

# **HOUSE STAFF MANUAL**

## HOUSE STAFF OFFICE

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## **COMMITTEE ON GRADUATE MEDICAL EDUCATION**

Montefiore Medical Center's Residency Programs are sponsored by Einstein: Albert Einstein College of Medicine (AECOM). The Committee on Graduate Medical Education (COGME) is an organized administrative committee of AECOM that oversees all residency programs and has the responsibility for monitoring and advising the sponsored institution on all aspects of residency education. The committee has representation of key academic and hospital administrators, as well as residents. Included in the responsibilities of the COGME are the establishment and implementation of policies that affect all residency programs regarding the quality of education and the work environment of the residents in each program. MMC and JMC are active participants on this committee and strongly support the mandated mission of the committee.

## **GENERAL ESSENTIALS OF ACCREDITED RESIDENCIES**

The following are excerpts from the Essentials of Accredited Residencies in Graduate Medical Education. The entire text specifying the requirements every residency program must meet to be accredited may be found in each department in the booklet listing approved residency and fellowship programs or from: The Secretary, Accreditation Council for Graduate Medical Education, 535 N. Dearborn Street, Chicago, Ill. 60610. A copy is also available for review in the House Staff Office. It is also available on line at <http://www.acgme.org/>

### **Approval and Accreditation**

For a program to become accredited, the sponsoring institution must demonstrate a commitment to GME. The sponsoring institution must be in substantial compliance with the Institutional Requirements and must assume responsibility for the educational quality of its sponsored program(s). Further information concerning a "sponsoring institution" is provided below.

### **Institutional Requirements**

**Institutional Organization and Commitment:** The purpose of GME is to provide an organized educational program with guidance and supervision of the resident, facilitating the resident's ethical, professional and personal development while ensuring safe and appropriate care for patients.

### **Sponsoring Institution**

- A residency program must operate under the authority and control of a sponsoring institution (see definition for sponsoring institution in the Glossary under "Institution").
- There must be a written statement of institutional commitment to GME that is supported by the governing authority, the administration, and the teaching staff.
- Sponsoring institutions must be in substantial compliance with the Institutional Requirements and must ensure that their ACGME accredited programs are in substantial compliance with the Program Requirements and the applicable Institutional Requirements.
- An institution's failure to comply substantially with the Institutional Requirements may jeopardize the accreditation of all of its sponsored residency programs.

### **Educational Administration**

There must be an organized administrative system to oversee all residency programs sponsored by an institution. In addition, there must be a designated institutional official who has the authority and the responsibility for the oversight and administration of the GME programs.

- Institutions must have a GME Committee (GMEC) that has the responsibility for monitoring and advising on all aspects of residency education. Voting membership on the committee

must include residents nominated by their peers, appropriate program directors, other members of the faculty, and the accountable institutional official or his or her designee.

- The committee must meet at least quarterly; minutes must be kept and be available for inspection by accreditation personnel.
- The responsibilities of the committee must include:
- Establishment and implementation of policies that affect all residency programs regarding the quality of education and the work environment for the residents in each program.
- Establishment and maintenance of appropriate oversight of and liaison with program directors and assurance that program directors establish and maintain proper oversight of and liaison with appropriate personnel of other institutions participating in programs sponsored by the institutions.
- Regular review of all ACGME letters of accreditation and the monitoring of action plans for the correction of areas of non-compliance.
- Regular review of all residency programs to assess their compliance with both the Institutional Requirements and Program and the Program Requirements of the ACGME Residency Review Committees.
- The review must be conducted by the GMEC or a body designated by the GMEC, which should include faculty, residents, and administrators, from within the institution but from programs other than the one that is being reviewed. External reviewers may also be included on the review body as determined by the GMEC. The review must follow a written protocol approved by the GMEC.
- Reviews must be conducted approximately at the midpoint between the ACGME program surveys.
- While assessing the residency program's compliance with each of the program standards, the review should also appraise the following:
  - the educational objectives of each program
  - the adequacy of available educational and financial resources to meet these objectives
  - the effectiveness of each program in meeting its objectives
  - the effectiveness in addressing citations from previous ACGME letters of accreditation and previous internal reviews
  - the use of dependable measures to assess residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and systems-based practice as defined in the section II.B, and in the Program Requirements
  - the effectiveness of each program in implementing a process that links educational outcomes with program improvement
- Materials and data to be used in the review process must include the following:
  - institutional and program requirements from the Essentials of Accredited Residency Programs
  - letters of accreditation from previous ACGME reviews
  - reports from previous internal reviews of the program
  - interviews with the program director, faculty, and residents in the program and individuals outside the program deemed appropriate by the committee
- There must be a written report of each internal review that is presented to and reviewed by the GMEC for the monitoring of areas of noncompliance and appropriate action. In addition, this report or a succinct summary of each report is required as part of the ACGME institutional review document.

- Although departmental annual reports are often important sources of information about a residency program, they do not in themselves necessarily meet the requirement for a periodic review.
- Assurance that each residency program establishes and implements formal written criteria and processes for the selection, evaluation, promotion, and dismissal of residents in compliance with both the Institutional and relevant Program Requirements.
- Assurance of an educational environment in which residents may raise and resolve issues without fear of intimidation or retaliation. This includes:
- Provision of an organizational system for residents to communicate and exchange information on their working environment and their educational programs. This may be accomplished through a resident organization or other forums in which to address resident issues.
- A process by which individual residents can address concerns in a confidential and protected manner.
- Establishment and implementation of fair institutional policies and procedures for academic or other disciplinary actions taken against residents.
- Establishment and implementation of fair institutional policies and procedures for adjudication of resident complaints and grievances related to actions, which could result in dismissal, nonrenewal of a resident's contract, or other actions that could significantly threaten a resident's intended career development.
- Collecting of intra-institutional information and making recommendations on the appropriate funding for resident positions, including benefits and support services.
- Monitoring of the programs in establishing an appropriate work environment and the duty hours of residents.
- Assurance that each program provides a curriculum and an evaluation system to ensure that residents demonstrate competence in the general areas listed in II.B, and as defined in each set of Program Requirements.

### **Institutional Agreements**

When resident education occurs in a participating institution, the sponsoring institution continues to have responsibility for the quality of that educational experience and must retain authority over the residents' activities. Therefore, current institutional agreements must exist with all of its major participating institutions.

### **RESIDENT ELIGIBILITY AND SELECTION**

Montefiore Medical Center (“MMC”) including the Moses Division, North Division, Weiler Division and the Children’s Hospital at Montefiore, has a defined process for the recruitment and appointment of Post Graduate Trainees (“House Staff”) that provides House Staff with appropriate financial support and benefits to ensure that House Staff are able to fulfill the responsibilities of their educational programs.

House Staff enrolled through and outside the National Residency Matching Program (“NRMP”) or the Postdoctoral Dental Matching Program are eligible as defined below:

- A. **ACGME-accredited programs**. Applicants with one of the following qualifications are eligible for appointment:
  - i. Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
  - ii. Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).

- iii. Graduates of medical schools outside the United States and Canada who meet one of the following qualifications:
  - a. Have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates (“ECFMG”) prior to appointment **or**
  - b. Have a full and unrestricted license to practice medicine in a US licensing jurisdiction in which they are in training.
- iv. Graduates of medical schools outside the United States who have completed a Fifth Pathway program provided by an LCME-accredited medical school.

House Staff are not required to be licensed to practice medicine in New York State for enrollment in ACGME accredited programs unless it is mandated by the individual program.

- B. **ADA-accredited programs**. Graduates of accredited dental schools in the United States and Canada with New York State (“NYS”) license or limited permit to practice dentistry at MMC are eligible for appointment.
- C. **Board accredited and non-accredited programs**. Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME), colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA), and medical schools outside the United States and Canada with a NYS license, limited license, or limited permit to practice medicine are eligible for appointment.

## **SELECTION OF HOUSE STAFF**

- A. House Staff shall be selected from among eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. All residency programs shall not discriminate with regard to sex, race, age, religion, color, national origin, disability, or veteran status.
- B. In selecting from among qualified applicants, programs may participate in an organized matching program, such as the National Residency Matching Program (“NRMP”) or the Postdoctoral Dental Matching Program (“Match”).

## **VISAS**

Montefiore Medical Center sponsors H1B, J1 and TN visas. If you have further questions you can contact the House Staff Office at 718-920-2341.

## **POST GRADUATE YEAR (“PGY”) OF TRAINING**

The PGY level of House Staff shall be determined by the Director of House Staff using the following criteria:

- A. **First Residencies**
  - i. Entry level into the accredited program.
  - ii. Proof of previous training in the same accredited program at an accredited teaching hospital.
  - iii. Proof of previous training in a transitional program or a program that is a qualified prerequisite for an accredited program.
  - iv. Proof of successful completion of a core program.

B. **Second Residencies (i.e. postgraduate training in another core program after completing a board certifiable core program)**

- i. Approval obtained by the Chairperson or Program Director of the program from MMC administration.

**HOUSE STAFF PARTICIPATION IN EDUCATIONAL ACTIVITIES ACGME COMPETENCIES**

House Staff in MMC residency programs are required to obtain competence in the six areas listed below. MMC programs must define the specific knowledge, skills, behaviors, and attitudes required and provide educational experiences as needed in order for their House Staff to demonstrate the following:

- Patient care that is compassionate, appropriate, and effective for the treatment of health problems and promotion of health
- Medical knowledge about established and evolving biomedical, clinical, and cognate sciences and the application of this knowledge to patient care
- Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvement in patient care
- Interpersonal and communication skills that result in effective information exchange and teaming with patients, their families and other health professionals
- Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population
- Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value

In addition, House Staff shall achieve the following:

- Develop a personal program of learning to foster continued professional growth with guidance from the teaching staff
- Participate fully in the educational and scholarly activities of their program and, as required, assume responsibility for teaching and supervising other House Staff and students
- Participate in appropriate MMC committees and councils whose actions affect their education and/or patient care
- Submit to the program director or to a designated MMC official at least annually confidential written evaluations of the faculty and of the educational experiences

**HOUSE STAFF SUPPORT, BENEFITS AND CONDITIONS OF EMPLOYMENT**

MMC provides all House Staff with appropriate financial support and benefits.

- **Financial Support:** House Staff shall be provided with uniform financial support (i.e. stipends) relative to their approved PGY level and uniform benefits to enable them to fulfill the responsibilities of their educational programs.
- **Applicants:** Applicants in MMC residency programs must be informed in writing of the terms and conditions of employment and benefits including financial support, vacations, professional leave, parental leave, sick leave, professional liability insurance, hospital and health insurance, disability insurance, and other insurance benefits for the House Staff and their family, and the conditions under which living quarters, meals and laundry or their equivalents are to be provided.

- **Contracts:** House Staff shall be provided with a written agreement or contract outlining the terms and conditions of their appointment to an educational program. Financial support
  - Vacation policies
  - Professional liability insurance
  - Disability insurance and other hospital and health benefits for the House Staff and their family
  - Professional, parental, and sick-leave benefits
  - Conditions under which living quarters, meals, and laundry or their equivalents are to be provided
  - Counseling, medical, psychological, and other support services
  - MMC policies covering sexual and other forms of harassment

The contract must also delineate or reference specific policies as follows:

- House Staff duration of appointment and conditions of reappointment
- Professional activities outside the educational program
- Grievance procedures
- **Termination of Contract:** MMC and House Staff shall enter into a House Officer Agreement in good faith and acknowledge their respective ethical and legal obligation to fulfill this agreement until its expiration date. Neither party shall terminate the agreement prior to its expiration date except for cause.
- **Nonrenewal of Contract:** MMC shall give the House Officer at least four (4) months written notice of its intent not to renew this Agreement, unless the primary reason for the nonrenewal occurs within the four months prior to the end of the term of the Agreement, in which case MMC shall provide as much written notice as the circumstances reasonably allow.

### **HOUSE STAFF SUPERVISION, DUTY HOURS AND WORK ENVIRONMENT**

MMC residency programs provide appropriate supervision for House Staff, as well as a duty hour schedule and a work environment that is consistent with proper patient care, the educational needs of House Staff and the applicable Program Requirements (effective 7/1/2011).

- **Supervision:** In the clinical learning environment, each patient must have an identifiable, appropriately credentialed and privileged attending physician (or licensed independent practitioner as approved by each Review Committee) who is ultimately responsible for that patient's care. This information should be available to residents, faculty members, and patients. Residents and faculty members should inform patients of their respective roles in each patient's care. The program must demonstrate that the appropriate level of supervision is in place for all residents who care for patients. Supervision may be exercised through a variety of methods. Some activities require the physical presence of the supervising faculty member. For many aspects of patient care, the supervising physician may be a more advanced resident or fellow. Other portions of care provided by the resident can be adequately supervised by the immediate availability of the supervising faculty member or resident physician, either in the institution, or by means of telephonic and/or electronic modalities. In some circumstances, supervision may include post-hoc review of resident-delivered care with feedback as to the appropriateness of that care. Levels of Supervision – To ensure oversight of resident supervision and graded authority and responsibility, the program must use the following classification of supervision: Direct Supervision - the supervising physician is physically present with the resident and patient. Indirect Supervision: with direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision. With direct supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately

available by means of telephonic and /or electronic modalities, and is available to provide Direct Supervision.

- **Duty Hours:** MMC residency programs shall establish formal policies governing House Staff duty hours that foster House Staff education and facilitate the care of patients.
  - The educational goals of the program and learning objectives of House Staff must not be compromised by excessive reliance on House Staff to fulfill MMC service obligations. Duty hours, however, must reflect the fact that responsibilities for continuing patient care are not automatically discharged at specific times. Programs must ensure that House Staff are provided appropriate backup support when patient care responsibilities are especially difficult or prolonged.
  - House Staff duty hours and on-call time periods must not be excessive. The structuring of duty hours and on-call schedules must focus on the needs of the patient, continuity of care, and the educational needs of the House Staff.
  - 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.
  - Duty Hour Exceptions – A Review Committee may grant exceptions for up to 10% or a maximum of 88 hours to individual programs based on a sound educational rationale.. In preparing a request for an exception, the program director must follow the duty hour exception policy from the ACGME Manual on Policies and Procedures. Prior to submitting the request to the Review Committee, the program director must obtain approval of the institution’s GMEC and DIO.
  - Moonlighting – Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program. Time spent by resident in Internal and External Moonlighting (as defined in the ACGME Glossary of Terms) must be counted towards the 80 hour Maximum Weekly Hour Limit.
  - PGY-1’s are not permitted to moonlight.
  - Mandatory Time Free of Duty – Residents 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.
  - Maximum Duty Period Length
    - Duty periods of PGY-1 residents must not exceed 16 hours in duration.
    - Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital. Programs must encourage residents 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 pm and 8 am is strongly suggested.

It is essential for patient safety and resident education that effective transitions in care occur. Residents 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.

Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.

### **Resident Duty Hours in the Learning and Working Environment**

- Programs and sponsoring institutions must educate residents and faculty members concerning the professional responsibilities of physicians to appear for duty appropriately rested and fit to provide the services required by their patients.

- The program must be committed to and responsible for promoting patient safety and resident well being in a supportive educational environment.
- The program director must ensure that residents are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs.
- The learning objectives of the program must:
  - be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events; and,
  - not be compromised by excessive reliance on residents to fulfill non-physician service obligations.
- The program director and institution must ensure a culture of professionalism that supports patient safety and personal responsibility. Residents and faculty members must demonstrate an understanding and acceptance of their personal role in the following:
  - assurance of the safety and welfare of patients entrusted to their care;
  - provision of patient- and family-centered care;
  - assurance of their fitness for duty;
  - management of their time before, during, and after clinical assignments;
  - recognition of impairment, including illness and fatigue, in themselves and in their peers;
  - attention to lifelong learning;
  - the monitoring of their patient care performance improvement indicators; and,
  - honest and accurate reporting of duty hours, patient outcomes, and clinical experience data.
- All residents and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest. Physicians must recognize that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider.

### **Transitions of Care**

- Programs must design clinical assignments to minimize the number of transitions in patient care.
- Sponsoring institutions and programs must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety.
- Programs must ensure that residents are competent in communicating with team members in the hand-over process.
- The sponsoring institution must ensure the availability of schedules that inform all members of the health care team of attending physicians and residents currently responsible for each patient's care.

### **Alertness Management/Fatigue Mitigation**

- The program must:
  - educate all faculty members and residents to recognize the signs of fatigue and sleep deprivation;
  - educate all faculty members and residents in alertness management and fatigue mitigation processes; and,
  - adopt fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning, such as naps or back-up call schedules.

- Each program must have a process to ensure continuity of patient care in the event that a resident may be unable to perform his/her patient care duties.
- The sponsoring institution must provide adequate sleep facilities and/or safe transportation options for residents who may be too fatigued to safely return home.

## **LICENSING**

New York State Education Law, Article 131, Section 6526 states:

“The following persons under the following limitations may practice medicine within the state without a license:

1. Any physician who is employed as a resident in a public hospital, provided such practice is limited to such hospital and is under the supervision of a licensed physician; ... “

However, it is the Medical Center's recommendation that all fellow and chief residents obtain a New York State license or limited permit by July 1 of the academic year of their appointment. Applications for licensure or limited permit are available on the Internet at [www.op.nysed.gov](http://www.op.nysed.gov) or by calling NYS Education at (518) 474-3841.

### **Dentistry Residents:**

Effective January 1, 2010, New York State full license or limited permit is not required for residents who are enrolled in an approved dentistry residency program. Dentistry residents are required to register with the New York State Department of Education within 60 days from the start of their residency program. Please note that under this new law only residents enrolled in residency programs which are currently approved by the Commission on Dental Accreditation (CODA) may practice without a limited permit.

**Podiatry Residents:** New York State limited permit to practice medicine is required for training in Podiatry residency programs. Residents must apply for and obtain a limited permit to before they can start training in a Podiatry residency program.

## **PRESCRIPTION WRITING POLICY**

House Staff employed by Montefiore Medical Center and using our Rx Pad system may only write prescriptions for Montefiore patients. The prescriptions must be within the scope of the House Staff Officers’ training and under the supervision of the attending physician. The House Officer may not write prescriptions for him/herself, other House Staff, physician assistants, nurses, other staff, family members or friends.

Accordingly, Montefiore’s in-house pharmacies will only accept Montefiore prescriptions written by House Officers for the Montefiore patients under their care. For North physicians, the same guidelines should be followed when writing prescriptions outside of the RX pad system on Montefiore North pads. For those filling prescriptions for themselves and immediate family members, we will gladly continue to fill these when written by a licensed attending physician and generated through a regular documented visit in or out of our system.

The Montefiore pharmacy monitors prescription writing on a regular basis, and they will investigate any prescriptions that are suspected to be in violation of this policy. Thank you for your cooperation with these guidelines.

### **DEA REGISTRATION NUMBER**

The temporary DEA number, composed of the Institutional DEA Registration Number and a 3-alphanumerical suffix, authorizes House Staff to administer, dispense and prescribe controlled substance medications for Montefiore inpatient and ambulatory patients within the scope of their core training program and in the usual course of professional practice at the medical center. Those eligible for a temporary DEA number include all MMC House Staff as well as House Staff from other institutions on approved rotations to MMC.

The MMC Institutional DEA Registration Number and suffix may not be used outside the scope of practice at Montefiore facilities.

House Staff that are registered with their own DEA number may not use a temporary DEA and suffix provided by the medical center.

### **RISK MANAGEMENT**

3328 Rochambeau Avenue, 2nd floor  
718-920-6340/6733

The Risk Management Department seeks to promote safety and prevent and minimize the Medical Center's financial losses associated with patient/visitor injury, medical malpractice claims and other liabilities. All levels of staff are encouraged to report accidents, actual or potential claims, medical errors and untoward events promptly to Risk Management. The Department is available 24 hours-per-day, 7 days-per-week to assist with the management of difficult cases involving medical-legal problems, liability issues, consents, refusals of treatment, and disputes/conflicts concerning patient care issues. During the evening, at night or on weekends, Risk Management consultation may be accessed for urgent matters through the Administrative Nursing Supervisor. During non-office hours, non-emergent messages may be left at the above numbers. Please contact Risk Management for any questions or concerns regarding these Administrative Policies/Procedures:

- Informed Consent
- Disclosure of Unanticipated Events
- Occurrence Reports
- Safe Medical Devices
- Professional Misconduct
- Photography
- Equipment Malfunction

In addition, contact Risk Management for:

- Receipt of summonses, subpoenas, court orders, legal documents requests or inquiries from attorneys
- Insurance claims, including theft, fire, flood, general liability and other claims against MMC's insurance policies
- Questions concerning professional liability and other insurance coverage
- Requests from third parties for certificates demonstrating insurance coverage for MMC employees

Risk Management is committed to staff education and conducts departmental in-service programs

on a variety of medical-legal and risk related topics including documentation, informed consent, and malpractice prevention/mitigation for physicians and other staff.

### **MALPRACTICE COVERAGE**

All physicians in training at Montefiore Medical Center are insured while acting within the scope of their duties as trainees at Montefiore Medical Center. Please note that criminal acts, actions not within the scope of employment or when employed by other than Montefiore Medical Center are not covered by this insurance.

## **PROCEDURES FOR EVALUATION AND DUE PROCESS**

### **EVALUATION**

The Program Director is responsible for evaluating and reviewing each member of the House Staff. The Program Director will include consideration of:

- Professional and clinical performance
  - Physical and mental health status
  - Completion of education and training requirements
  - Attendance at departmental conferences, meetings and rounds
  - Timely completion of medical records
  - Compliance with Medical Staff By-Laws, Rules and Regulations and with hospital policies
- Performance evaluation will be kept on file within each department. House staff will be apprised of their performance at least annually.

### **HOUSE STAFF CLINICAL COMPETENCIES**

MMC has a defined process for supervision of House Staff by Attending Physicians with appropriate clinical privileges and maintains written descriptions of the clinical competencies, responsibilities and patient care activities of House Staff.

### **DUE PROCESS**

Montefiore Medical Center has established a process for House Staff evaluation and corrective action, in accordance with ACGME standards. House Staff are entitled to due process to ensure that they are afforded the opportunity for fair adjudication of complaints or grievances, which could result in termination or threaten his or her career development. Montefiore's due process procedure consist of several progressive steps:

- An informational departmental resolution
- A departmental ad hoc committee review
- A due process hearing consisting of five physicians, at least two of which are House Staff
- An appeal to the President of the medical center

Please note that due process procedures of the employing institution of the House Staff govern, and may vary somewhat from the steps outlined above. Detailed information on due process procedures are contained in the "Hearing and Appeal Policy and Procedures for Redress of Adverse Actions and Grievances of House Staff," which is available to House Staff through the House Staff Office. In general, Montefiore's Due Process Policy provides as follows:

- **Applicability:** If an adverse action is taken which would prevent the House Staff from completing the current training year or residency program, or which would prevent the House Staff from achieving admissibility status to take a certification examination of the American Medical Specialty Board, the House Staff is entitled to due process. Note that placement on academic probation in and of itself does not entitle the House Staff to due process.

- **Summary or Interim Action:** In cases in which House Staff performance or action are deemed to endanger the health or safety of others or to threaten the integrity of research, or when Montefiore reasonably believes that the House Staff engaged in illegal or immoral act(s) which pertain directly to the practice of medicine, the House Staff may be suspended or terminated immediately. In this circumstance, although the House Staff is entitled to due process, he or she will remain suspended or terminated until or unless the suspension or termination is reversed or modified as a result of the due process procedure.
  - **Step One:**
    - **Informal Resolution by the Department:** In the event an adverse action is contemplated, the department will first attempt to resolve the underlying issues informally. Procedures for such informal resolution may include some or all of the following: counseling, appointment of a faculty advisor, development of a program for remedial training, and the imposition of a term of probation.
  - **Step Two:**
    - **Departmental Ad Hoc Committee Review:** If the matter cannot be resolved informally, the department chairperson may, in his or her discretion, convene a departmental review with written notice to the House Staff. If a departmental review is convened, the department chairperson shall appoint a departmental ad hoc committee consisting of at least three attending physicians from the department who were not involved in the underlying matters giving rise to the adverse action. The proceedings of the departmental ad hoc committee consist of interviews with the House Staff and other individuals and review of relevant documents. Thereafter, the departmental ad hoc committee shall issue a report, a copy of which shall be provided to the House Staff. If no resolution is achieved, the House Staff is entitled to request a due process hearing within a certain time limit. If a hearing is not requested in a timely manner, the House Staff is deemed to have waived his or her right to a hearing and to have accepted the adverse action.
  - **Step Three:**
    - **Due Process Hearing:** When the House Staff requests a hearing, the Senior Vice President - Chief Medical Officer or designee shall appoint a formal hearing panel consisting of no more than five physicians, at least two of whom shall be Montefiore House Staff, and the balance of which shall be full-time attending physicians. Legal counsel throughout the hearing may represent the department and the House Staff. At the hearing, the department and the House Staff shall have the right to call witnesses and introduce relevant evidence. Testimony will be taken under oath, and a stenographer will record the proceedings. Upon conclusion of presentation of the evidence, the hearing panel will make written findings and render its decision. The party against whom an adverse decision has been made has the right to appeal the decision of the hearing panel by giving written notice to the President of Montefiore. The President shall undertake an appellate review of the matter and shall make a final determination.

Please note that Montefiore's Due Process Policy is reviewed annually and may be changed based on annual review. The version of the policy that is in effect at the time the House Staff is given notice of his or her right to due process shall apply. House Staff are encouraged to review Montefiore's Due Process Policy, for further information.

## **MOONLIGHTING**

Residents must not be required to engage in moonlighting. Residents are prohibited from engaging in any moonlighting activity at MMC or another hiring entity, except upon receipt of prior written approval from the Director of the House Staff Office. The Director of the House

Staff Office, in consultation with the Program Director, has the discretion to prohibit moonlighting activities that interfere with educational objectives, patient care responsibilities, and/or Duty Hour limitations. PGY-1's are not permitted to moonlight.

Residents considering the option of moonlighting may proceed under the following conditions:

**Application:**

**Internal:** The Resident must obtain written approval and signature from the Program Director. This letter must be renewed for every year of moonlighting

**External:** The Resident must obtain written approval and signature from the Program Director as well as complete a Moonlighting Application Package. Both must be renewed for every year of moonlighting. Additional Requirements include, maintaining a valid, unrestricted New York State License to practice medicine (or be licensed in the state in which the moonlighting will occur) and DEA Registration Number.

**Foreign National Physician:** House Staff on a United States immigration visa should contact the House Staff Office for eligibility.

**VOLUNTARY SERVICE ON MMC ADMINISTRATIVE COMMITTEES**

The Committee on Graduate Medical Education (COGME) is an organized administrative committee of the Einstein: Albert Einstein College of Medicine that oversees all residency programs and has the responsibility for monitoring and advising the sponsored institution on all aspects of residency education. The committee has representation of key academic and hospital administrators, as well as House Staff. Included in the responsibilities of the COGME are the establishment and implementation of policies that affect all residency programs regarding the quality of education and the work environment of the House Staff in each program. MMC and JMC are active participants on this committee and strongly support the mandated mission of the committee. It is the intention of MMC that House Staff have active participation on important hospital committees that serve to formulate hospital policy. All House Staff are invited to provide voluntary service on the administrative committees of this Institution. The representation of House Staff on our administrative committees will give the participants the opportunity to communicate and exchange information on their working environment and their educational programs. Any House Staff who is interested in providing this voluntary service can pick up a form from the House Staff Office or call Elaine Taylor or Justice Gaba at the House Staff office (718) 920-2341 and a form can be faxed to your location.

**ADMISSIONS OF PATIENTS BY HOUSE STAFF**

Montefiore Medical Center shall accept patients whose care and treatment are appropriate to an acute care hospital, based upon acuity and bed availability to either a teaching or non-teaching service, based upon the policies and procedures of each admitting/clinical department.

The hospital shall admit as patients only those persons who require the type of medical service authorized by the hospital's operating certificate. These services shall include: medicine, neurology, neurosurgery, ophthalmology, pediatrics, surgery, radiation oncology, oncology, cardiac surgery, thoracic, vascular, oral surgery, otolaryngology, plastic surgery, urology, orthopaedics, gynecology and psychiatry.

Except in emergencies, the hospital shall not admit any patients to a clinical service that it is not authorized to provide by the current operating certificate. No person shall be denied admission to

the hospital because of race, creed, color, natural origin, sex, etc. (See policy # EEO Statement of Institution) or source of payment except for fiscal capability thereof.

Only those physicians holding active appointments to the Medical Staff may admit patients to the Moses/Einstein-Weiler Divisions. The responsibility for initiating the admitting process resides with the attending physician, or his/her designee.

Each patient admitted shall have an attending physician at the time of admission. The attending physician shall be responsible for the medical care and treatment of each of his/her patients throughout the hospital stay unless transferred to another attending or clinical service.

Except in cases of emergency, no patient shall be admitted until a provisional diagnosis has been stated. In cases of emergency, the provisional diagnoses shall be stated as soon as possible following admission.

Each patient shall be admitted to that service of the hospital appropriate to the treatment of the condition of the patient.

Each intensive and special care unit has a Medical Director responsible for managing the care within the unit. Admissions and transfers to/from the units are the responsibility of the Unit Medical Director, or designee in consultation with the attending physician/house officer and nursing services.

No patient on a teaching service shall be exempt from participation in a Medical Student or House Staff educational program.

Each patient on a teaching service shall:

- be seen by a house officer on the admitting service promptly following admission; (on non-teaching services, the attending provider or his/her designee will see the patient promptly following admission).
- undergo a complete history and physical examination within 24 hours of admission. Such examination shall include a rectal examination, a screening uterine cytology smear on women 21 years of age or older, unless such test is medically contraindicated or has been performed within the last two (2) years, and palpation of the breast, unless medically contraindicated. (On non-teaching services, the attending provider or his/her designee for each patient will perform this within 24 hours of admission).

All histories, physical exams and summaries entered into the medical record by the House Staff must be authenticated as soon as possible by the attending provider. Authentication shall be by means of a written and dated note in which the House Staff history and physical exam is confirmed or amended. The attending provider or his/her designee shall see emergency admissions within eight hours of admission. The physician provider or attending provider is defined as attending physician, dentist, or oral surgeon.

#### **CHART COMPLETION POLICY FOR HOUSE STAFF**

**Purpose:** To provide a process by which disciplinary action can be applied to house officers who fail to comply with chart completion standards.

**Mandate:** Both NYS and the JCAHO mandate a time frame for completion of medical records. Failure to meet the requirements of these standards places the Medical Center at risk for both financial and operational hardships.

**Authority:** Signing of the MMC House Staff contract indicates that the house officers agree to comply with the rules and regulations of MMC and its sub-divisions including the completion of medical records.

## **LEAVE OF ABSENCE**

### **MATERNITY LEAVE**

During period of disability resulting from pregnancy House Staff will first use all accrued and unused sick time. After sick time is exhausted while still within the disability period, they will then be eligible for NYS Statutory Disability.

The disability period is defined as follows:

- Starts with first day out
- Up to four weeks prior to delivery
- Up to six weeks post-delivery (normal delivery)
- Up to eight weeks post-delivery (C-Section)

During the disability period MMC will supplement the disability with a payment to bring the combination of disability and supplemental payment to 2/3 of their pay.

### **MEDICAL LEAVE**

During period of disability resulting from illness House Staff will first use all accrued and unused sick time. After sick time is exhausted while still within the disability period, they will then be eligible for NYS Statutory Disability.

### **FAMILY MEDICAL LEAVE**

House Staff are provided with up to 12 weeks leave. House Staff must complete at least one (1) contract year to be eligible.

## **DISABILITY**

Disability benefits continue part of your stipend if you are ill or injured and unable to work. Benefits are provided under the following programs:

### **SHORT TERM DISABILITY**

Includes Paid Sick Leave, Supplementary Sick Pay and New York State Statutory Disability benefits for up to 26 weeks. After you have exhausted your Paid Sick Leave, Supplementary Sick Pay provides  $\frac{2}{3}$  of your annual stipend up to a maximum benefit of \$1,300 a week inclusive of New York State Disability or Worker's Compensation benefits.

### **LONG TERM DISABILITY**

Basic LTD coverage continues 60% of your predisability stipend up to a maximum benefit of \$3,000 a month if you are disabled for more than 26 weeks. You pay the cost of this mandatory coverage with after-tax dollars. Supplemental LTD coverage is available to you if your annual stipend is greater than \$60,000.

### **PERSONAL LEAVE**

Please see the effects of leave of absence from a program

## **THE EFFECTS OF LEAVE OF ABSENCE FROM A PROGRAM**

Due to the fact that all training programs have different curriculums and training requirement needs, each department has their own policy entitled Policy of Effect of Leave for Satisfying Completion of Program. This policy is available through your training program director or residency coordinator.

## **PAID TIME OFF**

### **VACATION**

MMC provides House Staff with 4 weeks (28 days) paid vacation per contract year. The vacation time is granted in accordance with the individual training program's departmental policy.

### **SICK LEAVE**

Each House Staff earns paid sick time at the rate of one day per month, 12 days annually. MMC may advance sick time of up to one year's entitlement during the period of continuous disability.

Each House Staff is responsible for notifying the program director, the chief resident and the residency coordinator of any sick leave. The program director or residency coordinator will notify the House Staff Office.

### **JURY DUTY**

Each House Staff is responsible for notifying the program director, the chief resident and the residency coordinator. The program director or residency coordinator will notify the House Staff Office.

### **PATERNITY LEAVE**

House Staff will be paid her/his regular pay for 1 working days' absence on the day the House Staff wife or qualified domestic partner gives birth or the day the wife or qualified domestic partner returns home from the hospital.

### **DEATH IN THE FAMILY**

House Staff will be granted 3-days paid leave of absence at the time of death of a spouse, parent, guardian, grandparent, child, sister, brother or domestic partner.

## **BEHAVIORAL HEALTH SERVICES**

Montefiore Medical Center offers comprehensive mental health services to house staff and their family members. The benefit under **MontePrime** is 20 visits per year with a \$0 co-payment. **MonteCare** offers 35 visits per year with a \$35 co-payment. Both plans allow up to 20 family therapy sessions included as part of each subscriber's individual visit limits. Both **MonteCare** and **MontePrime** subscribers have access to a large provider network managed by the Department of Psychiatry & Behavioral Sciences and University Behavioral Associates the MBCIPA. Go to [www.empireblue.com/montefiore/](http://www.empireblue.com/montefiore/) and under Members/Spotlight click on **Montefiore Behavioral Independent Practice for MonteCare and MontePrime**.

For urgent services contact the Occupational Health Service at 718 920-5406 during regular business hours. In case of emergency contact the Psychiatry Observation Suite at 718 920-7460. If further assistance or information is required please contact Dr. Bruce Schwartz in the Department of Psychiatry at 718 920-4040.

## **NON-DISCRIMINATION AND ANTI-HARASSMENT**

### **NON-DISCRIMINATION**

Montefiore draws strength, talent, and insight from the diverse views and experiences of its associates. This diversity is a strategic asset to Montefiore because it helps the medical center recruit and retain the best possible associates who, in turn, provide patients with the best possible care. To sustain this diversity, Montefiore will recruit, hire, train, transfer, promote, layoff and discharge associates in all job classifications without regard to their race, color, religion, creed, national origin, alienage or citizenship status, age, sex, actual or presumed disability, history of disability, sexual orientation, genetic predisposition or carrier status, pregnancy, military status, marital status, or partnership status, or any other characteristic protected by law. Likewise, Montefiore will make human resources and staffing decisions --such as setting compensation, establishing work schedules, completing performance appraisals, delivering benefits, assigning tasks, reviewing requests for time off from work, allocating resources, and administering leave of absence and other policies ~ without regard to race, color, religion, creed, national origin, alienage or citizenship status, age, sex, actual or presumed disability, history of disability, sexual orientation, genetic predisposition or carrier status, pregnancy, military status, marital status, or partnership status, or any other characteristic protected by law

In accordance with Human Resources Policy VI-8 concerning the employment of qualified associates with a disability, Montefiore will provide reasonable accommodations to associates with disabilities so that they can perform the essential functions of their positions. Examples of prohibited discrimination include:

- Allowing racial, ethnic, sexual, or religious stereotypes or assumptions to influence hiring or promotional decisions, or an appraisal of an individual's performance;
- Refusing to hire, transfer, or promote a qualified individual because of his/her age;
- Refusing to hire, transfer, or promote a qualified individual because of his/her religious beliefs or practices;
- Refusing to hire, transfer, or promote a qualified individual because he/she is responsible for caring for a child, parent, or a person with a disability;
- Refusing to hire, transfer, or promote a qualified individual because he/she speaks English with an accent, or because English is not his/her primary language.
- Refusing to hire, transfer, or promote a qualified individual because he or she is regarded as disabled or has a history of disability;
- Refusing to hire, transfer, or promote a qualified individual because of his/her perceived sexual orientation or his/her stated gender identity;
- Refusing to hire, transfer, or promote a qualified individual who is legally authorized to work in the United States because of the nature of his/her work authorization;
- Refusing to discuss with a disabled individual reasonable accommodations that would enable him/her to perform the essential functions of his/her position;

- Refusing to grant an individual a leave of absence to fulfill his/her military service obligations;
- Prohibiting associates from conversing in a language other than English during their break periods or when not performing their duties;
- Refusing to hire, transfer, or promote a qualified individual because she is or may be pregnant, or may become pregnant in the future; or
- Using racial, ethnic, sexual, or religious slurs.

### **ANTI-HARASSMENT**

Under this policy, harassment is verbal or physical conduct that denigrates or shows hostility to or aversion toward an individual because of his/her race, color, sex, religion, creed, national origin, alienage or citizenship status, age, actual or presumed disability, history of disability, sexual orientation, genetic predisposition or carrier status, pregnancy, military status, marital status, or partnership status or any other characteristic protected by law that: (i) has the purpose or effect of creating an intimidating, hostile or offensive work environment; (ii) has the purpose or effect of unreasonably interfering with an individual's work performance; or (iii) otherwise adversely affects an individual's employment opportunities. Harassing conduct may include (but is not limited to):

- Epithets, slurs or negative stereotyping;
- Threatening or intimidating acts;
- Denigrating jokes; or
- Displaying or circulating objects or written or graphic material that denigrates or shows hostility or aversion toward an individual or group (including through email, the internet, or the mail).

### **SEXUAL HARASSMENT**

Sexual Harassment is a type of unlawful harassment. Sexual harassment is defined in this Policy and in federal guidelines as unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature when, for example, (i) submission to such conduct is made either explicitly or implicitly a term and condition of an individual's employment; (ii) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting the individual; or (iii) such conduct has the purpose or of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

Sexual harassment may include a range of subtle and non-subtle behaviors and may involve individuals of the same or different sex. Such behaviors may include on or more of the following:

- Touching or groping;
- Unwanted sexual advances or requests for sexual favors;

- Sexual jokes and innuendos;
- Verbal abuse of a sexual nature;
- Commentary on an individual's appearance or body;
- Leering;
- Insulting or obscene comments or gestures; or
- Displaying or circulating sexually suggestive objects or written or graphic material (including through email, the internet, or the mail)

#### **OTHER HARASSING BEHAVIOR**

Harassing behavior that does not fall within the definitions above violates this policy and is contrary to standards of Montefiore. Such behavior may consist of verbal or physical conduct that has the effect of denigrating, belittling, ridiculing, or intimidating an individual

#### **HOUSE STAFF BENEFIT PLANS**

Montefiore's Health Insurance Benefits Program is designed to:

- Offer competitive basic and supplemental benefits and overall total compensation value
- Be affordable for associates and Montefiore
- Balance the cost of coverage and tax effectiveness of contributions with the benefits value each plan provides
- Offer a base of financial security

These are the groups of insurance coverage available to House Staff;

- MontePrime EPO provider network
- MonteCare PPO plan design, co-payments and premium contribution structure
- Medco Pharmacy benefits prescription drug co-payments
- Long Term Disability plan design, insurance carrier, and premium contribution requirements
- Life Insurance premium payment methodology

If you have any questions about the above you should contact the HR-Benefits Office by email [montebenefits@montefiore.org](mailto:montebenefits@montefiore.org) or call (914-378-6530). We will be pleased to assist you.

#### **EMPLOYEE ASSISTANCE PROGRAM**

The Employee Assistance Program (E.A.P.) is available to assist employees with emotional, substance abuse and interpersonal problems. All self-referrals are confidential.

Longview Associates 1-800-666-5EAP

#### **PHYSICIAN IMPAIRMENT AND DRUG ABUSE POLICY (IMPAIRED PROFESSIONALS JH23.1)**

This policy governs possible impairment of all licensed professionals who provide direct, skilled patient care and are employees and/or have clinical privileges at Montefiore, including physicians, registered professional nurses (including nurse practitioners and certified nurse midwives), licensed practical nurses, pharmacists, physician's assistants, occupational and physical therapist and social workers. This policy shall also apply to interns, House Staff and fellows enrolled in formal postgraduate training programs at Montefiore. A complete copy of the policy is located in the Administrative Policy and Procedure Manual (JH23.1). A copy of this manual is in the House Staff Office, 150 East 210th St. or in the Administrator's office of your individual departments.

### **PRE-APPOINTMENT AND ANNUAL PHYSICAL EXAMINATIONS**

New York State Hospital Code (405.3b) and Hospital Policy require each House Staff officer to complete a pre-employment and annual examination. The pre-employment examination provides required immunizations and skin tests. For more information please call (718) 920-5406.

### **PRE-TRAINING DRUG TESTING POLICY**

Montefiore Medical Center is committed to ensuring a safe, healthy, productive and efficient work and training environment for its associates, postgraduate medical school trainees, patients and visitors. Accordingly, the Medical Center has established a pre-employment drug-testing program for job applicants, postgraduate medical school trainees, and other individuals seeking to work, train or volunteer at the Medical Center.

This pre-employment/pre-training drug testing procedure applies to all applicants for temporary or regular employment, and all other individuals seeking to work, train, or volunteer at Montefiore Medical Center, including interns, residents, fellows, independent contractors who will work on site, and individuals referred through employment agencies (hereinafter referred to collectively as "applicants"). Applicants must undergo and pass a drug test before they actually commence employment, work, training, or volunteer activity at Montefiore Medical Center. The pre-employment drug testing policy shall not apply to students (other than postgraduate medical students) and/or persons under the age of 18.

Montefiore Medical Center's pre-employment drug testing procedure complies with applicable federal, state and local law. All covered individuals (as defined above) must undergo a drug test and receive a negative test result as a pre-condition to employment, work, training, appointment, or volunteer activity.

The House Staff Office is responsible for administering this policy for postgraduate medical school trainees.

The pre-employment/pre-training drug testing procedure is administered by a laboratory certified by the Substance Abuse and Mental Health Services Administration ("SAMSHA"). Montefiore Medical Center has retained a third party to administer the procedure to ensure the confidentiality and reliability of the testing process.

The pre-employment/pre-training drug test is administered after the applicant receives from Montefiore Medical Center a conditional offer of employment, work, training, appointment or volunteer opportunity. Montefiore will not initiate new hire processing or extend offers of training or appointment until the covered individual has completed drug testing with satisfactory results.

At the time Montefiore Medical Center extends to the covered individual a conditional offer of employment, work, training, appointment, or volunteer opportunity, the covered individual will

promptly be provided with the documents he/she will need to comply with the pre-employment/pre-training drug testing procedure. These documents will include:

- A Forensic Drug Testing Custody and Control Form.
- A list of drug testing collection sites approved by the certified laboratory and/or directions for locating on the Internet approved collection sites. The covered individual should select a collection site that is most convenient for him/her to use.
- An acknowledgement and consent form which the covered individual must return to the Recruitment Department (or, in the case of post graduate medical school trainees, to the House Staff Office) at the time he/she receives a copy of this policy.

A covered individual *other than a postgraduate medical student* is required to provide a urine specimen at an approved collection site within forty-eight (48) hours of receiving from Montefiore Medical Center an offer of employment, work, training, appointment, or volunteer opportunity. If the day after the covered individual receives such an offer is not a business day in which a collection site is open, the covered individual will be allowed seventy-two (72) hours to provide the urine specimen.

*The House Staff office will determine the amount of time or deadline by which postgraduate medical students must provide a urine specimen at an approved collection site.*

**Negative Test Results:** The HR Recruiter (or, in the case of graduate medical students, the House Staff Office) will be informed by the certified laboratory of negative test results within two days from the collection date.

**Positive Test Results:** When a covered individual tests positive for drugs, the certified laboratory will automatically retest the original specimen before concluding that the test result is positive. The Medical Review Officer (“MRO”) will then contact the covered individual directly to review positive test results. If the MRO determines that there is no valid reason for the positive test results, the covered individual will be ineligible to work, train, or volunteer at Montefiore Medical Center.

**Negative Dilute.** In a case where the test result is reported as negative but diluted, the covered individual will be required to undergo a second test within 24 hours of being contacted by Montefiore Medical Center of the result.

**Refusal To Submit to a Drug Test:** Although a covered individual has the right to refuse to submit to a pre-employment drug test, Montefiore Medical Center will not consider the covered individual who so refuses. Moreover, Montefiore Medical Center will consider the following conduct by a covered individual as a refusal to submit to a drug test:

- Refusing or failing to appear for a substance abuse test within a specified time, as determined by Montefiore Medical Center, after being directed to do so;
- Failing to remain at the testing site until the testing process is complete;
- Failing to provide a urine specimen for collection; failure to provide a sufficient amount of urine when directed, without an adequate medical explanation;

- Failing or declining to take a second drug test that Montefiore Medical Center or collector has directed to be taken;
- Failing to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process, or as directed by Montefiore Medical Center as part of the “shy bladder” procedures;
- Adulterating or substituting a urine sample, or attempting to adulterate or substitute a urine sample; or
- Failing to cooperate with any part of the testing process such as delaying the collection, testing or verification process or otherwise engaging in conduct that obstructs or manipulates, or attempts to obstruct or manipulate, the testing process.

This policy is not a contract of employment. If a covered individual fails to comply with this policy, the covered individual will be ineligible for employment.

*Montefiore Medical Center retains the right to alter or amend this policy at any time, with or without notice, to the full extent permitted by law.*

### **PROFESSIONAL CONDUCT REPORTING POLICY**

The New York State Department of Health requires all hospitals to report in writing, the denial, suspension, restriction, termination or curtailment of training, employment, association of professional privileges or the denial of certification of completion of training of any physician licensed by New York State for the following reasons:

- Alleged mental or physical impairment, incompetence, malpractice, misconduct or endangerment of patient safety or welfare
- Voluntary or involuntary resignation or withdrawal of association or of privileges with the Hospital to avoid the imposition of disciplinary measures
- The receipt of information concerning a criminal conviction of a crime

The Hospital must also report, in writing, to the New York State Department of Education any change in professional status for any student or participant in a clinical clerkship, fellowship or residency. The Hospital must report, in writing, to the Department of Health any information which reasonably appears to show that a physician

is guilty of professional misconduct as defined in the New York State Education Law 6509. Professional misconduct includes, but is not limited to the following:

- Obtaining a Medical License Fraudulently
- Practicing the profession fraudulently, beyond his/her authorized scope, with gross incompetence, with gross negligence on a particular occasion or negligence or incompetence on more than one occasion
- Practicing the profession while the ability to practice is impaired by alcohol or drugs, physical disability or mental disability
- Being habitually drunk or being dependent on or a habitual user of narcotics, barbiturates, amphetamines, hallucinogens, or other drugs having similar effects (Refer to Adm. Pol # JH 23.01 on impaired professionals)
- Failure to follow universal precautions regarding blood-borne pathogens as mandated by the Department of Health
- Committing unprofessional conduct, as defined by the Board of Regents in its rules or by the Commissioner in regulations approved by the Board of Regents

Physicians, the Hospital's Medical Director, the President of the Medical Board and the Director of each Service are also required by law to report any information, which reasonably appears to

show that a physician is guilty of professional misconduct. However, a physician is not required to report any information, which the physician learned solely as a result of rendering treatment to another physician.

### **DRESS CODE GUIDELINES**

Dress should be clean and neat and project a professional appearance. It should convey a sense of respect for those we care for and those with whom we interact.

This includes, but is not limited to, the following:

- I.D. badges should be worn at all times in the hospital and clinics, in an easily visible location, above the waist whenever possible.
- Beards, mustaches and sideburns should be neatly trimmed.
- Haircuts should be neat. Long hair should be pulled back away from the collar during patient care activities.
- Shoes must have closed toes during patient care activities.
- Jeans, tank-tops, sweatshirts, and t-shirts should not be worn during patient care activities.
- Tops/shirts should provide adequate coverage of the abdomen, back and chest (no exposed cleavage, midriffs, or open-backed shirts).
- For men, neckties/bowties are preferred during patient care activities.
- Scrubs may be worn when on day call, overnight call and weekend calls. White coats must be worn when wearing scrubs and is mandatory during all patient care activities.

### **MEAL TICKETS**

It is the policy of Montefiore Medical Center to supplement the cost of three (3) meals per day for:

- House Staff Officers who are on the payroll of Montefiore Medical Center or who are on the Jacobi, Westchester, Metropolitan, St. Joseph's or St. Vincent's payroll but rotate to Montefiore Medical Center programs.
- Medical Students who are on approved rotations from Einstein at Moses, Weiler, CHAM or New York Medical College at North Division.

### **ON-CALL ROOMS**

On-Call Rooms are available to each House Staff. They are cleaned daily, in good condition and secure. The on-call rooms are located in the Northwest Pavilion next to the Blue Zone Elevators, on the first floor. Upon verifying the Identification Badge of the House Staff, the security guard will give a key to an on-call room. All keys must be returned either to the security guard at the 210<sup>th</sup> Street lobby entrance or in the key return box in the on call room.

### **PAYCHECKS**

Paychecks are available for distribution to House Staff every other Thursday. House Staff may sign up for their paychecks to be direct deposited into their account. House Staff who do not sign up for direct deposit may pick up their checks at the House Staff Office every other Thursday or have it mailed to their home address.

## **LAUNDRY & LINEN SERVICE**

House Staff are required to wear prescribed apparel in training. The lab coats or jackets are cleaned free of charge when they are dropped off at the laundry office located at the rear of the Food Pavilion in the North Building (Silver Zone) second floor.

The hours of operation are:

Mon., Wed., Fri. 7:00AM - 3:00PM

Tues., Thurs. 9:00AM - 5:00PM

Uniform Room: (718) 920-5357

## **PARKING**

Subsidized garage parking is available to House Staff on the Hospital premises. There is also parking available to House Staff who reside at either at 3450 Wayne Avenue, 3411 Wayne Avenue and 3636 Waldo Avenue. For more information please call (718) 920- 5691.

## **EDUCATIONAL RESOURCE ALLOWANCE**

It is the policy of Montefiore Medical Center to provide educational resource allowance of up to a maximum of \$500.00 to Montefiore Medical Center House Staff Officers each academic year for the following items:

1. Purchase of academic textbooks, journal subscriptions
2. Payment of professional society membership dues
3. Purchase of educative software
4. Purchase of personal digital assistant (PDA) capable devices (for example: PDA wireless telephones, PDA touch, PDA devices, I-Touch, I-Phone, I-Pad, and e-readers)
5. Payment for approved Board Review Courses

For more information please call our office at 718-920-2341.

## **HOUSING**

Montefiore is able to offer a limited number of apartments to House Staff members.

**Housing is NOT guaranteed.**

The Housing Office (Real Estate Department)

3300 Bainbridge Avenue

Monday through Friday 8:30AM – 5:00PM

718-920-5088

Our properties include:

### **MONTEFIORE I BUILDING**

Montefiore I is a 12 story mixed use property centrally located to all campuses. Located at 3411 Wayne Avenue, Bronx, New York, 10467, “Monte I” offers 7 floors of affordable and comfortable living. Amenities include a laundry room, elevators and 24-hour guard service. Balconies are offered in some units, which range in size from studios to 2 Bedrooms. All units are supplied with a refrigerator and gas range.

### **MONTEFIORE II BUILDING**

This 28 story high rise offers central air conditioning, laundry facilities, high speed elevators and 24 hour guard service. Located directly across the street from Montefiore I at 3450 Wayne Ave., Bronx, NY 10467, this property is conveniently located to all

campuses. Apartment sizes range from studios to two bedrooms, all with very affordable rent which includes gas and electricity. All units offer balconies, a refrigerator and a gas range.

**RIVERDALE BUILDING (WALDO AVENUE)**

Situated perfectly in the Bronx's most desirable neighborhood, the historic Riverdale district, and approximately 7 minutes by car from the Moses campus, is Montefiore's Waldo Avenue Building, located at 3636 Waldo Avenue, Bronx, NY 10463. These beautiful rentals offer fantastic amenities, including a large backyard for the use of all tenants, a laundry room and 24-hour guard services. Most units are supplied with a refrigerator, gas range and a dishwasher (small studios have countertop range and do not have dishwashers). Unit sizes range from studios to 2 bedrooms, many of which have balconies. Montefiore provides free door-to-door shuttle service to and from the Moses campus at designated times.

**Please be aware that we generally receive twice as many applications for July 1 housing, as there are available units. We do our best to accommodate all wait-listed applicants as soon as availability allows. Also, those assigned housing for July 1 should be aware that units are generally not available prior to this date and alternate accommodations should be arranged for orientation. House staff residents must vacate their apartment upon completion of residency, even if continuing with Montefiore under another status.**

Please see the Montefiore's housing website for further details, including current ranges of rent, occupancy standards, and our assignment criteria and to apply for housing.

<http://www.montefiore.org/housing>

8/31/10

**MONTEFIORE MEDICAL CENTER  
MEDICAL EDUCATION POLICIES PROCEDURES  
MEDICAL STAFF/HOUSE STAFF ORIENTATION MANUAL  
ACKNOWLEDGE FORM**

I have received and reviewed a copy of The Montefiore Medical Center House Staff Manual.

I understand that the policies and procedures are in no way to be interpreted as a contract between the Medical Center and myself. I further understand that the Medical Center reserves the right to change, modify or delete any policies and procedures at any time.

I understand that the manual is not a contract of employment and that no express or implied promise or guarantee made to me with regard to the duration or terms of my employment, wages or benefits is binding on the Medical Center unless made in writing and duly executed by the Medical Center's President, and specifically identified as a contract.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Department

\_\_\_\_\_  
Date

Please review the Manual completely, sign and return this form to the House Staff Office.