily represent PCOM’s positions, strategies, or opinions.”

2.7. Respect your audience. Do not use ethnic slurs, personal insults,

threatening or inflammatory communications, obscenities, or engage in any conduct that would not be acceptable in PCOM's workplace as set forth in PCOM's Human Resources policies, the

PCOM General Student Handbook, individual academic program handbooks, the Faculty Handbook or any applicable agreement between you and PCOM. Always be fair and courteous to your colleagues, PCOM's faculty, associates, students and PCOM's supporters/community. If you decide to post complaints or criticism, avoid using statement, photographs, video or audio that reasonably could be viewed as malicious, obscene, threatening or intimidating, that disparages PCOM's faculty, associates, students, or PCOM's supporters/community, or that might constitute harassment or bullying. Examples of such conduct may include offensive posts meant to intentionally harm someone's reputation or posts that could contribute to a hostile work environment on the basis of race, sex, disability, religion or any other status protected by law or PCOM's policies. If you should make an error online, be open and up front about the mistake and correct it. For example, in a blog setting, if you correct an earlier post, make it clear to readers that you have done so. (See also the "Acceptable Use Policy")

2.8. Obey the law. Do not post any information or participate in any social media activity that may violate applicable local, state, or federal laws or regulations. Users are prohibited from using any copyrights, trademarks or logos of PCOM, for commercial use without prior written approval of management.

## **Conclusion**

3. PCOM will investigate and respond to all reports of violations of PCOM's Social Media Policy and other related policies. Users should send any concerning links or posts to the Office of Marketing & Communications [communications@pcom.edu] and the proper PCOM faculty or staff member will address any issues and post responses as appropriate. PCOM prohibits taking negative action against any employee or student for reporting a possible deviation from these Guidelines or for cooperating in an investigation. Any employee who retaliates against another for

reporting a possible deviation from these Guidelines will be subject to discipline, up to and including termination

3.1 PCOM reserves the right to impose discipline, up to and including termination, where necessary against employees who engage in prohibited or unlawful conduct. If you have any questions about this policy or a specific posting online, please contact the Office of Marketing and Communications at 215--871--6300.

## **End of Year Checkout**

The following is a list of requirements that must be met in order to successfully complete your training year and receive certification. The GME office will not issue a certificate of completion of training to the State Board of Osteopathic Examiners, or any other agency, unless all requirements are fulfilled. All documents must be submitted to the GME Department.

1. Pager
2. Completed procedure logs.
3. Completed outpatient patient logs.
4. Employee ID badge.
5. Documentation from the PCOM Library verifying that you have no books or fines outstanding (library will submit directly to the GME office).
6. Forwarding address and notification of future employment.
7. Check that your mailbox has been fully emptied.
8. Clearance from Program Director that scientific paper is complete (PGY-2 and higher residents only).
9. Annual Reports from Program Director (residents PGY-2 and higher only).

The GME office will send a reminder notice of the above responsibilities before the end of the year.

## **Hospital Closure**

1. PCOM will immediately notify the AOA and its trainees of a program closure/reduction or a hospital closure, which would impact trainees prior to program completion.
2. If a PCOM program reduces in size or closes a program every attempt will be made to permit the current trainees enrolled in the program to complete their training prior to such an action.
3. In the event of a hospital or program closure or reduction in positions, which would impact trainees prior to program completion, PCOM will notify the Members of MEDNet to aid in placement of the enrolled trainees in other AOA, approved programs within the OPTI structure.
4. Severance pay shall be provided for two months when institutional program closure or reduction decisions prevent the trainees from program completion in that or another geographically proximate program arranged by the institution and/or the MEDNet.

# Infection Control

There is no employee who is exempt from the practice of Infection Control. The best way to prevent the spread of infection is to wash your hands!

At PCOM we use universal precautions, which is interpreted as body substance isolation. To prevent the spread of infection to patients, visitors, self, and others, all body secretions, excretions, and substances are considered to be infectious. You must prevent contamination of your body, clothing, etc., by avoiding contact with another person's secretions.

## Universal Precautions

### I. Basic Principles

1. The blood /body fluids of all patients should be treated as though they were infectious;
2. You should use appropriate protective gear to cover that of your body that has the greatest potential for contact with the blood or body fluids of any patient;
3. Protective gear—goggles, masks, gowns, plastic aprons, etc. are available in all patient care areas and the laboratory and should be worn; protective gear should be disposed of in the nearest receptacle lined with a RED plastic bag; (RED= infectious waste)
4. Needles and other disposable sharps should be disposed of in the puncture-resistant containers provided immediately after use; needle/syringe units should not be disassembled, bent, or recapped unless absolutely necessary for the procedure

\*NOTE: In a situation where recapping is absolutely necessary, a one-handed technique should be used. The cap should be placed on a flat surface and the needle gently slid into place. The cap may be secured by holding the unit vertically (needle downward), pressing downward on a flat surface.

5. Reusable sharps should be returned to the puncture resistant container from which they were obtained.

### II. Procedure for Needle/Sharps Injury or Exposure to Blood/Body Fluids

When possible, the exposed area should be washed carefully;  
Complete an Employee Accident Form (available from Student Wellness Center, Suite 311 Rowland Hall, 871-6420)

Report to one of the following for evaluation and follow-up:

Student Wellness Center: 8:30AM – 4:30PM weekdays only

Emergency Department: outside of regular Student Wellness Center hours

IN ADDITION TO UNIVERSAL PRECAUTIONS, ISOLATION/PRECAUTIONS PROCEDURES ARE TO BE USED WHEN NECESSARY.

### III. Isolation Categories

A. Strict—designed to prevent the transmission of highly contagious or virulent infections that may be spread by both air and contact (examples: varicella; localized herpes zoster in immunocompromised patient).

B. Contact—designed to prevent transmission of highly transmissible or epidemiologically important infections (or colonizations). All diseases or conditions included in the category are spread primarily by close or direct contact examples: patient colonized or infected with a multiply-resistant organism; mucocutaneous emanated or primary severe herpes simplex).

C. Respiratory—designated to prevent airborne droplet or droplet nuclei transmission of infection. Direct and indirect contact transmission occurs (infrequently) with some infections in this category (examples: measles, meningococcal, pneumonia, haemophilus influenza meningitis).

D. AFB—for patients with confirmed or suspected pulmonary tuberculosis. Laryngeal TB is also included in this category.

E. Enteric Precautions—designed to prevent infections that are transmitted by direct or indirect contact with feces (examples: hepatitis A; diarrhea of acute-infective etiology; C. difficile enterocolitis).

## Reportable Diseases

The Board declares the following communicable diseases, unusual outbreaks of illness, non-communicable diseases, and conditions to be reportable:

All starred (\*) diseases should be reported immediately by telephone. A 24-hour reporting system is available by calling 875-5648.

Amebiasis

\*Animal bites (report bat, skunk, and raccoon bites immediately)

Anthrax

AIDS

\*Botulism

Brucellosis

Campylobacterosis

\*Cholera

\*Diarrhea in the newborn

\*Diphtheria

Encephalitis

\*Food poisoning

Giardiasis

Gonococcal infections

acute gonorrhea

Gonococcal vulvovaginitis in children

ophthalmia neonatorum

Guillian-Bare Syndrome

Haemophilus Influenza Type B

Hepatitis, viral

type A

type B

non-A and non-B

Histoplasmosis

Kawasaki Disease

Lead poisoning

Legionnaires' Disease

Leptospirosis

Listeriosis

Lyme Disease

Lymphogranuloma venereum

Malaria

Measles (Rubeola)

Meningitis

aseptic

bacterial (specify type)

\*Meningococcal infections



Mumps  
Neonatal hypothyroidism  
Occupational disease (specify)  
Pelvic inflammatory disease  
Pertussis (whooping cough)  
Phenylketonuria  
\*Plague  
\*Poliomyelitis  
Psittacosis (Ornithosis)  
Rabies  
Reyes Syndrome  
Rickettsial Disease  
\*Rubella (German measles) and Congenital Rubella Syndrome  
Salmonellosis  
Shigellosis  
\*Small pox  
Syphilis  
\*a) primary  
    \*b) secondary  
        c) early latent (less than 1 year duration)  
        d) late latent  
Tetanus  
Toxoplasmosis  
Toxic Shock Syndrome  
Trichinosis  
Tuberculosis  
pulmonary  
nonpulmonary (specify site)  
Tularemia  
\*Typhoid fever  
Viral infections-arboviruses  
\*Yellow fever

## **Off-Site Rotations**

During the course of studies at PCOM trainees may be asked to visit, work and/or reside at locations off campus (“offsite locations”) to further their education.

As PCOM has no control over the safety and security procedures at these off-site locations, Trainees are recommended to be mindful of their own safety and security and to familiarize

themselves with the policies, practices and procedures regarding safety and security at these off-site locations.

If a trainee has any concern or apprehension regarding their safety and/or security at an off-site location, they should contact the security personnel for the offsite location, as well as the Security Department of PCOM, to relate their concerns.

## **Integrated Medical Services**

1. Services are to be structured via Vertical Integration (Attending- Resident (PGY-2 and higher) PGY-1 Resident-Sub I-Student)
2. Attendings will designate the time for teaching rounds.
3. Residents (PGY-2 and higher) will organize workload and designate work rounds
4. Residents (PGY-2 and higher) will follow specific patients on the service including admissions, daily progress notes and discharge summaries as assigned.
5. Residents (PGY-1) will be assigned specific patients for admissions, H & P's, daily progress notes, and orders. This will include pertinent labs, diagnostic studies, differential diagnoses and follow-up, discharge instructions and summaries as assigned. Optimal 10-12 patients Max. 15
6. Sub-interns will also follow patients as the intern responsibilities above. Optimal 4-6 patients. Resident will follow-up
7. Other students will be given assigned patients as per their ability. These will also be followed-up by the resident.
8. Resident Students will attend Morning Report & Noon conferences as scheduled. These are mandatory!! Only Emergency Patient Care issues take precedence.
9. Night Coverage: Service team of Medical Resident/ PGY-1 Resident(s)/Student(s)
10. Critical Care areas: primary upper level medical resident responsibility
11. GMF issues: primary intern responsibility with resident support as needed
12. Student responsibilities will be designated by resident (PGY1-or higher)
13. All admissions should be reviewed with medical resident, particularly early in the PGY-1 year, or if questions arise
14. When in doubt, call for assistance.

## **Medical Records Completion Policy**

All properly assigned medical records must be completed within twenty-one (21) days from the date available. The available date is usually within seven (7) days from discharge. Prior to the completion of a monthly rotation all PGY-1 Residents should check with medical records to insure there are no outstanding charts. During the last week of rotation all discharges should be completed at the time of discharge to avoid having to return to an affiliated hospital after the rotation changeover.

Once 21 days has passed the PCOM GME office will be notified of delinquent charts. Those delinquent will be contacted and arrangements for completion must be made within 1 week. If at the end of 30 days records are still incomplete (unless unavailable) additional weekend call will be added at the institution the Intern is rotating. This will begin on the first Saturday after

reaching the 30 day threshold. If the Intern in question is already scheduled for that particular Saturday then their additional call will be on Monday. If scheduled for Friday then the additional call will be on Sunday and if scheduled on Sunday then the additional call will be on the Friday prior. This will continue each weekend until charts are updated. Failure to complete charts after 60 days will result in suspension, with makeup at the end of the Internship.

Any discrepancies in chart responsibility or Medical Records problems will be addressed by the local DME and Dr. Kuo.

A weekly visit to the Health Information Departments at each facility should be sufficient to avoid any delinquent records. Whenever possible call ahead so that your charts can be pulled prior to your arrival.

\*Tip: Complete your discharges on the floor at the time of discharge. This will save substantial time since the case will be fresh in your mind.

## **Procedure for PCOM Campus Workshops**

Health/Safety Procedure for on campus workshops

1. Obtain electronic forms by contacting the PCOM Office of Occupational and Environmental Safety (natep2pcom.edu) or Telephone# 215 871-6360: Rowland Hall Suite 307.
2. Discuss activities with Mr. Wood, Director, Laboratory Animal Resources (jameswo@pcom.edu) or Telephone# 215 871-6427.
3. If necessary, complete a room scheduling form in Astra and submit to Student Affairs for approval.
  - Please provide an accurate description of the planned activities. Suturing workshops using pig legs and phlebotomy workshops cannot be conducted in rooms with carpeting.
  - Additional time is required for approval of workshops involving minors/or non-PCOM participants.

## **Risk Management Policy**

The Office of Risk Management is responsible for supporting PCOM's institutional mission by protecting the College's financial integrity through managing risk and mitigating damages. Fulfilling this responsibility requires the active participation of all PCOM Interns and Residents in the risk management program. To that end, all PCOM Interns and Residents are required to report any incident, adverse event, complication or medical error that they are involved in, witness or become aware of that may give rise to either a malpractice claim or report to a state licensing agency. Reports are to be made to the PCOM Office of Risk Management as soon as possible following the incident. In addition to submitting a report to PCOM's Office of Risk Management, PCOM Interns and Residents are required to follow all policies and procedures of the hospital or affiliate sites to which they are assigned regarding the reporting of incidents and adverse events.

PCOM's Office of Risk Management also handles the professional liability insurance for Interns and Residents covering clinical activities within the scope of the program. This coverage **does not** extend to any moonlighting or other activities performed outside the residency program.

### **SUBMIT ALL REPORTS TO**

PCOM Office of Risk Management

Rowland Hall - Suite 420

Phone: (215) 871-6609

