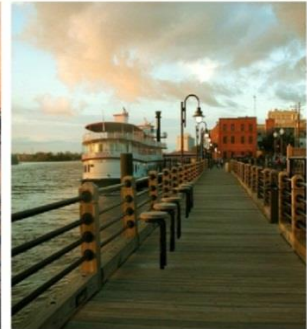


HOUSE STAFF MANUAL

2025 – 2026





Novant Health New Hanover Regional Medical Center
Wilmington, North Carolina

Dear New and Returning Residents:

On behalf of Novant Health New Hanover Regional Medical Center and the faculty of our Graduate Medical Education Programs, I want to welcome you. All of us look forward to working with you during your training. We remain committed to supporting your professional development and preparing you to become a successful, independent physician. Our faculty strives to ensure that every resident has the opportunity to develop the knowledge, skills and abilities expected from an attending physician.

The Graduate Medical Education (GME) Committee oversees the quality of your education and has created the House Staff Manual. Within this manual, you will find the policies and procedures and support services available to you as a resident of Novant Health New Hanover Regional Medical Center. Additionally, you will find a summary of your benefits. After reviewing this manual, if you have any questions, you may contact your Program Director, Program Administrator or the GME Administration Office for further information.

Best Regards,
Charin Hanlon, MD, FACP
Designated Institutional Official, Novant Health NHRMC
Vice President, Medical Education
Professor, Internal Medicine, UNC Chapel Hill

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Introduction

Novant Health New Hanover Regional Medical Center

History

The Novant Health New Hanover Regional Medical Center network is licensed for a total of 800 staffed beds: 628 on the Novant Health New Hanover Regional Medical Center campus (including 62 at the Behavioral Health Hospital and 60 at the Coastal Rehabilitation Hospital), 141 at Novant Health New Hanover Regional Medical Center Orthopedic, Cape Fear Campus, and 86 at Novant Health Pender Medical Center.

Early in its history, Novant Health New Hanover Regional Medical Center sought to partner with teaching hospitals and offer Graduate Medical Education (GME). The hospital has been affiliated with the University of North Carolina School of Medicine at Chapel Hill since 1970. As the State of North Carolina established teaching centers to support the development of physicians, the South East Area Health Education Center (SEAHEC) was established at Novant Health New Hanover Regional Medical Center in 1973. SEAHEC provides support to the mission of Graduate Medical Education (GME).

Novant Health New Hanover Regional Medical Center offers:

- Internal Medicine – Three-year residency program and one-year preliminary program
- Family Medicine – Three-year residency program
- Obstetrics/Gynecology – Four-year residency program and one-year preliminary program
- General Surgery – Five-year residency program and one-year preliminary program
- Psychiatry - Four-year joint civilian and military residency program
- Minimally Invasive Surgery Fellowship

An all-volunteer Board of Trustees governs Novant Health Coastal. The Board and the Coastal Market President provide institutional oversight of our GME programs.

The Board delegates authority for the implementation of medical policy to the medical executive committee and, for policy management, to the hospital's chief executive officer.

South East Area Health Education Center (SEAHEC) and the North Carolina Area Health Education Centers (NC AHEC)

South East Area Health Education Center

The **South East Area Health Education Center (SEAHEC)** is one of nine AHECs under the North Carolina Statewide AHEC program. The nine AHECs link the university health science centers, the community hospitals, and the health agencies of North Carolina. With state and local funding, the network helps attract, retain and maintain high quality healthcare professionals in all areas of the state.

SEAHEC is an educational non-profit organization that conducts AHEC programs in New Hanover, Brunswick, Columbus, Duplin, and Pender Counties, and is aligned with the University of North Carolina at Chapel Hill. SEAHEC and Novant Health New Hanover Regional Medical Center work together to facilitate graduate medical education. Full-time Faculty have appointments from the University of North Carolina School of Medicine and are permanently based in Wilmington.

Additional faculty, consisting of private practicing physicians, hold clinical appointments with the University of North Carolina School of Medicine and participate actively in the teaching programs.

For practicing health professionals, SEAHEC offers continuing education programs, which are developed according to the needs of the region, a specific agency, or healthcare discipline. The healthcare educators of SEAHEC conduct a variety of health education and training programs in allied health, dentistry, medicine, nursing, mental health, pharmacy, and public health.

SEAHEC is actively involved in quality improvement and research. SEAHEC assists the faculty and residents in conducting research and in procuring research funding when possible. In addition, SEAHEC offers student research internships and provides technical assistance on research-related issues to healthcare professionals working on research projects in the region.

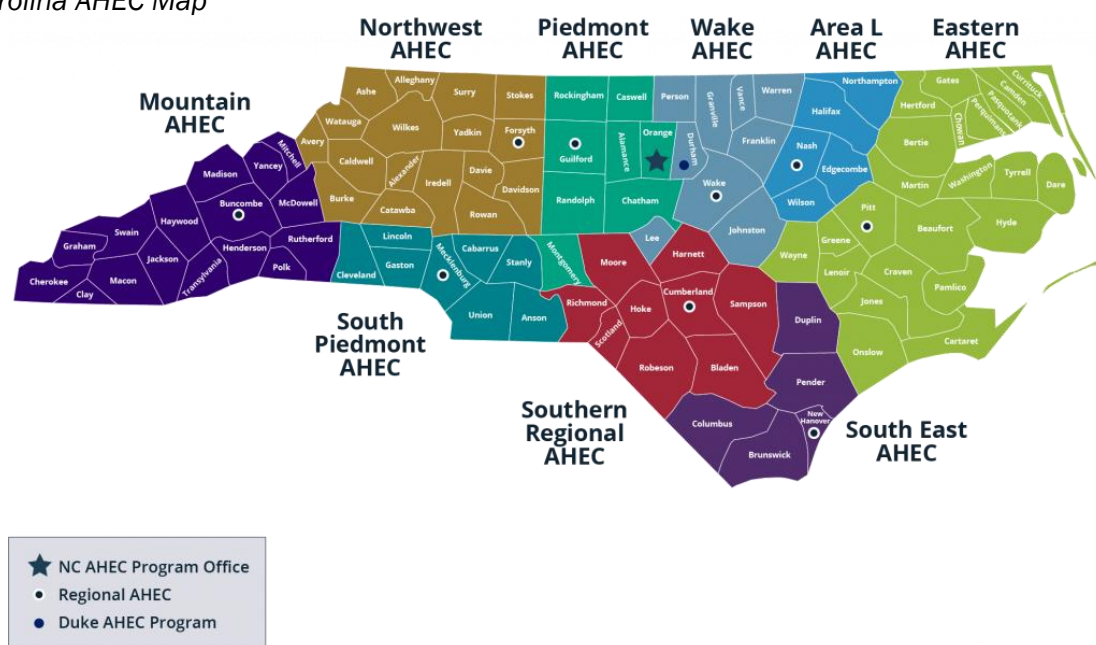
North Carolina Area Health Education Centers

North Carolina (NC) Area Health Education Centers (AHEC) is a unique partnership between university health science centers and communities. The focus of the partnership is twofold:

- 1) To improve the supply, (geographic and specialty) distribution, retention, and quality of health and human service professionals.
- 2) To support professionals in meeting the primary healthcare needs of the citizens of North Carolina. Nine regional AHECs serve the health workforce development needs of North Carolina.

The Board of Governors of the University of North Carolina oversees NC AHEC. The program office is based in the Office of the Dean of the School of Medicine at the University of North Carolina at Chapel Hill (UNC-CH).

North Carolina AHEC Map



Graduate Medical Education

The Graduate Medical Education Administration office is located at 2511 Delaney Avenue.

The GME office provides ACGME and AOA oversight of the five residency programs to ensure that residents experience a high-quality learning environment while at Novant Health New Hanover Regional Medical Center.

The GME office handles matters related to accreditation, orientation, training, licensing, credentialing, annual training modules, and Resident Workroom and Call Room issues and acts as a liaison between different departments whether at SEAHEC or Novant Health New Hanover Regional Medical Center.

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The Designated Institutional Official (DIO) for the GME programs at Novant Health New Hanover Regional Medical Center also serves as Vice-President for Medical Education, Novant Health New Hanover Regional Medical Center and the Chair of the Graduate Medical Education Committee (GMEC). The DIO, in collaboration with the GMEC, has authority and responsibility for the oversight and administration of the residency programs.

Responsibilities include:

- Ensuring compliance with the ACGME institutional, common, and specialty-specific program requirements.
- Reviewing and co-signing correspondence that impacts the GME programs, including all documents submitted to the ACGME by the Program Directors.
- Presenting an annual GME report to the Medical Executive Committee and Novant Health New Hanover Regional Medical Center Board of Trustees.

In the absence of the DIO, SEAHEC's Director of Graduate Medical Education will fulfill the responsibilities of the DIO

The American Osteopathic Association (AOA)

The American Osteopathic Association (AOA) is a member association representing approximately 82,000 osteopathic physicians (DOs). The AOA serves as the primary certifying body for DOs and is the accrediting agency for all Osteopathic Medical Colleges and healthcare facilities. The AOA's mission is to advance the philosophy and practice of osteopathic medicine by promoting excellence in education, research, and the delivery of quality, cost-effective healthcare within a distinct, unified profession.

Osteopathic Recognition is a designation conferred by the ACGME's Osteopathic Principles Committee upon ACGME-accredited programs that demonstrate, through a formal application process, the commitment to teaching and assessing Osteopathic Principles and Practice (OPP) at the graduate medical education level. In September 2017, the Family Medicine Residency Program was granted Osteopathic Recognition status for their program and has been granted re-certification as of January 2025.

1 Benefits

Salary

Academic Year: 2025 – 2026

PGY1 - \$65,685

PGY2 - \$67,695

PGY3 - \$69,646

PGY4 - \$72,767

PGY5 - \$74,976

PGY6 - \$77,224

On-Call Meal Stipend

Residents are provided with a meal card to offset the cost for meals while on-call in the hospital. Each resident receives a meal card to use when on-call, which is administered by each Program Director, and is intended to defray a portion of each resident's on-call meal expense.

Core Benefits

Novant Health-NHRMC offers employees the opportunity to enroll in a benefits package that best meets their needs. Residents can choose medical, dental, vision, short-term disability, long-term disability, life insurance plans and voluntary benefits that make the most sense for them and their eligible dependents. You can review eligible benefit options on our comprehensive website

Your benefits are effective on the first of the month following your hire date. For options to access coverage during the organizational waiting period, residents can visit [HealthCare.gov](https://www.healthcare.gov) for information on obtaining Marketplace coverage.

If you experience a mid-year IRS qualifying life event such as birth, marriage, divorce, loss of coverage or FTE status change you must complete a life event in Global HR within 31 days of the life event to make a benefit election or change.

Open enrollment takes place in early November of each year, and you may re-elect or change your benefits package effective January 1st of the upcoming year.

For questions related to your benefit coverage, residents can contact the Team Member Solutions Center at 1-800-890-5420.

Health Insurance

Novant Health-NHRMC offers four comprehensive health plan options and pays the bi-weekly premiums (payroll deductions) for the Novant Health Premier plan, Cigna Standard, Cigna Premium or the High Deductible Health plan (HDHP) for residents and their eligible dependents. All four plans include prescription drug coverage through MedImpact. Residents are responsible for any co-pays, deductibles, co-insurance, or any other charges incurred when using their medical coverage.

The Cigna Standard and Premium plans offer four coverage tiers to include the Enhanced Network, Preferred Network, Non-preferred Network or Out-of-Network providers. You pay the lowest out of pocket cost when you utilize Enhanced Network providers.

The High Deductible Health Plan (HDHP) you pay 100% of your medical and prescription costs until you meet the annual deductible. Once you meet your deductible, you share the cost of covered medical care and prescriptions, with the plan paying the majority. This plan also includes a Health Savings Account (HSA) to help you set aside pre-tax funds to cover your medical expenses. Novant contributes to your HSA \$750 for employee only and \$1500 if you cover dependents. The HDHP offers four tiers of coverage to include the Enhanced Network, Preferred Network, Non-preferred Network or Out-of-Network providers. You pay the lowest out of pocket cost when you utilize Enhanced Network providers.

The Novant Health Premier plan offers the lowest deductibles, copays and coinsurance for services received within the Novant Health Plus Network. The Premier plan offers three benefit tiers to include the Novant Health Plus Network, Alternative Network or Out-of-Network providers. Using the Novant Health Plus Network is the most cost effective and the least amount of out-of-pocket expense.

Utilize the interactive side-by-side plan comparison tool on the benefits website to understand the key differences between all four plans.

The Pharmacy benefits are administered by Med-Impact for all four medical plans and provides 6 tier prescription coverage levels. The Novant Health New Hanover Regional Medical Center Employee Pharmacy is dedicated to all system employees and dependents. This retail setting offers maintenance prescriptions, 90-day mail order, specialty drugs as well as some over-the-counter medications. Members can also utilize Walgreens retail pharmacies for 30-day and 90-day supplies. The plan requires mandatory generics with a dispense as written waiver (DAW).

Novant-Health Well-being Programs

All benefit eligible team members are encouraged to participate in our well-being activities and can earn incentives dollars through participation in Cigna's MotivateMe program and Novant Health's well-being portal. Please refer to our Benefits Resource Center here or call the Team Member Solutions Center at 1-800-890-5420 for more specific plan information.

Dental Insurance

Novant Health-NHRMC offers a dental plan administered by Cigna which offers both In-Network and Out-Network provider coverage. Preventative care at 100%, basic care at 80% and major restorative at 50%. Orthodontia coverage provided for both adults and children at 50% with a lifetime orthodontia benefit of \$1500 per coverage member. For more specific plan information, please refer visit the benefits website.

Life Insurance

Novant Health-NHRMC provides residents with 1.5x your base pay in Basic Life insurance, at no cost. In addition, residents may purchase one to five times their base annual salary in Supplemental Life and AD&D insurance. Spouse Life and Child Life insurance options are available for a spouse or dependent child with resident enrollment in Supplemental Life coverage. Additional voluntary benefits to include Accident insurance, Critical Illness, Hospital Care are available.

Short-term and Long-term Disability

Novant Health New Hanover Regional Medical Center offers optional short-term disability plans, which pay a benefit of 60% your base pay, up to \$2,500 per week, residents can choose from a 15-day or 30-day waiting period option. If elected, residents pay the full cost of the STD premiums with after tax dollars so the benefit is received tax-free should it be needed. Novant Health-NHRMC provides the 90-day long term disability plan benefit at no cost to the resident. LTD provides 60% replacement of base salary beginning on the 91st day of an approved disability claim.

Vision

Residents may elect to participate in Novant Health-NHRMC's optional Vision Care Plan administered by VSP. This vision plan covers annual eye exams, lenses and frames or contact lenses. You can utilize both In-Network or Out-Network providers, and the plan provides an annual eye wear allowance of \$160 per member.

Professional Liability

Professional liability coverage is provided by Novant Health-NHRMC for all residents. Coverage includes resident training sponsored programs both in and out of Novant Health-NHRMC. Residents are provided with the basic information regarding the policy during orientation. The professional liability insurance program does not extend to activities outside the scope of employment or the scope of the residency training program (moonlighting). Residents are advised to contain their practice of medicine to their assigned duties if they do not have their own personal malpractice insurance coverage and permanent medical licensure. Coverage includes legal defense after they have left their respective programs should a claim or suit be brought against them as a result of their resident training at Novant Health-NHRMC. All occurrences or suspected claims/suits should be reported to the Risk Management Department at 336-277-8700 as soon as possible.

Retirement

403(b) and Roth 403(b) Retirement Savings (Defined Contribution Plan) Novant Health-NHRMC provides automatic enrollment in the Novant Health Retirement Plus Plan administered by Fidelity Investments. Automatic enrollment at a 4% pretax contribution rate provided.

Residents can choose to make changes to contribution rates at any time or opt out of the plan by contacting Fidelity Investments at 800-343-0860 or visiting www.netbenefits.com.

Contributions are made on a pre-tax basis each pay period (up to 26 times per year). The savings are tax-deferred, so residents do not pay state and federal taxes on their contributions until they receive money from their account. IRS regulations also govern how much you can contribute to these plans. In 2025, the limit is \$23,500 for each account. Employees who are age 50 or older may contribute an additional \$7,500.

Novant Health-NHRMC provides a match up to 6% per payroll effective as of your hire date and auto enrollment. You are fully vested after 3 years of service. Leaving employment prior to 3 years of service forfeits any employer match contributions. You are 100% vested in your own contributions to the Plan so personal contributions always belong to the resident. Those who leave Novant Health-NHRMC after graduation and do not remain employed by Novant Health-NHRMC have the following options:

- a) Receive the full value of their employee contributions less applicable taxes, or,
- b) Rollover their employee contributions into an Individual Retirement Account (IRA) or another employer's qualified retirement savings

401(a) Retirement Savings Defined Contribution Plan

Novant Health-NHRMC also offers the 401a after tax contribution plan subject to plan limits. Refer to Fidelity Investments at www.netbenefits.com or by calling 800-343-0860 for more information.

Leave/Vacation/Sick

Each first-year resident will receive 22 working days of paid leave, 12 sick days* and 10 vacation days, at the beginning of the year. All other residents will receive 27 days of paid leave (12 sick days and 15 vacation days). Unused sick leave may be carried over to subsequent years, but there is no cash value for unused sick or vacation time. Vacation time may not be carried over to subsequent years. Any days off over the number of days available will be without pay. In the event that FMLA leave is taken, the order of leave should be as follows: sick, vacation, unpaid. Residents are strongly encouraged to take sufficient time off for relaxation to promote good physical and mental health. The program will make every effort to allow residents to use their paid time off benefits. However, team members have a responsibility to request time off as far in advance as possible, realizing that workload and staffing requirements are a major consideration in approving paid time off. Ultimately, the decision of whether time will be approved, and how time will be charged is made by the Program Director. Residents must also be made aware of the respective department's Residency Board requirements. These requirements specify the number of days annually that Residents are allowed to be absent from the program without having their training extended. If training is extended, residents will be given information on the effect this leave may have on respective board certifying exams. *Sick leave must be taken in accordance with FMLA.

Medical/ Parental/ Caregiver Leave

Novant Health will provide residents with up to six weeks paid time off for approved medical, parental, or caregiver leave of absence, for qualifying reasons that are consistent with applicable laws. Residents will be eligible for this benefit beginning on their first day of employment with Novant Health. For questions related to this benefit or to initiate the leave process, residents can contact the Team Member Solutions Center at 1-800-890-5420.

In alignment with the ACGME's requirements, Novant Health New Hanover Regional Medical Center will:

- Provide residents/fellows with at least the equivalent of 100 percent of their salary for the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken
- Provide residents/fellows with a minimum of one week of paid time off reserved for use outside of the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken
- Ensure the continuation of health and disability insurance benefits for residents/fellows and their eligible dependents during any approved medical, parental, or caregiver leave(s) of absence
- Residents needing to apply for a leave of absence should submit their requests to the Leave Team at familymed@novanthealth.org identifying themselves as a resident so their eligibility and available time can be confirmed and guidance provided.

- Since each trainee must meet certain education requirements as defined by the training program, the ACGME, and/or by the applicable American Board of Medical Specialties, a trainee may be required to make up time away (possibly necessitating an extension of the training period) prior to advancing to the next level of training and/or prior to completion of the GME program.

- Boards vary in their requirements regarding board eligibility and certification

- In the event a resident wants to use the 6-week paid time off for approved medical, parental, or caregiver leave they will be required to use their designated 22 days of paid leave for interns, or 27 days for senior residents as part of the 6-week period. When they return from leave the resident will retain one week of vacation.

- In the event that a resident is receiving continuing treatment by or under the supervision of a health care provider of a chronic or long-term condition, the program will refer the resident to apply for intermittent FMLA. Time off that is eligible for family/medical leave under the Family and Medical Leave Act will be deducted from the resident's allocated leave time.

FMLA

Employees should recognize that this policy and FMLA are only intended to cover (1) the birth or adoption of a child or receiving a child for foster care and (2) serious health conditions – generally those that involve more than three days incapacity from work for chronic, long-term, incurable conditions (see section II.b for definition of a serious health condition).

Intermittent FMLA

An employee taking leave for personal illness or to care for a sick family member need not take such leave continuously and may take it on an intermittent basis, or by reducing the employee's scheduled work hours. The employee must provide certification from the health care provider caring for the employee and/or family member that it is medically necessary for the leave to be taken in this manner. If leave is not taken continuously, it will be deducted from the employee's entitlement to leave, i.e. 12 weeks equivalent during a 12-month period in increments of one (1) hour.

Eligibility for the FMLA

Eligible residents must satisfy the following:

1. Have been employed at Novant Health-NHRMC for at least 12 consecutive months.
2. Have worked at least 1250 hours during the prior, consecutive 12-month period.

Bereavement Leave

An eligible team member will be granted bereavement leave to be used in connection with the death as follows:

1. 40 hours in the event of the death of a spouse, child, including pregnancy loss, and step-child;
2. 24 hours in the event of the death of a parent, father-in-law, mother-in-law, brother or sister, step-sibling, step-parent, legal guardian, grandparent, and grandchild.
3. 8 hours in the event of the death of a non-immediate family member.

Confidential Counseling, Medical and Psychological Support Services

Balancing family, work, relationships and finances can be overwhelming, especially during residency. When problems build and begin spilling over into other parts of life (ability to sleep,

work performance, mood, etc.), it's important to be able to access support services. To promote a healthy work environment and the highest level of well-being, residents have access to the wellness resources listed in section 8 of this document.

Technology Stipend, Professional Development, Book Funds & Medical Meetings Leave

Technology Stipend

To enhance efficiency and communication, each resident is required to use a mobile device that provides access to web-based tracking applications, management of schedules, PerfectServe, and email communications. Funding has been allocated for reimbursement toward the purchase of a web-enabled mobile device (e.g., Smartphone, iPod Touch, Tablet, not including laptops), and during your residency you will be issued a \$300 stipend. Residents will be responsible for any associated monthly expenses; however, your program will also provide you with a \$300 annual reimbursement to be applied toward your plan service fees.

Preliminary residents will be required to submit the request for the device stipend to your Program Administrator by December 31. Categorical residents are eligible to receive the device stipend any time during your residency, but it should be requested no later than July 1st of your last year of residency.

Professional Development (books, meetings, etc.)

Each resident is allocated a professional development fund (amounts vary based on the discretion of the Program Director), which can be used for resident expenses to attend professional meetings and/or toward the purchase of hard copy materials, electronic readers (iPads, Kindles, etc.) and digital books. Residents are encouraged to check the AHEC Digital Library for the availability (at no cost) of any given book prior to purchasing a digital book.

Medical Meetings Leave

Up to 5 working days may be allocated to each resident each academic year for the purpose of attending medical meetings or other approved medical activities.

Uniforms/Laundry

White Coats

Each resident is issued one white coat at the beginning of their training. Laundering of these white coats is done at no cost to the resident through Novant Health New Hanover Regional Medical Center's laundry service. Laundering pickup and delivery occurs as needed from the Resident Workroom. Residents may receive one replacement coat per year and have the option of purchasing additional coats at any time by contacting the GME Office Administrator.

Obtaining Scrubs

Scrubs should be checked out using the scrub distribution machines. You may use your badge or pin number in order to obtain a scrub suit. Restrictions are placed on the number of sets of scrub wear that any authorized user can have at any time. Each resident receives 3 credits for scrub suits.

Returning Scrubs

In accordance with current infection control policies and procedures, all used scrubs must be returned to a receiving scrub machine. Badly soiled and/or contaminated scrub wear is to be

securely sealed in a plastic bag prior to depositing into a receiving machine. **Scrubs should not be discarded in the workroom as there is no scheduled pickup.**

Your account will be credited when you return your scrub wear to the appropriate location. If you have a dispute with the number of credits you have, please contact Lindsay Koch, GME Office Administrator, at 910-667-9222 or by email at Lindsay.Whitaker@novanthealth.org

System abusers are subject to disciplinary action and will be reported to their Program Director.

Novant Health New Hanover Regional Medical Center scrubs are not to be worn outside or removed from Novant Health New Hanover Regional Medical Center property. You can access the full Novant Health New Hanover Regional Medical Center scrubs policy [here](#).

Off-Campus Housing Allowance

Each resident who, at the discretion of the Program Director, is required to participate in an off-campus rotation, will receive a stipend of \$1000 each month for housing. This stipend will be prorated for rotations shorter or longer than one month.

Novant Heath New Hanover Regional Medical Center Outpatient Pharmacy Services

The Novant Health New Hanover Regional Medical Center Outpatient Pharmacy hours of operation are Monday-Friday 8:00 a.m. to 7:00 p.m. and Saturday and Sunday 9:00 a.m. to 5:00 p.m. Our primary scope of service includes providing dispensing services to discharge patients, pharmacist-led bedside medication education for patients and patient assistance program services. To facilitate discharge, a patient discharge support liaison is available to assist with the discharge prescription process and can be reached by calling 910-341-9222 during normal business hours. The pharmacy also provides a variety of OTC medications and supplies for our staff and patients' needs.

For information on any of these services, please contact the Outpatient Pharmacy at (910) 667-5181 or visit our Outpatient Pharmacy web page on PolicyTech or I-Connect. A patient discharge support liaison is available to assist with the discharge prescription process and can be reached by calling 910-341-9222 M-F 8:00 a.m. to 4:30 p.m.

2 Employment Policies

Equal Opportunity Employer

Our Cause

We create a healthier future and bring remarkable experiences to life.

Discover.

We consistently seek to innovate, courageously transform ourselves, and find new ways to add value for our patients, communities, and one another.

Empower.

We provide one another, our patients, families, and communities with the resources and environment to create shared accountability and action.

Thrive.

We demonstrate equity, empathy, safety, and quality to help each other, and our communities, grow and succeed.

Together.

We work as a trusted team with our unique perspectives, life experiences, and expertise to bring remarkable to life in every interaction. We all belong.



Novant Health New Hanover Regional Medical Center will hire the most qualified applicants for positions and provide equal employment opportunities for all applicants and employees without regard to race, color, religion, gender, sexual orientation, national origin, age, marital status, disability, genetic information, amnesty, or status as a covered veteran in accordance with applicable federal, state and local laws. Novant Health New Hanover Regional Medical Center complies with applicable state and local laws governing non-discrimination in employment in every location. This policy applies to all terms and conditions of employment, including, but not limited to, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training.

Employment Requirements

Each applicant must meet one of the following qualifications to be eligible for appointment, subject to additional qualifications as may be specified in the specialty/sub-specialty specific program requirements:

- Graduation from a medical school in the United States or Canada and accredited by the Liaison Committee on Medical Education (LCME)
- Graduation from a college of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA), or,
- Graduation from a medical school outside the United States and Canada and meeting one of the following conditions:
 - Holds a currently valid certificate from the Education Commission for Foreign Medical Graduates (ECFMG) prior to appointment, or,

- Holds a full and unrestricted license to practice medicine in a United States licensing jurisdiction in which he or she is training, or,
- Has graduated from a medical school outside the United States and completed a Fifth Pathway program provided by an LCME accredited medical school.

All graduates' applications that are non-LCME or non-AOA must come through the GME Office for review before a contract is offered. Novant Health New Hanover Regional Medical Center does not sponsor any visas. Applications from resident applicants who will be legally able to begin employment by the effective date of the Agreement of Appointment will be considered. Citizenship documentation must be provided to the GME Office for verification.

All candidates who interview for a position in any residency program will be directed to the Objectives, AIMS and Eligibility section of the [Wilmington Residency Programs page](#) on the Novant Health New Hanover Regional Medical Center website for details about:

- Eligibility for employment
- Benefits and salary information
- Application procedures

Successful candidates will be required to provide or complete the following prior to the first day of employment:

1. International Medical Graduates must have legal documentation of citizenship by the time employment begins.
2. North Carolina Training License (obtained through the GME Office Administrator, SEAHEC).
3. Verification of credentials (obtained by the Program Director).
4. Background checks (obtained by Novant Health New Hanover Regional Medical Center, the North Carolina Medical Board and NC Tracks)
5. Physical examination including toxicology screen, breath analysis, and immunization updates as required (completed at the Novant Health New Hanover Regional Medical Center Employee Health and Clinic prior to orientation).

Recruiting (MATCH)

The Graduate Medical Education Programs at Novant Health New Hanover Regional Medical Center participate in and abide by the policies of the National Resident Matching Program (NRMP).

Match Commitment

The listing of an applicant by a program on its certified rank order list or of a program by an applicant on the applicant's certified rank order list establishes a binding commitment to offer or to accept an appointment if a match results. Each such appointment is subject to the official policies of the appointing institution in effect on the date the program submits its rank order list. It is contingent upon the matching applicant meeting all the eligibility requirements imposed by those policies. These requirements must be communicated to the applicant in writing prior to the rank order list certification deadline. You will be required to acknowledge this communication by signing and returning it to the program office.

Employment of Relatives

Novant Health New Hanover Regional Medical Center will receive applications for employment from relatives of employees. However, to avoid unnecessary problems, Novant Health New Hanover Regional Medical Center prohibits members of the same immediate family, or employees in an intimate personal relationship, from employment in a supervisory/subordinate role.

Procedure

- For interpretation of this policy, immediate family is defined as follows: parent, legal guardian, spouse, son/daughter, brother/sister, father/mothers-in-laws, brother/sisters-in-law, grandparents, aunts, uncles.
- If one employee marries another employee or two employees are or become involved in an intimate personal relationship, both may retain their positions provided they meet the conditions of this policy.
- Novant Health New Hanover Regional Medical Center believes it is common sense that managers do not “date” subordinates. For managers, this includes anyone in their chain of command.
- Novant Health New Hanover Regional Medical Center cannot guarantee immediate family employees the same time off. Each employee must be treated independently and not as a member of a family.
- A job applicant will be asked on the employment application if he/she has any immediate relatives employed with Novant Health New Hanover Regional Medical Center. If he/she is a relative of an employee, employment can only be in accordance with this policy. If their application is falsified regarding the relationship with another employee, he/she will be subject to Novant Health New Hanover Regional Medical Center’s disciplinary process up to and including discharge.

Novant Health Medical Group Principles of Professionalism

As a Novant Health Medical Group Provider, I am committed to:

- Superior Clinical Quality and will keep my professional knowledge and skills current and embrace innovation and continuous improvement in patient care and practice operation.
- Excellent Communication and Customer Service and will ensure that the needs of the patients come first and encourage patient involvement in care and treatment decisions.
- Compassion and Ethical Behavior and will demonstrate the highest level of ethics in professional and personal conduct and respect the care given by others.
- Medical Leadership and will actively support the mission and vision of my practice and Novant Health New Hanover Regional Medical Center to exceed national standards in quality and service and accept responsibility for welfare of patients, peers, and coworkers.
- Teamwork and will communicate with and influence those around me in a positive manner, teach and lead by example, listen to others and accept feedback gracefully.
- Stewardship and will manage resources wisely and support the career development of physicians and staff.

Licensure Requirements

The North Carolina Medical Board (NCMB) issues a training license to all residents accepted into one of the five residency training programs. This license gives the residents in training the legal right to issue prescriptions (including narcotics) and write orders within the scope of their professional activities within the Novant Health New Hanover Regional Medical Center educational programs. The application process is facilitated electronically on the North Carolina Medical Board's (NCMB) [website](#).

All residents must have a resident training license or a full license prior to the effective date of employment. If a license is not issued by the effective date of the Agreement of Appointment, the resident will not be an employee of Novant Health New Hanover Regional Medical Center, will not be paid, and will not be eligible for benefits.

Training License Application Process

- The GME Office Administrator, SEAHEC, will provide the instructions for obtaining a North Carolina resident training license (RTL) to the resident within 10 days after the Match. The resident will be directed to the NCMB's website to complete the online application as instructed.
- It is imperative that the application be completed online as soon possible. The turnaround time for the NCMB to issue a license after it is submitted by the GME Office Administrator varies so it is important that the provided information on the application and supplemental documentation is complete and accurate. The resident may follow the progress of the application on the NCMB's website. Any additional required documentation will be indicated through the licensure portal.
- Once initiated, the online application will be sent electronically to the GME Office. After all required documentation is received from the applicant, medical school, etc., the GME Office will upload the documentation and/or mail the hard copies as needed and then submit the online application to the North Carolina Medical Board for processing.
- The GME Administration Office will coordinate the application process and act as a liaison between the resident and the NCMB. **Unless otherwise indicated during the application process, all supporting paper credentials and documents should be sent directly to the GME Office.** Any questions regarding the application should be directed to the GME Office. Please do not contact the NCMB directly unless requested to do so. Due to the large volume of applicants seeking a resident training license, the NCMB will not be available to speak with individual applicants and can only correspond with the GME Administration Office regarding the status.
- Novant Health New Hanover Regional Medical Center is responsible for the original training license application fee as well as annual training license renewals. Residents are required to have a valid credit card to complete the original license application. Residents will be required to submit their receipts for reimbursement into Concur for the initial training license application fee and should receive this reimbursement within 30 days of submission.
- The GME Office Administrator and the resident will be notified by the NCMB by email when the license is issued. The GME Office Administrator will in turn notify the respective Program Director and Program Administrator.

Resident Training License Annual Renewal

Residents are responsible for keeping their license current. All licenses must be renewed annually on or before the resident's date of birth. The GME Office Administrator will send the renewal notice via email to the resident so that they may log on and complete their application.

The application must be completed before their upcoming birthday. The license renewal will be completed online and paid for by the resident and the receipt will be submitted for reimbursement into Concur.

Permanent License

Payment for permanent licenses and renewals is the responsibility of the resident and not Novant Health New Hanover Regional Medical Center unless the resident transferred to Novant Health New Hanover Regional Medical Center from another program with a permanent North Carolina license. In this instance, Novant Health New Hanover Regional Medical Center will reimburse the resident \$125 toward the renewal fee for the permanent license. The resident will submit the receipt for the permanent license into Concur.

Sanctions and Litigation

Any resident who receives notice from the North Carolina Medical Board that may result in possible sanctions or who may be involved in a malpractice suit or any other litigation related to their profession is to immediately notify their Program Director and the Risk Management Department. In turn, the Program Director will notify the DIO of GME, Novant Health New Hanover Regional Medical Center. If any action is taken by any regulatory agency toward a resident that limits their ability to prescribe medication or practice their profession, the resident must notify their Program Director immediately.

Drug Enforcement Agency (DEA) Numbers

Residents are assigned a DEA number through Novant Health New Hanover Regional Medical Center which serves as authorization to write prescriptions while in training at the institution. This number can only be used in association with formal training program activities. The DEA cannot be used for non-official and non-affiliated purposes, including personal moonlighting. When a resident completes training at Novant Health New Hanover Regional Medical Center, the DEA number is no longer valid.

Agreement of Appointment

The House Staff Agreement of Appointment is distributed to current and new residents for signature by the end of March. This agreement is revised and updated annually by the Graduate Medical Education Committee (GMEC). Please see Appendix A for a copy of the current House Staff Appointment of Agreement.

Restrictive Covenant

Residents are not required to sign a non-competitive guarantee (Restrictive Covenant).

Accommodation for Disabilities

Novant Health GME Disability Policy

Novant Health is committed to complying with the Americans with Disabilities Act and ADA Amendments Act of 2008 (collectively the “ADA”). Novant Health employed team members that need assistance with performing the essential functions of their job due to a medical condition may be eligible for a reasonable accommodation. A reasonable accommodation may be a modification or adjustment to a job, the work environment, or a workplace process that would enable a qualified individual to perform the essential functions of their job and/or enjoy equal benefits and privileges of employment. Novant Health is not required to provide an accommodation that imposes an undue hardship to the organization’s operation of business, change the essential functions of an individual’s position, or cause a direct threat to workplace

safety. Accommodations discussions will take into account education requirements as defined by the training program, the ACGME, and/or by the applicable American Board of Medical Specialties, including any potential impact on advancing to the next level of training and/or prior to completion of the GME program.

To initiate your request for an accommodation, you may contact the Hartford at 1-888-277-4767 or visit the Hartford at [Employee Benefits Claims | File An Individuals & Families Claim](#) (thehartford.com). You may also contact the NH Leave and Accommodation team directly by submitting an HR Service Center ticket or by calling the Human Resources Solutions Center at 1-800-890-5420. Once an accommodation request is submitted, the Hartford will work with you to obtain supporting information from your treating healthcare provider. The NH Leave and Accommodation team will facilitate the interactive dialogue with you and your Program Director to determine the need for, the effectiveness of, and the feasibility of possible accommodations.

If you do not provide appropriate or adequate documentation within 15 days of the request, or you do not cooperate in Novant Health's effort to obtain such information, Novant Health may administratively close your request for accommodation. In that situation, you may re-apply for a reasonable accommodation at any time.

Residents can review Novant Health New Hanover Regional Medical Center's full policy [ADAAA \(Americans Disabilities Act, as amended\) Reasonable Accommodations here](#).

Dress Code

Attire, grooming, and personal hygiene standards contribute to the morale of all employees and affect the business image presented to customers and visitors.

It is the policy of Novant Health New Hanover Regional Medical Center that each employee's dress, grooming, and personal hygiene should be appropriate to the work situation. During business hours, employees are expected to present a professional image to customers and visitors. Identification badges must be worn at all times.

The resident must be immediately identifiable as a physician and appearance or manner of dress must not diminish professional effectiveness.

Under no circumstances are scrub suits to leave Novant Health New Hanover Regional Medical Center premises.

The full policy on dress code is located [here](#).

Promotion and Retention of Residents

Promotion to the next post-graduate year of training is contingent upon satisfactory completion of the requirements for the current training level. This promotion will be based on evidence of progressive scholarship and professional growth of the resident, as demonstrated by their ability to assume greater and increasing responsibility for patient care. This determination will be the responsibility of the Clinical Competency Committee (CCC). If performance has been deficient at one or more levels, the resident may be asked to repeat a portion of the year or the annual resident contract may not be renewed. In such cases, residents will be notified four months prior to the completion of their current Agreement of Appointment, at which time they may choose to implement the Institution's Grievance Procedure.

Internet Use & Social Media

Social and business networking websites (e.g., LinkedIn, Facebook, Twitter, Instagram) are increasingly being used for communication by individuals, as well as businesses and universities. As such, it has become necessary to outline appropriate individual and Novant Health New Hanover Regional Medical Center Residency Programs' sanctioned use.

Guiding Principles:

- Privacy and confidentiality between physician and patient are of the utmost importance.
- Respect among colleagues and co-workers must occur in a multidisciplinary environment.
- The tone and content of all electronic conversations should remain professional.
- The individual is responsible for the content of their own blogs/posts.
- Material published on the web should be considered permanent.
- Any information you post on the internet is public information.
- All healthcare providers have an obligation to maintain the privacy of patient health information as outlined by the Health Insurance Portability and Accountability Act (HIPAA). Consequences for violation could be severe.
- Residents should adhere to all principles outlined in the Novant Health New Hanover Regional Medical Center House Staff Manual and [Code of Conduct](#) for residents when interacting on the internet.
- Internet use must not interfere with the timely completion of job duties.
- Personal blogging or posting of updates should not be done during work hours or with work computers.
- It is always inappropriate to "friend" patients on any social networking site or to check patient profiles.
- Avoid discussing any sensitive, proprietary, confidential, private, and PHI or financial information about Novant Health New Hanover Regional Medical Center or any affiliated hospital.
- Refrain from posting any material that is obscene, defamatory, profane, libelous, threatening, harassing, abusive, hateful or embarrassing to another person or any other entity. This includes, but is not limited to, comments regarding Novant Health New Hanover Regional Medical Center or any other affiliated hospitals or employees of them.
- Be aware that you may be held responsible for any personal legal liability imposed for any published content.
- Social networking sites can be the source of cyber bullying, harassment, stalking, threats or unwanted activity.

Patient Protected Health Information (PHI)

Identifiable protected health information (PHI) should NEVER be published on the internet. This applies even if only the patient is able to identify themselves from the posted information. Residents must adhere to all [Health Insurance Portability and Accountability Act \(HIPAA\) principles](#).

Multifactor Authentication Mechanism

It is hospital policy that any device used to access work email or other applications used to access protected health information (PHI), must also have a Multifactor Authentication Mechanism (MFA) which acts as an authentication mechanism and another layer of protection on mobile devices to ensure the identity of the person attempting the access the application. The MFA software is simply to provide additional security features to safeguard PHI. It does not have functionality that allows the data on your phone to be viewed. You will be required to

always have a 4-digit PIN code for accessing the device. This MFA software allows the Novant Health New Hanover Regional Medical Center to follow best practices, meet our external auditor guidelines, as well as HIPAA requirements for protection of PHI.

Communication Regarding Hospitals or the University

Unauthorized use of Novant Health New Hanover Regional Medical Center or the Residency Programs' information or logos is prohibited. No phone numbers, email addresses, web addresses or the name of the hospital or clinic may be posted without permission from an authorized departmental individual. For identification purposes, residents may list their affiliation with their residency program. In all communications where residents are listed as being affiliated with Novant Health New Hanover Regional Medical Center or a residency department, a disclaimer must be attached such as: "All opinions and views expressed in my profile (on my page) are entirely personal and do not necessarily represent the opinions or views of anyone else, including other faculty, staff, residents, or students in (name of your residency program) at the Novant Health New Hanover Regional Medical Center. Neither Novant Health New Hanover Regional Medical Center nor (name of your residency department) have approved and are not responsible for the material contained in this profile (on this page)."

Offering Medical Advice

It is never appropriate to provide medical advice on a social networking site.

Privacy Settings

Residents should consider setting privacy at the highest level on all social networking sites.

Disciplinary Action

Residents' discipline follows the House Staff Policy. Disciplinary action will be determined by the Program Director and will vary, depending on the nature of the policy violation.

Transfer Policy

Novant Health New Hanover Regional Medical Center's policy and the Graduate Medical Education Program Policy is in alignment with the ACGME common program requirements and policy on resident transfers.

- A. Eligibility Criteria - The Program Director must comply with the criteria for resident eligibility as specified in the Institutional Requirements. [As further specified by the Review Committee]
- B. Number of Residents - The Program Director may not appoint more residents than approved by the Review Committee, unless otherwise stated in the specialty-specific requirements. The program's educational resources must be adequate to support the number of residents appointed to the program. [As further specified by the Review Committee]
- C. Increase Complement - In the event that the transfer will increase the program complement, the Program Director will follow the policy for increase in compliment outlined by the ACGME or extraordinary circumstances policy for temporary or full transfer of a resident.
- D. Resident Transfers

1. Before accepting a resident who is transferring from another program, the Program Director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring resident.
2. A Program Director must provide timely verification of residency education and summative performance evaluations for residents who leave the program prior to completion.

Written Verification of Prior Educational Experience

For residents who have transferred into the program, written verification of prior educational experience and a summative competency-based performance evaluation should be available in the resident files for site visitors to review.

Examples of verification of previous educational experiences could include a list of rotations completed, evaluations of various educational experiences, procedural/operative experience.

Meeting the requirement for verification before accepting a transferring resident is complicated in the case of a resident who has been simultaneously accepted into the preliminary PGY1 program and the PGY2 program as part of the match. In this case, the “sending” program should provide the “receiving” program a statement regarding the resident’s current standing as of one-two months prior to anticipated transfer along with a statement indicating when the summative competency-based performance evaluation will be sent to the “receiving” program.

Vendor Relations

The purpose of this policy is to present guidelines for residents, faculty and staff to follow in their interactions with industry representatives. Full and appropriate disclosure of sponsorship and financial interests is required at all program and institution sponsored events. It is the responsibility of the Program Director to determine which contacts between residents and industry representatives may be suitable and exclude occasions in which involvement by industry representatives or promotion of industry products is inappropriate.

Novant Health New Hanover Regional Medical Center expects all vendors, contractors, and other agents to comply with applicable laws and regulations when providing their services to and/or for us. Failure to comply with Novant Health New Hanover Regional Medical Center’s Code of Conduct may result in suspension of the privilege to conduct business at Novant Health New Hanover Regional Medical Center, and/or other penalties.

Novant Health New Hanover Regional Medical Center will not extend any business courtesies that might jeopardize compliance with billing and coding and any other regulations and policies. Novant Health New Hanover Regional Medical Center employees will neither accept nor receive offers of money or gifts from patients or their families in exchange for furnishing healthcare services. Holiday gifts of cookies, cakes, pies, candies, fruit, popcorn and other similar food items offered by patients, physicians, contractors, subcontractors, suppliers and vendors are permitted as long as such gifts are motivated by personal relationships, not business considerations, and are shared with the entire department.

Novant Health New Hanover Regional Medical Center employees may not accept any gift or favor, other than advertising items or souvenirs of a nominal value (\$100 or less) from any vendor, contractor or subcontractor. Employees are not permitted to accept food or meals from vendors unless it is part of a formal educational program and is not solely for the benefit of Novant Health New Hanover Regional Medical Center employees. Novant Health New Hanover Regional Medical Center will select suppliers and vendors based on the quality and price of products or services provided and our satisfaction with those services.

Residents, faculty and staff should be aware of and follow the AMA Council on Ethical and Judicial Affairs (CEJA) opinion for assistance in identifying appropriate industry interaction. To read the CEJA guidelines, please visit the [American Medical Association](#) website for more information, read the full [policy](#).

Medical Treatment of Employees

Residents shall not discuss personal physical problems or prescribe medications for Novant Health New Hanover Regional Medical Center employees. The resident should refer these employees to Employee Health and Clinic, the Emergency Department, or to the employee's physician. Residents should not prescribe medications for themselves, their spouse, or family members.

Communicable Diseases – Healthcare Workers

All healthcare workers who perform surgical or obstetrical procedures or dental procedures and who know themselves to be infected with HIV or Hepatitis B shall notify the State Health Director. Healthcare workers who assist in these procedures in a manner that may result in exposure of patients to their blood and who know themselves to be infected with HIV or Hepatitis B shall also notify the State Health Director (10A NCAC 41A.0207). The notification shall be made in writing to the Chief, Communicable Disease Control Branch, 1902 Mail Service Center, Raleigh, NC 27699-1902. Additional contact information can be found [here](#).

Immunization Requirements and Hepatitis Immunization Program

Novant Health New Hanover Regional Medical Center and its affiliates that include Novant Health New Hanover Regional Medical Center Physicians Group, Novant Health Pender Medical Center and Novant Health New Hanover Regional Medical Center Home Care (referred to as "Affiliates") require specific immunizations for all Healthcare Workers (HCWs) to assist in preventing or safeguarding against diseases that may be encountered in Novant Health New Hanover Regional Medical Center and its Affiliates or community. The following requirements are based on the recommendations of the Centers for Disease Control (CDC) Advisory Committee on Immunization Practices (ACIP) located [here](#).

Immunity to the following diseases is required:

1. Measles (Rubeola)
 - a. Laboratory evidence of measles immunity, or
 - b. Laboratory confirmation of disease, or
 - c. Two doses of live measles-containing vaccine on or after the 1st birthday
2. Mumps
 - a. Laboratory evidence of mumps immunity, or
 - b. Laboratory confirmation of disease, or
 - c. Two doses of live mumps-containing vaccine on or after the 1st birthday
3. Rubella (German Measles)

- a. Laboratory evidence of rubella immunity, or
- b. Laboratory confirmation of disease, or
- c. Two doses of live rubella-containing vaccine on or after the 1st birthday

Note: MMR Vaccine

4. Varicella Zoster (Chicken Pox)

- a. Laboratory evidence of varicella immunity, or
- b. Two doses of varicella vaccine

5. Pertussis

Vaccination with acellular pertussis (Tdap) vaccine, one dose, or documentation

6. Tetanus/Diphtheria (Td)

After primary immunizations is given, a Td booster is every 10 years. If a HCW has never received the primary immunizations, the following schedule will be used:

- a. 1st Dose – Initial dose
- b. 2nd Dose – 4-6 weeks after Initial Dose
- c. 3rd Dose – 6- 12 months after the Initial Dose

7. Hepatitis A Vaccination

Requirement for food service workers as a preventative measure for Hepatitis A
Two doses of Hepatitis A vaccine

8. Influenza (Annually)

- a. Vaccination – One dose, or
- b. Nasal Inhalant – One dose (if meeting eligibility requirements for administration), or
- c. Written documentation of contraindication from primary healthcare provider, or
- d. Written documentation verifying a bona fide religious belief

The following vaccines are not required but are strongly encouraged for staff with direct patient contact and/or high risk for potential exposure to blood and or body fluids.

Hepatitis B Vaccination Series

The Hepatitis B series consisting of three vaccinations, given over a 6-month period, is federally mandated to be offered to all HCWs who have direct contact or may have direct contact with patients or any blood, body fluid, or other potentially infectious material as a routine part of their job duties. The HCW is highly encouraged to receive the vaccinations but may decline by signature on a declination statement. An HCW who has declined may, at any time during their employment, receive the series at no cost upon their request.

If the Hepatitis B vaccination is declined, the employee will be counseled on the risks and ways to prevent exposure in or out of Novant Health New Hanover Regional Medical Center and its Affiliates. If at any time the employee requests the vaccination, it will be provided at no cost.

Contraindications to the Above Vaccinations

Refer to the packaging insert regarding contraindications for administration of the vaccine. If there are any questions, the employee should consult with their primary healthcare provider and provide documentation of the recommendation.

Immunizations that are required may be received in the Employee Health and Clinic at no cost to the HCW. The HCW may also have a healthcare provider of choice, at their own expense, administer the immunizations.

References:

MMWR June 14, 2013/roc/62/No.4

MMWR 2011:60 (RR07): 1-45

MMWR 2011:60 (RR02): 1-60

MMWR 2013:62 (RR 04): 1-40

MMWR 2012:61 (MM25): 468-470

Physician Impairment

Annually, all residents will receive education on physician impairment, to include substance abuse and sleep deprivation.

Substance Abuse

Novant Health New Hanover Regional Medical Center is committed to maintaining a work environment in which the use of illicit drugs and alcohol is prohibited and that performs testing to ensure compliance. There are four (4) instances in which substance abuse testing will be conducted on residents. They are Post Employment Offer Testing, Random Testing, Post Accident Testing, and Reasonable Cause Testing.

If a resident is believed to be impaired and is under the influence of alcohol or drugs based on reasonable evidence, he/she will immediately be removed from duty by the Program Director and informed of the reason. Residents who take call from home must also adhere to this policy in the event that they may be called into work. The Human Resources Business Partner and the Employee Health and Clinic must be consulted immediately and prior to any requests for alcohol and/or drug testing. The Program Director will escort the resident to Employee Health and Clinic. If it is after Employee Health and Clinic operating hours, the on-call Employee Health and Clinic pager is to be called. The nursing supervisor on duty will assist in contacting the on-call nurse. The teaching programs encourage any resident or student with a substance abuse problem to contact a member of the faculty so that appropriate interventions can be initiated. The faculty, with assistance from Employee Health and Clinic, will make every effort and explore all available options to resolve the issue as satisfactorily as possible with the emphasis on rehabilitation. Any Resident is subject to alcohol and drug testing as mentioned above and to appropriate disciplinary action in accordance with the Due Process Procedure set forth in the House Staff Manual and with Novant Health New Hanover Regional Medical Center's policies.

Mental Health Impairment

The faculty understands that many stresses are associated with the healthcare profession. It is recognized that prior emotional problems can be exacerbated, and new problems manifested in association with the many stresses of the residency experience. The faculty encourages Residents to bring emotional problems to their attention, and confidential counseling is available from each of the full-time faculty members. When specific professional help is necessary, the resident will be encouraged to pursue this course, and appropriate adjustments to the resident's work schedule will be made in consultation with the resident and the resident's therapist. The faculty is willing to make reasonable efforts to help the resident resolve emotional dysfunctions. If the resident manifests an emotional dysfunction that impairs their ability to deal effectively with clinical problems, then a leave of absence may be arranged. Efforts will be made to resolve the resident's problem and permit them to continue in the training program.

Physical Disabilities

Residents will be selected for the training programs without regard to physical disabilities unless such disabilities would prevent residents from appropriately carrying out clinical duties. Every reasonable effort will be made to accommodate the work-related needs of disabled residents. Efforts will be made to provide necessary equipment and other items to permit physically disabled residents to function optimally. The training program will endeavor to provide the facilities that potential trainees might need to carry out their duties.

When physical disabilities develop while training, efforts will be made to provide the resident with schedule modifications or special equipment to continue in the program. However, it is recognized that disabilities can develop that are incompatible with pursuing a career in certain areas. If this should happen, the faculty will work with the resident to provide any needed counseling and other help to find a position in another appropriate area. Human Resources and Employee Health and Clinic must also be notified to assist in this process. Please also see the Accommodation for Disabilities policy within this document for more information.

Teaching Faculty

If concerns about substance abuse, mental impairment, or physical disability arise in reference to members of the teaching faculty, these should be brought to the attention of the Program Director, the associate Program Director, or the DIO for GME, Novant Health New Hanover Regional Medical Center. A similar approach as that for residents will be utilized. Intervention will be directed at overcoming the disability. However, no faculty member will be permitted to remain in a position of responsibility for either patients or resident trainees if they cannot discharge their responsibilities appropriately.

Harassment

Harassment, including sexual harassment, is prohibited by federal and state laws. This Policy prohibits harassment of any kind, and Novant Health New Hanover Regional Medical Center will take appropriate action swiftly to address any violations of this policy. The definition of harassment is verbal or physical conduct designed to threaten, intimidate or coerce. This also includes verbal taunting (including racial and ethnic slurs) which, in the employee's opinion, impairs his or her ability to perform his or her job.

Examples of harassment are:

1. Verbal: Comments which are not flattering regarding a person's nationality, origin, race, color, religion, gender, age, or disability.
2. Non-verbal: Distribution, display or discussion of any written or graphic material that ridicules, denigrates, insults, belittles, or shows hostility, or aversion toward an individual or group because of national origin, race, color, religion, age, gender, disability, or other protected status.

Retaliation

No hardship, no loss of benefit, and no penalty may be imposed on an employee as punishment for:

- a) Filing or responding to a bona fide complaint of discrimination or harassment;
- b) Appearing as a witness in the investigation of a complaint; or
- c) Serving as an investigator.

Retaliation or attempted retaliation is a violation of this Policy and anyone who does so will be subject to disciplinary action up to and including termination. Please refer to the [Professionalism Policy](#) for further information and for information on how to report harassment.

Discrimination

Novant Health New Hanover Regional Medical Center strives to create and maintain a work environment in which people are treated with dignity, decency and respect. Novant Health New Hanover Regional Medical Center will not tolerate unlawful discrimination or harassment of any kind. Through enforcement of this policy and by education of employees, Novant Health New Hanover Regional Medical Center will seek to prevent, correct, and discipline behavior that violates this policy.

Professionalism Policy

All employees, regardless of their position, are covered by and are expected to comply with this policy and to take appropriate measures to ensure that prohibited conduct does not occur. Appropriate disciplinary action will be taken against any employee who violates this policy.

- a) It is a violation of this Policy to discriminate in the provision of employment opportunities, benefits or privileges, to create discriminatory work conditions, or to use discriminatory evaluative standards in employment if the basis of that discriminatory treatment is, in whole or in part, the person's race, color, national origin, age, religion, disability status, or gender.
- b) Discrimination of this kind may also be strictly prohibited by a variety of federal and state laws including Title VII of the Civil Rights Act 1964, as amended; the Age Discrimination Act of 1975, as amended; and the Americans with Disabilities Act of 1990. This Policy is intended to comply with the prohibitions stated in these anti-discrimination laws.
- c) Discrimination in violation of this Policy will be subject to severe sanctions up to and including termination.

Please refer to the [Professionalism Policy](#) for further information.

Due Process (Discipline, Suspension, Dismissal)

All Novant Health New Hanover Regional Medical Center employees are expected to comply with the Novant Health New Hanover Regional Medical Center Standards of Behavior and Performance, and any noncompliance with these standards must be remedied. Novant Health New Hanover Regional Medical Center endorses the policy of progressive discipline described herein, which provides residents with notice of deficiencies and an opportunity to improve. Conduct, which can result in progressive disciplinary action, includes, but is not limited to, unacceptable performance of duties, unacceptable personal conduct, and academic underachievement.

In addition, actions by a resident that are considered to be serious violations of Novant Health New Hanover Regional Medical Center and SEAHEC rules and regulations, or other actions of misconduct, may result in immediate suspension or dismissal from the program.

At the time training begins, each resident is informed by the Program Director of the program objectives, standards, and criteria for advancement. The responsibility for monitoring and evaluating the performance of a resident and for imposing disciplinary actions rests with the Director of the resident's training program. Disciplinary decisions may be subject to review by the DIO for GME, Novant Health New Hanover Regional Medical Center and the Vice-President for Human Resources, Novant Health New Hanover Regional Medical Center.

Procedure

1. Verbal Counseling: If the resident is not meeting the Medical Center's Standards of Behavior or Performance, the Program Director or designee shall meet with the resident to clearly inform them of the nature of the problem, determine why or how it occurred, and provide assistance in identifying corrective action to prevent reoccurrence.

2. Written Warning (to include Probation): This is the first formal step in the procedure that is normally taken when a second and/or serious violation of behavior or performance occurs. The Program Director or designee shall meet with the resident and inform them of the seriousness of the problem and issue a written warning (to include probation).

A written warning may include a requirement for extension of training. residents who receive notice that their program may be extended for academic reasons must be notified 120 calendar days (with the exception noted below) before the completion of the academic year. Such notification should state:

- Length of the extension or criteria to be satisfied (if length is not specified)
- Reasons for the extension supported by prior evaluations of performance, if needed
- Specific deficits to be corrected
- Criteria and evaluation procedures to be employed in determining satisfactory completion of the year for credit

The one exception to the 120-day time requirement for notification of the program extension shall be when major academic failure occurring in the final two months of the academic year may justify extension. In such cases, failure must be considered by faculty to overshadow satisfactory performance in the first ten months of the year.

3. Suspension: Serious violations of Novant Health New Hanover Regional Medical Center Standards of Behavior or Performance or repetition of violations usually warrant suspension from duty without pay. Suspension in the progressive discipline process serves as a final warning to the resident to modify their behavior or face the consequences of possible dismissal. When the Program Director believes that a resident merits suspension from duty, he/she normally consults with the DIO for GME, Novant Health New Hanover Regional Medical Center, prior to counseling the resident privately to inform them of the seriousness of the infraction or misconduct and the corrective action to be taken.

4. Dismissal: The resident will be given a written notice of intent not to renew the Agreement of Appointment no later than four months prior to the end of the current Agreement of Appointment. However, if the primary reason(s) for non-renewal occurs within the four months prior to the end of the Agreement of Appointment, resident will be provided as much written notice of intent not to renew as circumstances will allow, prior to the end of the Agreement of Appointment. When in the judgment of the Program Director or an authorized designee, he/she determines that immediate action is necessary, a resident may be suspended pending further investigation. In either case, the resident may then invoke the residency program grievance procedure. The Program Director must first consult with the DIO for GME, Novant Health New Hanover Regional Medical Center, and/or the Human Resources Business Partner, Novant Health New Hanover Regional Medical Center, before dismissal proceedings may begin.

Grievance/Adjudication

It is recognized that residents should be given the opportunity to appeal certain actions that may be imposed by the Program Director. Questions concerning performance of duties, personal conduct, or academic underachievement shall be discussed initially by the resident and the Program Director. The following is a description of the appeal process. In exercising these appeal rights, the resident waives and releases any and all claims whatsoever against Novant Health New Hanover Regional Medical Center /SEAHEC and individuals who participate in the grievance process in good faith and without malice. It should be noted that attorneys will not be allowed to be present during any level or step of the grievance procedure. The only exception being that an attorney who does not generally represent Novant Health New Hanover Regional Medical Center/SEAHEC may serve as the Hearing Officer should a grievance proceed to that level.

Procedure

Level I:

If a resident receives a written warning and he/she disagrees with the warning, the following appeal process may be followed:

Step 1 Discussion Between Resident and Program Director:

All questions concerning the written warning shall be discussed initially by the resident and their Program Director within five (5) calendar days of receipt of the written warning. If the grievance cannot be resolved at this level, the resident may request a conference with the DIO of GME, Novant Health New Hanover Regional Medical Center.

Step 2 Discussion Between Resident and DIO for GME, Novant Health New Hanover Regional Medical Center:

The resident should, within seven (7) calendar days of the Program Director's decision, submit to the DIO for GME, Novant Health New Hanover Regional Medical Center, a written request for a conference outlining the substance of the grievance. Upon receipt of this request, the DIO for GME, NHHNRMHC, will arrange a conference with the resident, normally to occur within seven (7) calendar days. Within seven (7) calendar days following the conference, the DIO for GME, Novant Health New Hanover Regional Medical Center, will notify the resident and the Program Director, in writing, of their decision. The decision of the DIO for GME, Novant Health New Hanover Regional Medical Center is final.

Level II:

If a resident receives a suspension or notice of recommendation of dismissal, the following appeal process may be followed:

Step 1 Discussion Between Resident and Program Director:

A resident who is suspended or receives a notice of recommended dismissal has ten (10) calendar days after receiving written notice of such action to appeal the decision to the Program Director or their designee. Upon receipt of the appeal, the Program Director or their designee will arrange to meet with the resident normally within five (5) calendar days. The resident will be informed in writing within five (5) calendar days following the meeting of the decision regarding the appeal.

Step 2 Discussion Between Resident and DIO for GME, Novant Health New Hanover Regional Medical Center:

Same as Step 2 in Level I above except that the decision of the DIO for GME, Novant Health New Hanover Regional Medical Center may be reviewed according to Step 3.

Step 3 Hearing Before Hearing Committee or Hearing Officer:

If the decision of the DIO for GME, Novant Health New Hanover Regional Medical Center is not deemed satisfactory, the resident may then request a hearing by filing a written request with the DIO for GME within seven (7) calendar days after receiving a copy of the decision of the DIO for GME, Novant Health New Hanover Regional Medical Center. Upon receiving the request for a hearing, the DIO for GME, Novant Health New Hanover Regional Medical Center, will appoint a Hearing Committee or a Hearing Officer to conduct the hearing. If a Hearing Committee is appointed, the DIO for GME, Novant Health New Hanover Regional Medical Center, will appoint a Chairperson for this Committee.

A hearing shall be held not less than 14 calendar days or more than 28 calendar days from the date of the resident's request for a hearing. The Chairperson of the Hearing Committee or the Hearing Officer shall notify the resident of the date, time, and place of the hearing. The resident may meet with the Committee or Hearing Officer or may waive the right. The resident has the right to present witnesses before the Hearing Committee or Hearing Officer. The procedures for the hearing are in Appendix B of this House Staff Manual and incorporated herein by reference.

At the conclusion of the hearing, it will be the responsibility of the Chair of the Hearing Committee or the Hearing Officer to inform the DIO for GME, Novant Health New Hanover Regional Medical Center, and the resident in writing of the recommendations. This will normally be done within seven (7) calendar days following the hearing. If there is no appeal, this decision is final.

Step 4 Review of Recommendations by the President, Novant Health New Hanover Regional Medical Center:

If the resident is not satisfied with the written recommendations of the Residency Hearing Committee or the Hearing Officer, the resident is entitled to request a review of the recommendations by the President, Novant Health New Hanover Regional Medical Center, who acts as an agent of the Board of Trustees of Novant Health Coastal Region. A written request for review should be submitted to the President, Novant Health New Hanover Regional Medical Center, within seven (7) calendar days of receipt of the Residency Hearing Committee or Hearing Officer's recommendations. The President, Novant Health New Hanover Regional Medical Center, will review the information and notify the DIO of Novant Health New Hanover Regional Medical Center, the resident's Program Director, and the resident of the decision within seven (7) calendar days. The decision of the President, Novant Health New Hanover Regional Medical Center, will be final.

Termination of Employment

All resident Agreements of Appointment are for one year. Residents enter into the appointment in good faith and it is their ethical obligation to fulfill this appointment until its expiration date except when the resident is unable to do so because of an incapacitating illness.

It is also understood that under no circumstances will either party terminate this appointment prior to its expiration date without providing the other party the opportunity to discuss any differences, dissatisfaction, or grievances.

Residents are expected to fulfill their Agreement of Appointment, but in unusual circumstances, when a resident needs to terminate the agreement, it must be in writing. The Program Director has the final decision on the conditions of the termination and the written approval must be entered in the resident's personnel file. The resident will not receive pay or benefits for the portion of the Agreement of Appointment that is unfilled.

Upon termination, the resident must present evidence that all medical and obligations to Novant Health New Hanover Regional Medical Center have been completed. A checkout form is available in the GME Administration Office or through your Program Administrator and must be signed by all departments and returned to your Program Administrator.

Further information regarding termination of agreement can be found in the Resident Agreement (Appendix A), the Due Process and Grievance Policies under the Institutional Policies Section 3, and the Process for resident Hearing (Appendix B) of this manual.

3 Communication

Responsiveness

Residents must respond promptly to calls and PerfectServe messages. When a call or message is received from the nursing unit involving an emergency situation, it is imperative that the resident go to the patient area as quickly as possible to assess the situation rather than depend on telephone impressions and verbal orders. This is important to protect the welfare of the patient.

Communication with Patients

One of the most important features of residency training is the continuous development of interpersonal communication skills. The resident's approach with the patient influences the patient's attitude and perception of Novant Health New Hanover Regional Medical Center. Residents should communicate with patients amicably and adequately. Residents are reminded that the family of a very ill patient is alert to chance remarks made concerning the patient's condition. Therefore, all statements should be guarded. In no way should a conversation reflect upon the attending physician or other attendant's ability. Conversations over the bedside are ill-advised. Also, each patient must have an identifiable, appropriately credentialed and privileged attending physician (or licensed independent practitioner as approved by each Residency Review Committee (RRC) 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 clearly explain their respective roles and responsibilities with each patient.

Inter-Professional Teams

Residents must care for patients in an environment that maximizes effective communication. This must include the opportunity to work as a member of effective inter-professional teams that are appropriate to the delivery of care in the specialty. Unresolved conflict and misunderstandings should be brought to the attention of the Residency Program Director for resolution.

PerfectServe

PerfectServe is Novant Health New Hanover Regional Medical Center's selected form of communication among clinical professionals. Therefore, you are required to install and use PerfectServe on your mobile device in your work. PerfectServe enables physician-to-physician conversations and secure, HIPAA compliant messaging through the smartphone app. This application provides a single point of contact for all Novant Health New Hanover Regional Medical Center credentialed staff providers.

Everbridge

Novant Health New Hanover Regional Medical Center uses a mass notification system called Everbridge. This system is primarily used for sending Facility, Medical and Security emergency communications. Emergency use generally refers to a serious property or life-threatening event or condition. However, it is also sometimes used for non-emergency communications such as community outreach, staffing recall, and/or information dissemination. It is important that the resident ensures updated contact information is provided to the GME office so that they may receive these alerts.

Personal Device Apps Support

Novant Health New Hanover Regional Medical Center Information Systems is available to assist residents by configuring Microsoft Office Outlook and other approved applications on individual devices by calling 910-667-7855 or logging a ticket through [Service Now](#). A list of approved applications is available through the Novant Health New Hanover Regional Medical Center Information Systems Office or the GME Office. Additional work-related applications can be purchased using the resident's professional development fund if approved by the respective Program Director or Chair.

Clarification of specific approved devices can be obtained through the GME Office and Novant Health New Hanover Regional Medical Center Information Systems. Novant Health New Hanover Regional Medical Center Administration, Business Office, and Information Systems collaborate to continuously monitor evolving technologies so that residents benefit from advancements.

The policy for the use of cell phones and other electronic devices that have a potential to produce electromagnetic interference risk with medical equipment is outlined in the Cell Phone & Electromagnetic Interference Policy located [here](#).

Pagers

Pagers, if used by the program, are issued by the Program Administrator of each GME Department. If a pager malfunctions and needs to be repaired, it is the resident's responsibility to take the pager to their Program Administrator. If the pager cannot be fixed on site, a replacement will be issued and programmed to the resident's pager number. If a malfunction occurs with a resident's pager during the evening or weekend hours, Novant Health New Hanover Regional Medical Center Telecommunications Operator must be notified of the resident's whereabouts by calling (910) 343-7000.

Mail

A mailbox is provided for each resident in his or her respective department. Personal items should not be shipped to Novant Health New Hanover Regional Medical Center or SEAHEC. Please use the following address for correspondence to be delivered at work:

Internal Medicine, Obstetrics/Gynecology, Psychiatry and Surgery Residents
Resident Name
Department of _____ Residency
Novant Health New Hanover Regional Medical Center
2131 South 17th Street
Wilmington, NC 28402-9000

Family Medicine Residents
Resident Name
Novant Health Family Medicine
2523 Delaney Avenue
Wilmington, NC 28403

Email

All residents are provided with an email account through Novant Health New Hanover Regional Medical Center. Residents must use this address for business purposes. Residents are required to actively read, monitor, and manage email mailbox contents, periodically deleting messages no longer needed for reference, and emptying trash routinely. Further security guidelines for email usage are located [here](#).

4 Graduate Medical Education Policies

Commitments of Faculty

Resident House Staff are here for the primary purpose of receiving education and training in their respective specialties. It is the responsibility of staff physicians with appropriate clinical privileges involved in the residency training programs to ensure that the educational quality of these programs is maintained at a high level and that the patient care delivered by house staff, pursuant to their education and training, is appropriate in content and of consistently high quality. Commitments of faculty include (from the *Association of American Medical Colleges*):

1. As role models for our residents, we will maintain the highest standards of care, respect the needs and expectations of patients, and embrace the contributions of all members of the healthcare team.
2. We pledge our utmost effort to ensure that all components of the educational program for resident physicians are of high quality, including our own contributions as teachers.
3. In fulfilling our responsibility to nurture both the intellectual and the personal development of residents, we commit to fostering academic excellence, exemplary professionalism, cultural sensitivity, and a commitment to maintaining competence through life-long learning.
4. We will demonstrate respect for all residents as individuals, without regard to gender, race, national origin, religion, disability or sexual orientation, and we will cultivate a culture of tolerance among the entire staff.
5. We will do our utmost to ensure that resident physicians have opportunities to participate in patient care activities of sufficient variety and with sufficient frequency to achieve the competencies required by their chosen discipline. We also will do our utmost to ensure that residents are not assigned excessive clinical responsibilities and are not overburdened with services of little or no educational value.
6. We will provide resident physicians with opportunities to exercise graded, progressive responsibility for the care of patients, so that they can learn how to practice their specialty and recognize when, and under what circumstances, they should seek assistance from colleagues. We will do our utmost to prepare residents to function effectively as members of healthcare teams.
7. In fulfilling the essential responsibility we have to our patients, we will ensure that residents receive appropriate supervision for all of the care they provide during their training.
8. We will evaluate each's performance on a regular basis, provide appropriate verbal and written feedback, and document achievement of the competencies required to meet all educational objectives.
9. We will ensure that resident physicians have opportunities to partake in required conferences, seminars and other non-patient care learning experiences and that they have sufficient time to pursue the independent, self-directed learning essential for acquiring the knowledge, skills, attitudes, and behaviors required for practice.
10. We will nurture and support residents in their role as teachers of other residents and of medical students.

Evaluations (Program, Faculty, Residents)

Institution

Annually, residents and faculty are requested to complete an ACGME survey to provide feedback that can be used to identify and improve various components of the work and learning environment. The Graduate Medical Education Committee (GMEC) also facilitates an annual Mid-Year Survey to capture additional details regarding the resident experience at Novant Health New Hanover Regional Medical Center for continuous improvement purposes.

Annual Program Evaluation (APE)

Annually, each program evaluates its overall effectiveness against standard metrics. Goals and objectives are reviewed and effectiveness in achieving them are assessed. Review of resident evaluations and faculty evaluations of the program are a mandatory part of the process.

Evaluation of Faculty and Program

Residents evaluate the rotations, faculty (program and private), and overall educational experiences on an ongoing basis. Specific protocols and processes are outlined in the respective department's policy manuals. Residents are given the opportunity to confidentially evaluate all aspects of the program on an annual basis through an internal program evaluation.

Program Evaluation of Faculty

Each Program Director must evaluate its faculty annually. These evaluations will focus on teaching, clinical knowledge and scholarly activities. Resident feedback is incorporated into the process.

Evaluation of Residents

The GMEC ensures that each residency program provides evaluations that lead to measurable achievement of educational outcomes in alignment with the ACGME competencies as outlined in the specialty/subspecialty-specific program requirements.

Performance will be evaluated using multiple methods, including:

- Assessment following each rotation
- Semi-annual review by each program's Clinical Competency Committee
- Performance on in-training and USMLE/COMLEX Step III exams
- Overall review at the completion of the program
- Performance on board certification exams

Resident evaluations become part of the resident's file and are available for review by the resident upon request.

USMLE/COMLEX Step III Exam

All new and transfer residents are required to pass the USMLE/COMLEX Step III exam prior to promotion to the next program year level, according to the following schedule:

- Family Medicine, Internal Medicine, and Psychiatry residents must pass the exam by the first of March of their second year
- Surgery and Obstetrics/Gynecology residents must pass the exam by the first of March of their third year

Multiple non-pass scores on the Step III exam may result in non-renewal of appointment.

Final Resident Evaluation

A final written evaluation for each resident who completes the program will be completed by the Program Director. This summative evaluation will focus on whether the resident has demonstrated sufficient professional ability to practice competently and independently.

House Staff Council/Resident Forum

Novant Health New Hanover Regional Medical Center must maintain an organization council or other forum that allows residents/fellows from across the programs to communicate and exchange information with all other residents relevant to any aspect of GME and their learning and working environment, including an option to communicate and exchange information without the DIO, faculty members, or other administration present and an option to present concerns to the DIO and GMEC.

The House Staff Council is used by residents to communicate and exchange information about their environment, programs, and issues in a confidential, protected manner. All residents have the opportunity to raise a concern with the forum. Peer elected representatives from each program attend council meetings and provide updates to all the residents in their program as needed.

Residents have the option to invite the DIO, faculty members, other administrators, and a GME representative to the council meetings.

Resident Committees

Residents are encouraged to participate on committees, councils, and other activities related to their areas of interest and/or whose actions affect their education and/or patient care, including quality assurance activities. Residents appointed, assigned, or selected to serve on committees must make every effort to participate in and attend meetings. Alternates selected to attend committees, when a primary resident cannot attend, must make every effort to participate in and attend the meeting.

Patient Safety & Quality Improvement

Novant Health New Hanover Regional Medical Center's patient safety strategy is designed to reduce healthcare errors and hazardous conditions by utilizing a systematic, coordinated, and continuous approach that centers on:

- The establishment of mechanisms that support effective responses to actual occurrences and hazardous conditions
- Ongoing, proactive risk assessments to reduce healthcare errors
- Integration of patient safety priorities in the design and redesign of all relevant organizational processes, functions, and services

Novant Health New Hanover Regional Medical Center's residency programs are committed to promoting patient safety and resident well-being in a supportive educational environment. Residents are exposed to the specific professional responsibilities of physicians, to appear for duty appropriately rested and fit, and to provide patient services through mandatory participation in educational initiatives, including:

- Resident Orientation
- Annual Safety CBLs (online module and test)
- Interdisciplinary Grand Rounds
- Didactic sessions within programs

- Simulation activities

Residents will participate on inter-professional root cause analysis teams when a retrospective review of systems and/or processes is required.

Senior level residents are required to contribute and actively participate in interdisciplinary clinical quality improvement, patient safety, or LEAN initiatives within Novant Health New Hanover Regional Medical Center or on a state/national initiative.

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
- Reporting of patient safety events or variances
- Active participation in clinical quality improvement
- Management of their time before, during, and after clinical assignments
- Recognition of impairment, including illness and fatigue, in themselves and in their peers
- Monitoring their patient care performance improvement indicators
- Honest and accurate reporting of clinical and educational work hours, patient outcomes, and clinical experience data

All residents and faculty members must demonstrate responsiveness to patient needs, superseding 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.

Resident Supervision (Clinical Capabilities/Responsibilities)

Specific resident capabilities are determined by and documented by the respective programs. The clinical responsibilities for each resident must be based on PGY level, patient safety, Resident education, severity and complexity of patient illness/condition, and available support services. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the Program Director and faculty members. The Program Director must evaluate each resident's abilities using national standards-based criteria. Supervision may be exercised through a variety of methods appropriate to the situation. Each resident must know the limits of their scope of authority and the circumstances under which he/she is permitted to act with conditional independence.

Faculty members functioning as supervising physicians should delegate portions of care to residents based on the needs of the patient and the skills of the residents. Depending on the program, monthly attending/resident schedules are listed on the hospital intranet. If any question arises regarding a resident's capabilities to provide patient care, the level of that care, or the ability to perform specific procedures, the Procedure Logger can be accessed via EPIC by using the Weblinks dropdown and selecting Privileges and then Resident Privileges.

Supervision of residents is the responsibility of faculty members including staff physicians holding part-time appointments/affiliations or serving as preceptors. Faculty supervision assignments should be designed to allow for sufficient assessment of individual knowledge and skills resulting in delegation of the appropriate level of patient care authority and responsibility. A variety of supervision methods may be exercised as long as an appropriate level of supervision

is in place for all residents. Specific resident capabilities are determined and documented by the respective programs using detailed performance assessment systems described in departmental manuals.

Guidelines for circumstances and events in which residents must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit or end-of-life decisions, are also outlined.

Direct Supervision: The supervising physician is physically present with the resident and patient.

Indirect Supervision: There are two types of indirect supervision:

- with Direct supervision immediately available means 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 is available means the supervising physician is not physically present within the hospital or other site of patient care but is immediately available by telephonic and/electronic modalities and is available (within 30 minutes) to provide direct supervision.

Oversight: The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered (e.g. post-hoc review of resident delivered care with open dialogue regarding the appropriateness of that care).

Note: PGY1 residents should be supervised either directly or indirectly with direct supervision immediately available.

Residents as Supervisors

Some activities require the physical presence of the supervising faculty member while many aspects of patient care can be performed under the supervision of a more advanced resident. Senior residents should serve in a supervisory role of junior residents in recognition of the progress toward independence, based on the needs of each patient, and the skills of each individual resident.

Private Attendings as Supervisors

Supervision of residents extends to private attendings with clinical privileges in the Medical Center. In these cases, the private attending will coordinate with the faculty physician in supervising the resident. However, those private attendings who do not want to participate in the teaching programs may have their patients admitted to their service without teaching responsibilities and without residents involved in their care. Patients may also request that residents not be involved in their care.

Documentation and Supervision

Supervision of residents will be documented in the medical record by teaching physicians. The attending departmental faculty must review the medical records and co-sign face sheets, procedure notes, admitting history and physicals, and discharge summaries. Every physician who provides or supervises the provision of services to a patient is responsible for the correct documentation of the services that were rendered. For claims submitted on behalf of teaching physicians, only services provided may be billed. Supervision of residents will be documented in the medical record by teaching physicians. The supervising attending reviews the medical

record and co-signs/attests the face sheet procedure notes, admitting history and physical, progress notes, and discharge summary.

General Responsibilities of House Staff

- Must have a North Carolina state resident training license or full license.
- May issue prescriptions (including narcotics). The Medical Center Pharmacy is given signature lists of all residents in training and the residents receive their DEA number through the Medical Center.
- May write orders within the scope of their professional activities within the Medical Center's educational programs.
- May do H&P's as indicated.
- May assist in surgery.
- May assist in the Emergency Department with procedures as appropriate with training and as approved by the Program Director. The attending physician or the emergency medicine physician may provide supervision.
- May perform initial and ongoing assessment of patient's medical, physical, and psychosocial status
- Develop assessment and treatment plan
- Perform rounds
- Record progress notes
- Order tests, examinations, medications and therapies.
- Arrange discharge and aftercare
- Write/dictate admission notes, progress notes, procedure notes and discharge summaries
- Provide patient education and counseling covering health status, test results, disease processes and discharge planning
- Perform procedures
- At least on a daily basis (or more often as the needs of the individual patient may dictate), the resident house staff and the admitting/attending physician will review the progress of the patient, make the necessary modification in the care plan, plan family conferences as needed, and agree on the type and scope of documentation for the medical record.

You may view the Resident Supervision policy in its entirety [here](#).

Transitions in Care

Clinical assignments must be designed to minimize the number of transitions in patient care. Programs are responsible for ensuring that residents are competent in communicating with team members in the handover process. Effective, structured handover processes that facilitate both continuity of care and patient safety must be in place and monitored. Schedules that inform all members of the healthcare team of attending physicians and residents currently responsible for each patient's care must also be available. The full Transitions of Care policy can be found in Appendix F of this document.

Clinical and Educational Work Hours

The GMEC of Novant Health New Hanover Regional Medical Center ensures compliance with the ACGME Common Program Requirements regarding clinical and educational work hours, promoting resident well-being, patient safety, and high-quality education.

Maximum Hours of Clinical and Educational Work per Week

Clinical and educational work hours must be limited to 80 hours per week, averaged over a four-week period.

Includes all in-house clinical and educational activities, clinical work performed from home, and all moonlighting activities. (CPR 6.20)

Mandatory Time Free of Clinical Work and Education

Residents should have eight (8) hours off between scheduled clinical work and education periods. (CPR 6.21)

Post-Call Recovery

Residents must have a minimum of 14 consecutive hours free of clinical work and education after 24 hours of in-house call. (CPR 6.21.a)

Weekly Day Off

Residents must be scheduled for a minimum of one (1) day in seven free of clinical work and required education, averaged over four weeks.

At-home call cannot be assigned on these free days. (CPR 6.21.b)

Maximum Clinical Work and Education Period Length

Clinical and educational work periods must not exceed 24 hours of continuous scheduled clinical assignments. (CPR 6.22)

Transition and Education Time

Up to four (4) additional hours may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education. No new patient care responsibilities may be assigned during this time. (CPR 6.22.a)

Clinical and Educational Work Hour Exceptions

In rare circumstances, after handing off all other responsibilities, a resident may voluntarily remain or return to the clinical site to:

- Care for a single severely ill or unstable patient.
- Provide humanistic attention to patient or family needs.
- Attend unique educational events. (CPR 6.23)

Additional Hours

These additional hours must count toward the 80-hour weekly limit. (CPR 6.23.a)

Rotation-Specific Exceptions

A Review Committee may grant exceptions for up to 10% (maximum 88 hours) for clinical and educational work hours to individual programs based on sound educational rationale. (CPR 6.24)

Request Process

Program directors must follow the ACGME Manual of Policies and Procedures when requesting exceptions. (CPR 6.24.a)

Moonlighting

Novant Health New Hanover Regional Medical Center recognizes that, in limited circumstances, external professional activities may benefit both the community and eligible residents. Because the primary obligation of every resident is to the educational program, moonlighting is tightly regulated and may occur only when it does not compromise patient safety, resident well-being, or academic performance. (CPR 6.25 – 6.25.b.)

Eligibility

- Moonlighting is prohibited for all PGY-1 residents, consistent with the ACGME Common Program Requirements.
- Residents at the PGY-2 level and above may participate in moonlighting only with prior written approval from their Program Director.

Approval Process

- Residents must obtain written permission from the Program Director before engaging in any internal or external moonlighting activity.
- The Program Director will document the request, including:
 - The location and nature of the activity,
 - The estimated number of hours per week,
 - Confirmation that the activity will not interfere with the resident's ability to achieve program goals and objectives.
- Documentation will be placed in the resident's file and reviewed periodically.

Limits and Requirements

- Moonlighting must not interfere with:
 - The resident's ability to meet educational goals and objectives,
 - Fitness for clinical work,
 - Patient safety.
- All moonlighting (internal and external) must be counted toward the 80-hour weekly maximum for clinical and educational work hours.
- Residents must remain fully compliant with all clinical and educational work hour requirements, including:
 - Minimum time off requirements,
 - Maximum continuous work periods,
 - Required days off.

Professional Liability Coverage

- Novant Health New Hanover Regional Medical Center's professional liability coverage does not extend to residents while moonlighting.
- Residents participating in external moonlighting must ensure they meet the liability coverage requirements of the outside employer.

Monitoring and Accountability

- Program Directors and the Designated Institutional Official will monitor resident performance for any adverse impact related to moonlighting activities.
- Failure to obtain prior written approval, failure to report moonlighting hours, or any adverse effect on performance may result in corrective action, including:
 - Loss of moonlighting privileges,
 - Suspension, or
 - Dismissal from the program.

In-House Night Float

Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements. [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.] (CPR 6.26)

Maximum In-House On-Call Frequency

Residents must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period). (CPR 6.27)

At-Home Call

Time spent on patient care activities by residents on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at-home call is not subject to the every-third-night limitation but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. (CPR 6.28)

At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident. (The Review Committee may further specify under any requirement in 6.20. – 6.28.) (CPR 6.28-6.28.a.)

Clinical and Educational Work Hours Oversight and Compliance

Program leadership will monitor work hours through regular reporting and audits. Violations must be addressed promptly with corrective action plans.

The GMEC will require all GME programs to assess compliance with their clinical and educational work hours policy on a weekly basis. Monthly, the GME office will generate a report to present at GMEC documenting compliance with the clinical and educational work hours policy.

Novant Health New Hanover Regional Medical Center takes the ACGME's and the AOA's policies very seriously since infractions could jeopardize patient safety, the institution's accreditation status, and ultimately, the accreditation status of all GME Programs at Novant Health New Hanover Regional Medical Center. Therefore, any resident who knowingly violates the Clinical and Educational Work Hours Policy will be dealt with by the respective Program Director. If a resident knowingly continues to violate the Clinical and Educational Work Hours Policy, the Program Director can invoke other departmental sanctions and, at any time, bring the issue before the CCC for review and possible subsequent disciplinary action, up to and including the resident's dismissal from the program.

Graduate Medical Education Committee

Formed in 1991, the Graduate Medical Education Committee (GMEC) has the responsibility to oversee all of the residency programs at Novant Health New Hanover Regional Medical Center. Oversight of the quality of education and work environment, along with establishment, review, and revisions of policies that affect the GME programs are the committee's primary focuses.

The committee is chaired by the Designated Institutional Official (DIO) of Education, Novant Health New Hanover Regional Medical Center. Voting members include:

- Director, GME and GME Program Administrator, GME
- All Program Directors and Program Administrators
- At least one peer-elected resident from each program
- Director, Osteopathic Medical Education

- Patient Safety/Quality Improvement Officer

The committee is ultimately responsible to the President, Novant Health New Hanover Regional Medical Center, acting on behalf of the Board of Trustees. The GMEC will meet at least quarterly and written minutes will be distributed to the Medical Staff Office, GMEC, and all residents. The DIO presents a monthly GMEC Report to the Medical Executive Committee, Novant Health New Hanover Regional Medical Center, and every other month to the Novant Health New Hanover Regional Medical Center Board of Trustees.

The GMEC will annually monitor compliance with all those responsibilities as required by the [ACGME Institutional Requirements](#)

GMEC will review all institutional and program “*Letters of Notification*” received from the ACGME. Citations will be noted in the minutes, potential corrective actions will be discussed by committee members, and a follow-up status report by the program or GME Office will be scheduled six months following receipt of the letter. Citations and action plan status reports will also be reviewed during Annual Program Reviews and prior to ACGME site visits.

Terms & Conditions of Appointment

The GME Office and GMEC update the Agreement of Appointment annually. Changes are discussed and clarified during monthly GMEC meetings to ensure that Program Directors are current with terms and conditions. Annually, the GMEC will review and revise, if needed, each of the Institutional ACGME Policies required to be included in the Agreement of Appointment.

Salary Review

Each year the GME Office will conduct a salary and benefits survey of the AHEC Residency Programs and the University Medical Center’s Residency Programs in North Carolina. The purpose of this survey is to ensure that the GME programs for Novant Health New Hanover Regional Medical Center remain competitive for both salaries and benefits.

Residency Closure/Reduction

In the event that any residency program will have to reduce the complement of residents in training or close, residents will be informed as soon as possible. Current residents can complete their training year and/or assistance will be given in finding a suitable position in another training program. GMEC will oversee all aspects of any program reduction and/or closures.

Away Rotations

When the situation arises in which a resident at Novant Health New Hanover Regional Medical Center requests a rotation for any length of time away from Novant Health New Hanover Regional Medical Center, a formal request must be made in writing to the Program Director with a rationale for the request stated. The request will be presented by the Program Director for approval at a GMEC meeting 90 days prior to the beginning of the rotation. Also, all clinical departments affected by an “Away Rotation” are to be notified 90 days in advance of the rotation. While on rotation, the resident will receive full pay and benefits plus a housing stipend of up to \$1000 per month. The stipend will be prorated for rotations shorter or longer than one month. Transportation expenses are not covered and are the responsibility of the resident.

5 Facility

Novant Health New Hanover Regional Medical Center Medical Staff

The Novant Health New Hanover Regional Medical Center Medical Staff is comprised of more than 500 physicians and dentists who have been granted privileges to practice at Novant Health New Hanover Regional Medical Center by the Board of Trustees.

The elected officials of the Medical Staff include the Secretary-Treasurer, the President-Elect, the President (Chief of Staff), the Chair of the Credentials Committee, and the Chair of the Professional Review Committee. The clinical departments and their respective department chairs are listed below. Several standing committees meet regularly and conduct the business of the Medical Staff.

The Medical Staff Office is responsible for the verification of credentials for medical staff applicants, reappointments, expansion of clinical privileges, and other matters related to clinical privileges of the Medical Staff members. Other duties performed by the Medical Staff Office include serving as the office for the Medical Staff officers and as the Medical Staff's liaison to Administration and the Board of Trustees, maintaining the bylaws and other Medical Staff documents, and arranging for meetings and keeping minutes of Medical Staff committees and clinical departments.

Further information regarding the Medical Staff and its organization can be obtained from the Medical Staff Office at (910) 343-7289, or your Program Director.

Identification

Novant Health New Hanover Regional Medical Center Company Police will issue each resident an identification badge. This badge is used for security/identification and must be worn at all times in Novant Health New Hanover Regional Medical Center. The identification badge must be worn conspicuously with the front of the badge (picture side) facing out on the front of the upper outer garment. The badge also is needed as identification to receive discounted meals in the cafeteria and to gain access to specific areas in Novant Health New Hanover Regional Medical Center. All identification badges will be returned to your Program Administrator upon resignation/termination of employment.

Parking

Designated free parking is provided by Novant Health New Hanover Regional Medical Center at specific locations on campus. Parking decals must be obtained from the Novant Health New Hanover Regional Medical Center Company Police. The decal must be displayed on the left rear window (behind the driver side) of the vehicle. Parking decals are used by the Novant Health New Hanover Regional Medical Center Company Police to control parking and the identification/notification of vehicle owners in the event of observed vehicle problems (lights left on, flat tires, etc.). Residents are requested to refrain from parking in other than designated areas on campus. Tickets will be issued and repeat violators will be subject to disciplinary action.

Sleep Quarters

When the resident is on call, Novant Health New Hanover Regional Medical Center will provide the resident with a sleep room equipped with a telephone and sleeping provisions. These call rooms are safe, quiet, clean, and private on the service level. Private shower facilities are also available in this space. Residents are expected to remain in Novant Health New Hanover Regional Medical Center for call as specified by their departmental policies.

If there is a concern for sleep deprivation impacting patient care, we encourage the resident to speak with the Program Director or Faculty. Finally, for residents who are concerned about driving home after work due to sleep deprivation, we will assist in providing transportation e.g. Uber.

Resident Workroom

Residents are provided with a workroom for house staff, equipped with a television, multiple workstations, 24-hour coffee, daily food delivery, refrigerator, and individual lockers. It is the responsibility of the residents to clean up after themselves, to dispose of their garbage in the bins, to remove printed materials from the printer, and to empty their personal items out of the refrigerator every Friday.

Eating Facilities

Novant Health New Hanover Regional Medical Center offers several cafeterias and cafés throughout the main campus:

- [The Main Cafeteria](#) located on the ground floor of Novant Health New Hanover Regional Medical Center.
Daily hours are:
Monday - Friday
 - Breakfast 6:15 a.m. – 10:00 a.m.
 - Lunch 11:00 a.m.– 2:00 p.m.
 - Dinner 4:30 p.m. – 8:00 p.m.
 - Saturday and Sunday 6:15 a.m. – 2:00 p.m.
- [Au Bon Pain](#) located on the first floor, at the intersection of the concourse and ICU entrance.
 - Opens 6:00 a.m. – 2:00 a.m. Monday - Friday
 - Opens 11:00 a.m. – 2:00 a.m. Saturday and Sunday
- [Lighthouse Café](#) located on the ground floor of the Betty H. Cameron Women's and Children's Hospital.
 - Opens 6:30 a.m. – 5:30 p.m. Monday - Friday
- [Surgical Pavilion Kiosk](#)
 - Opens 6:00 a.m. – 4:00 p.m. Monday - Friday
- The Resident Workroom provides 24-hour food and beverage options
- Vending machines are accessible 24-hours a day

Tobacco Free at Novant Health New Hanover Regional Medical Center

Novant Health New Hanover Regional Medical Center is committed to the promotion of quality healthcare, which includes the prevention of disease. With this commitment comes the responsibility of providing a safe and healthy environment. To establish and maintain the highest possible environment in which to deliver such care, Novant Health New Hanover Regional Medical Center Campus buildings, property, parking lots, and operated vehicles are tobacco-free. Novant Health New Hanover Regional Medical Center is dedicated to maintaining a tobacco-free campus environment. This policy is established to minimize adverse health effects to patients, visitors, physicians, volunteers, and employees; to reduce risk of fire for all of the above; to promote health and serve as a community role model; and, to enhance employee

productivity and reduce healthcare costs. Please refer to the [Tobacco Free](#) policy on Policytech for more information.

- This policy applies to all employees, patients, physicians, students, contracted personnel, volunteers, visitors, vendors, and tenants of Novant Health New Hanover Regional Medical Center.
 - Employees, physicians, students, contracted personnel, volunteers, and vendors found to be in violation of this policy will be subject to disciplinary action up to and including termination and/or loss of privilege to provide service at Novant Health New Hanover Regional Medical Center.
- This policy applies to all tobacco products including cigarettes, cigars, pipes, herbal tobacco products, chewing tobacco and electronic nicotine delivery systems, none of which will be sold on campus or at any facility owned, leased, or operated by Novant Health New Hanover Regional Medical Center.
- The use of tobacco products and other forms of electronic nicotine delivery systems (i.e., electronic cigarettes) is prohibited at all facilities used by the hospital including leased buildings, vehicle parking spaces, parking garages, and hospital owned, leased or operated vehicles. The use of tobacco and other forms of electronic nicotine delivery systems (i.e., electronic cigarettes) is prohibited anywhere on hospital property, whether leased or owned, including personal vehicles parked on Novant Health New Hanover Regional Medical Center owned or leased property. There are no designated use areas of tobacco or other forms of electronic nicotine delivery systems (i.e., electronic cigarettes) on the campus.
- Employees wishing to leave campus to smoke will be required to clock out. Any clock out requires the approval of the manager and will be for a minimum of 30 minutes.

Disaster Preparedness

In the event of a disaster or impending disaster, residents must remain in Wilmington to either work in the hospital or relieve those residents on duty. There are always extenuating circumstances that may have an impact on this policy, so it is highly recommended that the residents have a dialogue with their Program Director prior to making any decision regarding their availability.

Hurricane Protocol for GME Departments

- Program Directors, the DIO, the Director, GME, and the GME Office Administrator, will be invited to attend the original planning meeting by Novant Health New Hanover Regional Medical Center.
- Program Directors and/or supervising physicians of residents will attend follow-up meetings/conference calls to keep up to date on latest developments as well as to keep the Command Center aware of staffing, etc.
- Resident call schedules are posted on the Novant Health New Hanover Regional Medical Center Intranet and will be printed out for use in the Command Center.

The GME Office will send an email to the Program Directors and Program Administrators asking them to remind their residents about the Disaster Preparedness Policy and the Hurricane Protocol in this manual. The full policy can be found in Appendix H of this manual.

Emergency Plans

The Novant Health New Hanover Regional Medical Center Environment of Care Safety Manual is located [here](#). A hard copy of the manual is available in the SEAHEC Administration Office and in all departments. Residents should become familiar with their assignments located in this manual.

Reduction of Services or Closure Due to Disaster

North Carolina AHEC based and sponsored residencies will provide mutual aid should a disaster render a residency incapable of providing an adequate educational experience for a period of longer than 10 business days.

Procedure

The affected AHEC will contact the Directors of the other North Carolina AHECs to request assistance in temporarily (or permanently) transferring residents. The initial information provided will be:

- Type of residency program(s)
- Type of residents and their PG year in each program
- Number of residents and their PG year in each program
- Availability of faculty to temporarily transfer with residents (some programs may need to retain faculty to cover the residency practice's hospitalized patients)
- Estimated duration of the transfer period, if known

The AHEC Directors will then consult with the various residency Program Directors at their facilities to determine the level of support, if any, they will be able to provide. This information will include:

- Type and number of residents that can be received
- Whether temporary housing will be available (through ORPCE housing or another source of free subsidized housing)
- Estimation of need for faculty to accompany residents

This information will be returned to the affected AHEC no later than 24 hours after the initial inquiry.

The DIO will notify the Accreditation Council for Graduate Medical Education and, if applicable, the American Osteopathic Association with the above information. These agencies will be requested to officially declare a disaster. To comply with the requirements that PGYs 2 and 3 are served at the same accredited program, approval for a hardship transfer will be requested.

The Residency Program Director or, if the Residency Director is unable to do this, the Assistant Residency Program Director, will notify the appropriate Review Committee Executive Director with the above information.

All transfers will occur as expeditiously as possible after receiving ACGME/AOA approval to implement the transfer. The AHEC will notify their residents of the transfer options and estimated duration of the reassignment. As much as possible, the residents' preferences for sites will be accommodated when assigning transfers. If a resident does not express a preference, he/she will be assigned to the closest available AHEC residency program.

The affected residency program will then provide information on the transfers to:

- The North Carolina Medical Board
- Their professional liability coverage carrier

- Specialty Board, i.e., ABFM

The affected residency will provide the receiving residency program with as much of the following information as possible for each resident:

- Medical license number
- DEA number
- Social security number
- Verification of professional liability coverage
- Procedure logs
- Previous evaluations and competency assessments

The receiving residency will work to obtain expedited hospital privileges for the residents and any accompanying faculty physicians.

The receiving program will place calls to Medicare and Medicaid intermediaries and third-party payers as needed and required by their contracts.

The receiving residency will make every effort to maintain the incoming residents' clinical rotation schedule to ensure that the training requirements and continuity requirements of that PGY are met.

The affected program will continue their residents' salary stipend and benefits for the duration of the temporary assignment. Should the need for the transfer become permanent, the receiving program will assume this responsibility at that time.

The affected residency is responsible for providing regular communication to the accreditation agencies, the receiving residency programs, and the residents on plans for returning the residents to their program.

All residents will return to the affected residency as soon as they can safely do so.

The full policy can be found in Appendix I of this manual.

Health Information Management (HIM)

Health Information Management (HIM) is a centralized support department that provides functional support to all components of NHRMC and various departments with respect to health information services. Their full scope of services can be viewed [here](#).

Delinquent/Incomplete Medical Records

Resident physicians will be held to the same level of responsibility as members of the Medical Staff regarding medical record chart completion. Residents should be familiar with the Novant Health New Hanover Regional Medical Center [Delinquent Medical Records](#) Policy. This policy encourages physicians to complete medical charts in accordance with Medical Records Rules and Regulations, as well as relinquishment of privileges if there is non-adherence to the rules and regulations.

Providers are responsible and have specific guidelines on completing a chart, as outlined in the Medical Records Rules and Regulations. If a provider is delinquent in completing their records and the delinquency results in voluntarily relinquishment of privileges, the HIM Department will report these incidents to the North Carolina Medical Board. The report will be made when a

provider has had 3 incidents in a calendar year. For more information, please refer to the Novant Health New Hanover Regional Medical Center Delinquent Medical Records [policy](#).

Communicable Diseases

Reporting cases of communicable disease is necessary to assure appropriate medical therapy and detect common source outbreaks. You are required to report to the local health department cases and suspected cases of reportable communicable diseases and conditions in persons who have consulted them professionally. You are required to give control measures to a patient reasonably suspected of being infected or exposed to a communicable disease or condition. For further information on reporting communicable diseases to health authorities please view the full policy [here](#).

Management of Blood & Body Fluids

HBV, HCV or HIV Exposure

Contact – Direct exposure to blood or body fluids from an infected person through needle puncture, open cuts, open wounds, into eyes or mouth or other mucous membranes.

Instructions for Reporting an Exposure and Post-Exposure Protocol

All residents/staff/volunteers sustaining a parenteral/mucous membrane exposure to blood or other body fluids will report the incident immediately to their Program Director and report to Employee Health and Clinic within 15 minutes of exposure. Hours of operation are 6:00 a.m. to 6:00 p.m. Monday through Friday. If Employee Health and Clinic is closed, the resident/staff/volunteer will contact the Nursing Supervisor within 15 minutes and follow up in Employee Health and Clinic the next day it is open.

Baseline post exposure prophylaxis screening should be performed on the employee as soon as possible after the exposure. CDC guidelines are followed for post-exposure management. Residents will be counseled regarding potential exposure risk for HIV, HBV, and HCV (if indicated). An Informed Consent must be signed by the resident for confidential laboratory work. If the resident consents to blood collection but does NOT consent at that time for HIV serology testing, the sample will be preserved for 90 days. During that 90-day period, the resident may elect to have a baseline sample test for HIV. If the resident declines testing, a declination form must be signed. The resident's HIV laboratory results will be filed in the resident's Employee Health and Clinic record in the Employee Health and Clinic. If any of the test results of the source patient are positive, resident follow-up testing will continue six months post exposure to determine if transmission has occurred.

Source Patient Testing

The source patient, if known, will be tested for HBV, HCV and HIV and results will be maintained in the Employee Health and Clinic. Results of the source individual's labs will be made available to the exposed resident, and the resident will be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

If the source refuses to be tested, the Employee Health and Clinic will contact the appropriate County Health Director to obtain permission for testing. When the source individual is already known to be infected with HBV, HCV or HIV, testing need not be repeated.

If the patient has a parenteral or mucous-membrane exposure to blood or other body fluids of a healthcare worker, the patient will be informed of the incident and the same procedure outlined

above for management of exposures will be followed for both the source healthcare worker and the exposed patient.

Positive test results of the source patient or resident will be reported to the New Hanover County Health Department as required by law. Residents having reactive HIV antibody status will be immediately referred for evaluation and counseling.

Resident Follow Up

Hepatitis B

General – Systemic infection that involves the liver (caused by Hepatitis B Virus).

Contact – Direct exposure with blood or body fluids from an infected person through percutaneous, mucous membrane or open cuts.

Treatment – Prophylaxis for exposure is provided based on the Hepatitis B vaccination status of the exposed person and according to the source of exposure.

1. Exposed person not previously vaccinated
 - a. Source known, HBsAG positive
 - HBIG 0.06 ml/kg IM within seven days of exposure
 - Initiate the Hepatitis B vaccine within seven days of exposure
 - Complete vaccination one month, and six months later
 - For persons not given the Hepatitis B vaccine, a second dose of BIG should be given one month after the first dose
 - b. Source known, HBsAG status unknown
 - High risk or intermediate risk HBsAG positive
 - Screen source person for HBsA
 - If reactive, treat the exposed person with HBIG 0.06 ml/kg IM within seven days of exposure
 - Initiate the Hepatitis B vaccine within seven days of exposure
 - Complete vaccination one month and six months later
 - c. Source unknown
 - Initiate the Hepatitis B vaccine within seven days of exposure
 - Complete vaccination one month and six months later

* Individuals included in the high-risk group for Hepatitis B virus include: immigrants (refugees), homosexually active men, IV drug users, patients in institutions for the intellectually challenged, hemodialysis patients, and household contacts of Hepatitis B virus carriers.

* The intermediate risk group includes healthcare workers who have frequent blood contacts, male prisoners, and staff members of institutions for the intellectually challenged.

2. Exposed person previously vaccinated against Hepatitis
 - a. Source known, HBsAG positive
 - Screen exposed person for anti-HBs unless they have been tested within the last 12 months. If adequate antibody, no additional treatment is required
 - If the exposed person has inadequate antibody on testing, give a booster dose of Hepatitis B vaccine (1 ml) and recheck HBsAG status in 6 weeks
 - b. Source known, HBsAG status unknown
 - Known source, high risk or intermediate risk HBsAG positive
 - If the exposed person is known non-responsive to the Hepatitis B vaccine, screen the source person for HBsAG

- If HBsAG positive, give exposed person one dose of HBIG 0.06 ml/kg IM immediately and a booster dose of Hepatitis B vaccine.
- Known source, low risk HBsAG negative
 - No treatment necessary

Hepatitis Non-A, Non-B, Hepatitis C

General – Most common post transfusion hepatitis disease resembles Hepatitis B.

Contact – Direct contact with blood or body fluids by parenteral, mucous membrane or open cut route.

Treatment – Test employee for Hepatitis C antibody baseline, 3 months and 6 months.

HIV

General – Human immunodeficiency virus.

Contact – Direct exposure with blood or body fluids from an infected person through needle puncture, open cuts, open wounds, into eyes or mouth or other mucous membranes.

Treatment – Baseline HIV screening should be performed on the employee as soon as possible after the exposure. If this test is negative, retest after six weeks, three months, and six months to determine if transmission of HIV virus has occurred.

Source Patient Follow-Up

After obtaining the source patient information, Employee Health and Clinic will contact the source's physician. Employee Health and Clinic staff or designate will then inform the patient of the incident and obtain a signed consent for HIV testing if the patient is able. Appropriate laboratory testing of the source patient will be completed as needed. The patient will not be charged for the lab testing and results will be maintained in Employee Health and Clinic.

If the patient has a parenteral or mucous-membrane exposure to blood or other body fluids of a healthcare worker, the patient will be informed of the incident and the same procedure outlined above for management of exposures will be followed for both the source healthcare worker and the exposed patient.

If the source refuses, Employee Health and Clinic will contact the appropriate County Health Director to obtain permission for HIV testing. When the source individual is already known to be infected with HIV or HBV, testing for the source individual's known HIV or HBV status need not be repeated.

Results of the source patient's labs will be sent to Employee Health and Clinic and the source patient's physician in a sealed envelope marked "Confidential." The source patient's physician or designee will inform the source patient of lab results.

Results of the source individual's labs will be made available to the exposed resident, and the resident will be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

Personal Protective Equipment

If personal protective equipment is needed and cannot be found, please contact Distribution at 910-343-2489 or the nursing supervisor. For more information on the personal protective equipment program please view the full policy [here](#).

Reporting Occupational Injury or Illness

Any residents who are involved in an accident, exposure, or injury on the job are required to complete the [team member incident form](#) , within 24 hours of the incident. Submitting the form will then launch a virtual video visit with a Novant Health advanced practice provider. During your virtual triage visit, the treating clinician will refer you to the appropriate venue of care.

The resident must notify their respective Program Administrator and Program Director of the injury.

For more information on this policy, please contact the GME Office or your Program Administrator.

6 Clinical Support Services

Pharmacy

The Central Pharmacy is open 24-hours a day, 365 days a year. Satellite pharmacists are located throughout certain designated areas of Novant Health New Hanover Regional Medical Center and can be found in the business centers or satellite pharmacies (ICU, 10th floor, ED, OR, W&C, Zimmer). These staff members are available to assist you with any formal consults, medication dosing recommendations, or drug therapy questions you may have. In addition, certified pharmacy technicians are available to perform full medication histories in the Emergency Department as patients are being admitted.

Novant Health New Hanover Regional Medical Center has a formulary system in which you may find this information on "Available Links" within EPIC or on the Novant Health New Hanover Regional Medical Center Pharmacy webpage on [SharePoint](#) and in Policytech. If a non-formulary agent is prescribed, the prescriber will be contacted with a recommendation of a formulary agent. Selected agents are available only through restricted criteria and can only be prescribed by the specialty service to which it is restricted.

When the patient is discharged, Novant Health New Hanover Regional Medical Center has a Readmissions Initiative for high-risk patients that includes having a pharmacist perform a discharge medication reconciliation review, providing patient education, and having the patient's prescriptions filled at our Outpatient Pharmacy so the patient leaves the hospital with medications in hand. This initiative has led to reduced readmission rates for these patients.

Spiritual Care

The Spiritual Care Department at the Novant Health New Hanover Regional Medical Center has a chaplain available 24 hours a day. At the Novant Health New Hanover Regional Medical Center Orthopedic Hospital, Cape Fear Campus, there is a chaplain in-house during regular work hours Monday through Friday and available by pager 24-hours a day. Chaplains respond to all Code Blues, traumas, Rapid Response Team activations, deaths, and crises, in addition to providing routine pastoral visits to parents and families. Chaplains are also available to support the staff.

The department offers a Clinical Pastoral Education program that is accredited by the Association for Clinical Pastoral Education, Inc. and recognized by the US Department of Education. In addition to the permanent staff, the Department has ten full-time CPE chaplain residents each year in this program, as well as seven on-call chaplains, who supplement coverage. You can find updates and information concerning spiritual care via their SharePoint site located [here](#).

Autopsy

An autopsy will not be performed until the pathologist has in hand a properly signed autopsy permit and Autopsy Request Form. It is the responsibility of the physician to obtain permission for the autopsy from the next-of-kin. For more information on Novant Health New Hanover Regional Medical Center autopsy procedures and to review the required forms, click [here](#).

In all cases, except medical examiner's cases, it is the responsibility of the private physician to complete the death certificate. The death certificate will be completed online via the North Carolina Database Application for Vital Events (NCDAVE) system. The on-call pathologist can be called anytime if needed, e.g., discussion of case with clinician, etc.

Patient Placement Service

Patient flow at Novant Health New Hanover Regional Medical Center is driven by physician orders. For information on requesting a bed for a patient please visit the Patient Placement policy [here](#).

Library

Novant Health Library Services and the SEAHEC Health Sciences Library have an extensive collection to support the educational and research interests of our medical community, and the staff to assist you with your research or clinical decision making.

The collection includes:

- e-Books,
- e-Journals,
- EBM resources including ClinicalKey, the Cochrane Database of Systematic Reviews, and Essential Evidence Plus,
- Literature databases including Medline, CINAHL Complete, Health Business Elite, and PsychiatryOnline, and
- a recently updated print collection available at the SEAHEC Health Sciences Library

Library Staff are available M-F, 8:00a-5:00p for:

- Reference consultations and literature searches
- Interlibrary loan and document delivery
- Orientation and educational sessions

We're located on the Service Level of the "AHEC Building" on the 17th St. campus (under the Neuroscience offices). Take the elevator next to the Auditorium down and turn left. Our study rooms, computer lab, and reading room are open to House Staff 24/7/365.

For residents needing off-campus access to electronic resources, the Library can provide accounts through the AHEC Digital Library or can make recommendations regarding the use of the Novant Health VPN.

To contact staff, please send an email to library@seahec.net, or call 910-343-2180.

Behavioral Health Hospital

The Behavioral Health Hospital is a 62-bed psychiatric facility that provides a continuum of services to adults. Services include secure acute inpatient units for acute psychiatric disorders and dual diagnosis.

The Behavioral Health Hospital is open 24-hours a day, 7 days a week. The facility serves adults 18 years and older. The inpatient units are secure and provide care for voluntary and involuntary patients. More information on Behavioral Health policies can be found [here](#).

Scope and Complexity of Patient Care Needs

Inpatient Treatment

Comprehensive inpatient care is provided for those adults needing a 24-hour inpatient care in a structured environment. The multi-disciplinary treatment team consists of psychiatrists, PhD psychologist, nurses, social workers, recreational therapists, nurses' aides, nurse practitioners, physician assistants, and psychiatric technicians. A comprehensive array of treatment modalities is available to accomplish the goals and objectives of each individual treatment plan. They include medications, ECT, individual and group therapies, and psycho educational groups. The

patients who meet admission criteria come from varied backgrounds, but all are experiencing behavioral health and emotional problems. Treatment includes process groups, skills training, introduction to DBT, medication education, and case management. Discharge planning includes referrals to appropriate outpatient services.

Methods Used to Assess and Meet Patient Care Needs

Patient services are planned, coordinated, provided, delegated, and supervised by professional healthcare providers. Patient care encompasses the recognition of the illness from a broad spectrum and the use of multiple treatment modalities. Members of the multi-disciplinary team conduct a comprehensive assessment of the patient, which includes the psychiatrist, RN, social worker, and other professionals as needed. Upon completion of the assessment, the treatment team, in collaboration with the patient, will develop a treatment plan. The plan will identify issues, steps to achieve goals and objectives, and establish criteria for discharge. The treatment modalities include, but are not limited to, group therapy, individual therapy, psycho educational groups, medications, and self-help groups.

Utilization management staff coordinate a comprehensive array of treatment procedures that effectively respond to patient needs, referral sources, payers, and external Utilization Review Organizations. The utilization management system and processes recognize that each patient, family, community support system, and payer environment is unique and, as such, require an individually tailored plan to meet their specific needs. The Utilization Management staff review patient care on an ongoing basis to ensure that services provided are medically necessary and rendered in the appropriate clinical setting. Determinations are based on currently accepted standards of medical practice and, therefore, final decisions regarding issues of medical necessity of service and appropriateness of clinical care are only made by a physician.

Availability of Necessary Staff

A staffing plan is developed for each program and is reviewed and revised quarterly, or more frequently as warranted, by changing patient care needs or outcomes associated with established standards (i.e., performance improvement, risk management, Utilization Review, staff feedback, or acuity). The implementation of the plan is reviewed daily and includes consideration of patient care requirements and acuity, namely, admissions, discharges, patients on special observations, restraints/seclusion patients, and patients with concurrent medical problems, and patients with high medical needs. When additional staff is needed, the PRN pool or staff working overtime is used.

Support Services

Other hospital services are available and provided to ensure that direct patient care and services are maintained in a seamless and continuous manner by coordinating identified organizations' functions such as Information Services, Human Resources, Environmental Services, Infection Control, and Organizational Performance Improvement. Their services support the comfort and safety of the patient and the efficiency of services available.

Recognized Standards or Guidelines for Practice

- American Nurses Association
- American Nurses Association of Psychiatry
- National Association of Private Psychiatric Hospital Systems
- Centers for Medicare and Medicaid Services
- American Psychiatric Association
- DNV

7 Wellness

Well-Being

Novant Health New Hanover Regional Medical Center, its Residency Programs, and the Office of Graduate Medical Education are committed to ensuring that residents and fellows maintain their overall well-being – including physical, emotional, intellectual, social, occupational, and spiritual well-being - while completing their training. Residency can be an inherently stressful time, so it is important that you know about the resources available to help you care for yourself; this will ensure that you get the most out of your educational experience. Self-care is an important component of professionalism and is a skill that can be learned and practiced during your training.

If you find yourself needing to speak with someone, our organization offers FREE and CONFIDENTIAL counseling services through the AllOneHealth and Marvin Behavioral Health. The Office of Graduate Medical Education also encourages residents and faculty members to alert a Program Director, Program Administrator, and/or the Office of Graduate Medical Education if you are concerned that another resident, fellow, or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence.

Novant Health New Hanover Regional Medical Center's Responsibility to Well-Being

Novant Health New Hanover Regional Medical Center, its Residency Programs, and the Office of Graduate Medical Education have a responsibility to foster the well-being of their residents. We embrace this responsibility through:

- Enhancing our residents experience of practicing medicine by: protecting time with patients; minimizing non-physician obligations; providing administrative support; promoting progressive autonomy and flexibility, and; enhancing professional relationships.
- Providing attention to scheduling, work intensity, and work compression that impacts resident well-being.
- Evaluating safety data and addressing the safety of residents and faculty members in the learning and working environments.
- Creating policies and programs that encourage optimal resident and faculty member well-being.
- Giving residents the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours.
- Providing education to residents and faculty members regarding burnout, depression, substance abuse, suicidal ideation, and potential for violence.
- Educating residents and faculty members on the available mental health well-being resources in our organization.
- Ensuring that each Residency Program has policies and procedures in place that ensure coverage of patient care in the event that a resident may be unable to perform their patient care responsibilities (due to, but not limited to, fatigue, illness, and family emergencies.)

Burnout, Depression, Substance Abuse, Suicidal Ideation, and Potential for violence

In the current healthcare environment, physicians are at an increased risk for burnout, depression, substance abuse, suicidal ideation, and potential for violence. To combat these trends, we have implemented several interventions at our institution:

- Providing education to faculty members and residents in the identification of the symptoms of burnout, depression, substance abuse, suicidal ideation, and potential for violence. This includes how to recognize those symptoms in themselves and others, and how to seek appropriate care.
- Encouraging residents and faculty members to alert their Program Director, Program Administrator, or other designated personnel when they are concerned that another resident or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence.
- Providing access to appropriate tools for self-screening and confidential, affordable mental health counseling and treatment, (including access to urgent and emergent care 24-hours a day, seven days a week.)

Office of Graduate Medical Education

The Novant Health New Hanover Regional Medical Center/SEAHEC Office of Graduate Medical Education is here to help you in your residency journey. Please contact us if you need more information regarding the following:

- Description of policies and procedures
- Benefits information
- Wellness resources

Resident Wellness Program

We are excited to have a wellness program dedicated to making the transition from medical school to residency as stress free as possible. Our Wellness Coordinator provides a variety of services and programs dedicated to your needs. Services include the following:

- Balance Wellness Program (Intern Wellness Coaching & Goal Setting)
- One-on-One Wellness Coaching
- Quarterly volunteer therapy dog visits
- Presentations on Sleep, Mental Health, and other Residency-specific topics.
- Intern Support Groups
- Crisis Intervention Management
- Drop-In Programs
- Newsletter
- & More

To learn about our Wellness Resources, reach out to the Wellness Coordinator, or visit our Instagram @novanthealthwellness.

Contact Information

Brian Geer, Wellness Coordinator

Brian.geer@novanthealth.org

910-667-6235

Charin Hanlon, MD, FACP
Designated Institutional Official
Charin.hanlon@novanthealth.org
[910-200-3268](tel:910-200-3268)

Ryan Barclay, Director
Ryan.barclay@novanthealth.org [mailto:](mailto:Ryan.barclay@novanthealth.org)
910.667.5321

Lindsay Koch, GME Administrator
Lindsay.whitaker@novanthealth.org
910.667.9222

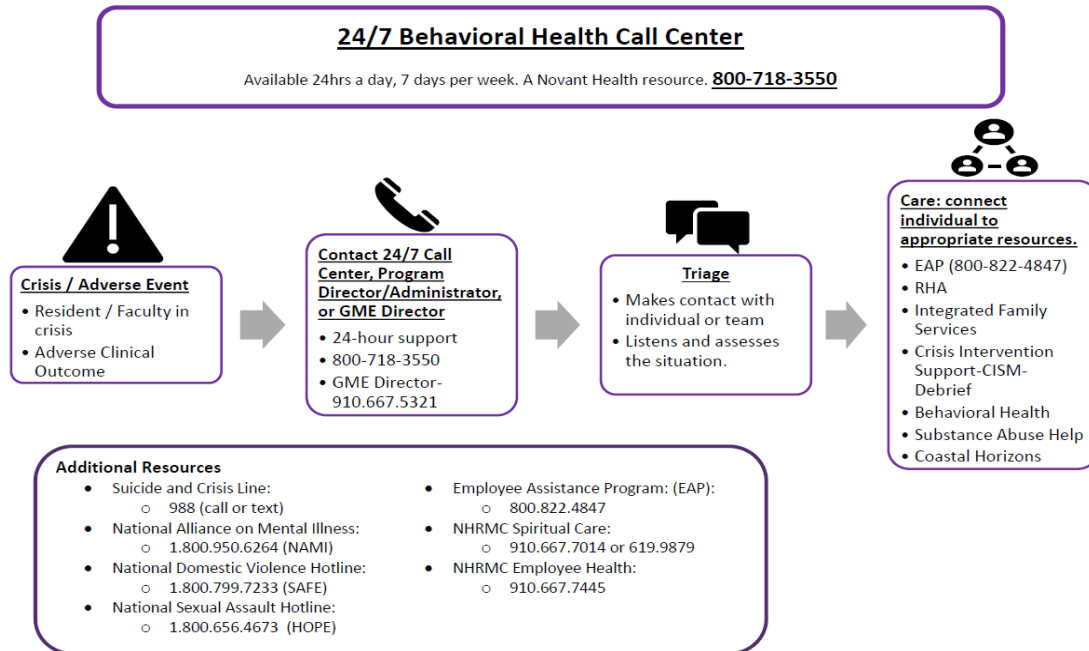
Additional Novant Health New Hanover Regional Medical Center Benefits/Resources

Below is a list of additional resources to which you will have access as a Novant Health Employee.

- Employee Discounts - local and national
- The Jack Barto Team Fitness Center
 - Nutrition Services
 - Personal Training
 - Massage Therapy
 - Group exercise classes
- The Novant Health Office of Well-being and Resiliency is committed to caring for and support our Team Members.
- Business Resource Groups (BRGs) - BRGs in our organization offer a means for you to connect with colleagues with similar passions.
- Southeast Health Education Center (SEAHEC) - SEAHEC provides continuing education and professional development for healthcare providers.
- [Spiritual Care](#) - Our Novant Health New Hanover Regional Medical Center Spiritual Care team is available to all Novant Health New Hanover Regional Medical Center team members to listen to concerns and plan coping steps. Please call 910-667-7014 or 910-619-9879.
- AllOneHealth
 - AllOneHealth provides services free of charge for you, your spouse, and your dependents.
 - AllOneHealth is specifically designed to quickly assess your needs and help you access resources.
 - AllOneHealth is fully confidential. AllOneHealth providers do not use EPIC for records.
 - For more information, go [here](#) or contact 1-800-822-4847 access code: LS0166

Crisis Intervention

GME Connect: Crisis Intervention



National external resources:

- Suicide & Crisis Line: 988 (call or text)
- Crisis text line – text HOME to 741741 from anywhere in the US
- Hope4healers – NC emotional health hotline: 1-919-226-2002
- National suicide prevention lifeline – 1-800-273-8255
- Cigna veteran support line – 1-855-244-6211

Local Therapy Options:

- [Clarity Counseling Center - Therapy Services For Wilmington \(claritywilmington.com\)](http://claritywilmington.com)
- [Willow Wellness – Connect-Heal-Change \(willowwellnesswilmington.com\)](http://willowwellnesswilmington.com)
- [Therapy & Psychiatry in Wilmington | Mindpath Health](http://mindpathhealth.com)

Online Therapy Options

- <https://tend.health/>
- [BetterHelp | Professional Therapy with A Licensed Therapist](http://betterhelp.com)

Online Mental Health Resources

- [Preventing Physician Burnout](http://preventingphysicianburnout.com)
- [Physician Wellness: Preventing Resident Burnout](http://physicianwellness.com)
- [Improving Physician Resiliency](http://improvingphysicianresiliency.com)
- [Preventing Physician Distress and Suicide](http://preventingphysiciandistressandsuicide.com)
- [Emotional Wellness Toolkit](http://emotionalwellnesstoolkit.com)

8 Appendices

- A. House Staff Agreement of Appointment
- B. Process for Resident Hearing
- C. Responsibilities of the Graduate Medical Education Committee
- D. Novant Health New Hanover Regional Medical Center Resident Benefits
- E. Special Review Process
- F. Transition in Care Policy
- G. Website/Phone #'s Directory
- H. Disaster Planning Policy
- I. Closures and Reductions Policy
- J. GME Residency Professionalism and Accountability Pact



Novant Health New Hanover Regional Medical Center
Wilmington, North Carolina

HOUSE STAFF AGREEMENT OF APPOINTMENT

Resident Name is hereby appointed to the House Staff of Novant Health New Hanover Regional Medical Center in the capacity of PGY ____ at an annual stipend of \$_____ to be paid biweekly by Novant Health New Hanover Regional Medical Center. This appointment shall last from _____ through _____ and is based on the following conditions:

The House Staff Physician

1. Agrees to abide by all applicable rules, regulations, and policies of Novant Health New Hanover Regional Medical Center and its clinical departments and those of the North Carolina Medical Board (NCMB), and those of other appropriate governmental agencies and departments.
2. Agrees to perform diligently and conscientiously those responsibilities that may be reasonably required to the best of their ability and to the satisfaction of Novant Health New Hanover Regional Medical Center. These responsibilities are outlined in the department policy and procedure manual as well as the House Staff Manual.
3. In reference to outside employment (moonlighting), agrees to the conditions set forth in the policy outlined in the House Staff Manual.
4. Agrees to submit proper documentation to the South East Area Health Education Center (SEAHEC) GME Administration Office to obtain a resident training license from the NCMB prior to the effective date of this appointment. Understands that if a training license is not issued by the effective date of this Agreement of Appointment, they will not be an employee of Novant Health New Hanover Regional Medical Center and will not receive any pay or associated benefits until the training license is obtained. Will be responsible for timely completion and submission to GME Administration Office of the renewal application for training license annually by their date of birth for the duration of the appointment. Permanent license renewals will be submitted and paid annually by the resident directly through the NCMB on their date of birth. If the resident is transferring to Novant Health New Hanover Regional Medical Center and has a permanent North Carolina license, Novant Health New Hanover Regional Medical Center will pay for the annual renewals up to the amount allowed for the annual renewal of a resident Training License (\$125).
5. Has received, understands, and agrees to abide by the Graduate Medical Education policies and procedures as outlined in the respective department policy and procedure manual and the Novant Health New Hanover Regional Medical Center House Staff Manual.
6. Has received and understands the Due Process and Grievance/Adjudication Procedure as outlined in the House Staff Manual. (The Grievance/Adjudication Procedure set forth in the House Staff Manual shall be the exclusive Novant Health New Hanover Regional Medical Center Administrative grievance procedure available to the resident).

7. Agrees that their contract is contingent upon the successful completion of a background check as well as a pre-employment physical examination, which includes passing a toxicology screen, breath analysis, and immunization updates as required. This will be administered by Employee Health and Clinic at the Novant Health New Hanover Regional Medical Center.
8. Agrees to adhere to the Clinical and Educational Work ours Policy as outlined in the House Staff Manual.
9. Acknowledges that they are participating in an academic training program and that the evaluation and progress reports of training are an integral part of the training program. The resident acknowledges and agrees that information resulting from such evaluations may be furnished by the residency program (without further consent by the resident) to certification boards and to any institution or organization to which they may apply for training, employment, or privileges.
10. Agrees to provide legal proof of citizenship or legal immigrant status, and proper employment authorization document by the effective date of this agreement. Documentation will be provided to the GME Office Administrator. No visas will be sponsored by Novant Health New Hanover Regional Medical Center.
11. Will be required to pass Part III of the USMLE/COMLEX exam as stipulated by the policy in the House Staff Manual.
12. Agrees to participate in any Institutional committees or councils to which the resident is appointed, assigned, or selected.

Novant Health New Hanover Regional Medical Center

1. Agrees to meet the Commitments of Faculty in terms of overall responsibilities and supervision as outlined in the House Staff Manual.
2. Agrees to provide professional medical liability insurance to include tail coverage, with a summary of pertinent information regarding the basics of the coverage; insurance; uniforms and laundering of same; annual meal card; and sleeping quarters for residents taking formal night call. (The resident understands that Novant Health New Hanover Regional Medical Center shall not cover him or her for professional liability for activities not directly associated with the training program authorized by the Program Director.)
3. Agrees that appropriate medical and family leave may be authorized by the Program Director as outlined in the House Staff Manual.
4. Agrees to provide health insurance benefits in accordance with the medical center's health insurance plan. The health insurance premium for both individual and dependent coverage will be paid by the medical center. The resident will be responsible for deductibles and co-insurance on services provided. Insurance benefits will be effective the first day of the month following the date of employment.
5. Agrees to provide sick leave and vacation each year and time off for medical meetings as described in the House Staff Manual under Vacation/Sick Leave. Vacation time is to be scheduled through the Program Director.
6. Agrees to provide life and dental insurance that are optional and are further explained in the House Staff Manual.

7. Will pay for the resident's initial training license application and annual renewals but not for the resident's permanent license and renewals. If the resident transfers from another program and has a permanent North Carolina license, Novant Health New Hanover Regional Medical Center will pay for the annual renewals up to the annual cost of renewing a resident Training License (\$125).
8. Will administer appropriate policies in place that deal with harassment and exploitation as outlined in the House Staff Manual.
9. Agrees, in accordance with the Physician Impairment Policy as described in the House Staff Manual, to be provided confidential, professional counseling service through the Employee Assistance Program also outlined in the House Staff Manual. Residents may also utilize the North Carolina Physician's Health Program that is also explained in the House Staff Manual.
10. In the event that this residency program will have to reduce the complement of residents in training or close, residents will be informed as soon as possible and current residents can complete their training year and/or assistance will be given in finding a suitable position in another training program.
11. Agrees not to require residents to sign a noncompetitive guarantee (Restrictive Covenant).
12. Agrees to provide residents with access and eligibility information relating to Board certification in the event that the length of the training program is extended.
13. Agrees to provide disabled residents with such reasonable accommodations as are necessary for the performance of their duties.

Termination of Employment

1. Employment during the term of this contract is expressly conditional upon your satisfactory performance as judged by the Program Director. In the event that the Program Director judges that you have not performed satisfactorily at any point during the term of this contract at the option of Novant Health New Hanover Regional Medical Center and the SEAHEC GME Administration Office you may not be promoted to the next level or may be terminated in accordance with the terms of the Due Process Procedure as set forth in the House Staff Manual.
2. In the event that the Program Director judges that the resident has not performed satisfactorily and that promotion to the next level or future employment shall be terminated during the term of the contract presently in effect, notification will be given 4 months prior to the end of this current agreement and this contract and any renewal contract at the Novant Health New Hanover Regional Medical Center shall be void.
3. The Parties further agree that the Grievance/Adjudication Procedure set forth in the House Staff Manual shall be available according to its terms for the review of stated grievances.

The Parties have entered into this agreement in good faith and acknowledge their respective legal and ethical obligation to fulfill this agreement contingent upon satisfactory performance by the resident until its expiration date, except in the case where the resident is unable to do so because of incapacitating illness.

This agreement verifies the information on salary, benefits, and working conditions in place at the time you begin employment. These may change in the future based on performance evaluations, benefit changes, and/or other changes necessary to fulfill the mission of the Medical Center.

RESIDENT NAME

DATE: _____

SIGNED: _____
Resident

DATE: _____

APPOINTMENT
APPROVED BY: _____
Program Director

DATE: _____

SIGNED: _____
Designated Institutional Official (DIO)
Novant Health New Hanover Regional Medical Center

PROCESS FOR RESIDENT HEARING

The process below is to be employed as a means of carrying out the hearing procedure when a resident has properly and timely requested a hearing as provided in the Grievance/Adjudication policy of the Novant Health New Hanover Regional Medical Center House Staff Manual.

Appointment of Hearing Officer or Committee – Neither a Hearing Officer nor any members of a Hearing Committee shall be individuals who are in economic or academic competition with the resident who requested the hearing (“resident”). Such individuals should not be attending physicians in the resident’s program; however, they may have supervised the resident during rotations on other services. If a Hearing Committee is selected, one member shall be the chairperson and that person shall act as the Presiding Officer. The Presiding Officer shall act to maintain decorum and to assure that all participants in the hearing have a reasonable opportunity to present relevant oral and documentary evidence. He/she shall determine the order of procedure during the hearing and shall make all rulings on matters, procedure, and admissibility of evidence. The hearing need not be conducted according to rules of law relating to the examination of witnesses or presentation of evidence.

Presence of Hearing Committee Members – A majority of the Hearing Committee must be present throughout the hearing and deliberations. If a committee member is absent from any part of the proceedings, he/she shall not be permitted to participate in the deliberations or the decision.

Pre-Hearing Conference – At least three days prior to the hearing, the Presiding Officer shall have a Pre-Hearing Conference. The Presiding Officer may receive advice from the Medical Center attorney. The purpose of the Pre-Hearing Conference is to simplify the issues, stipulate or agree to the facts that are uncontested by the Parties, determine the procedure and schedule for presenting evidence, and consider any other matter which may expedite and streamline the hearing.

The Presiding Officer shall do the following at the Pre-Hearing Conference:

1. Receive a list of witnesses from the Program Director (or other individual representing the program) and the resident (henceforth the “Parties”). If the resident does not testify on their own behalf, the resident may be called to testify and be examined by the Program Director or other individual representing the Program or the Hearing Officer or Hearing Committee members. Witnesses at the hearing may, in the Presiding Officer’s discretion, be required to take an oath or affirmation that the testimony and evidence he/she is about to present is the truth, the whole truth, and nothing but the truth.
2. Receive any and all documentation and information the Parties intend to present. The Parties will be allowed to present only evidence determined to be relevant by the Presiding Officer, regardless of its admissibility in a court of law.
3. Any objections to the process, witnesses, or evidence shall be raised by the Parties at the Pre-Hearing Conference and shall be determined by the Presiding Officer. Any objections which can be made and are not made at the Pre-Hearing Conference may be deemed waived at the hearing.
4. The Presiding Officer shall set time limits for the presentation of evidence by the Parties. Unless the Presiding Officer determines otherwise, the time limits shall be set at two hours for the resident to present their evidence and two hours for the Program Director or other

individual representing the Program to present their evidence. The resident shall go first. At the conclusion of all the evidence, the resident shall have 15 minutes for a conclusion statement, if so desired. The Program Director or other individuals representing the Program will then have 15 minutes for a conclusion statement.

5. The Hearing Officer or Chairperson shall act upon the request of either Party to have a record made of the hearing. The record may be by electronic recording and/or note taker.

Rights of the Parties – Each Party shall have the right to:

- Call and examine witnesses
- Introduce exhibits
- Cross-examine (question) any witness on any matter relevant to the issues
- Discredit (impeach) any witness
- Rebut any evidence

Burden of Proof – The resident has the burden of proving by clear and convincing evidence that the adverse decision, which is the subject of appeal, lacks any substantial factual basis, or that such basis or the conclusions drawn from it are arbitrary, unreasonable, or capricious.

Recess – The Presiding Officer may recess and reconvene the hearing at a later time if, in their sole discretion, it is deemed necessary for the effective administration of the hearing.

Written Statement – The Parties may present a written statement at the close of the hearing and such statement need not be presented at the Pre-Hearing Conference.

Close of Hearing – At the conclusion of the hearing, the Presiding Officer shall close the proceedings and no additional information or communication shall be accepted by the Hearing Officer or Hearing Committee until after a decision has been rendered.

Confidentiality – All information reviewed for, or presented at, the hearing is confidential. Neither the parties nor the witnesses are to discuss or otherwise disclose this information.

Conflict – In the event of a conflict between these procedures and Policy 3.23, Grievance/Adjudication, in the Novant Health New Hanover Regional Medical Center House Staff Manual, the House Staff Manual will supersede.

RESPONSIBILITIES OF GRADUATE MEDICAL EDUCATION COMMITTEE (GMEC)

GMEC responsibilities must include oversight of:

- ACGME accreditation and recognition statuses of the Sponsoring Institution and each of its ACGME-accredited programs; (Outcome)
- The quality of the GME learning and working environment within the Sponsoring Institution, each of its ACGME-accredited programs, and its participating sites; (Outcome)
- The quality of educational experiences in each ACGME-accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME Common and specialty-/subspecialty-specific Program Requirements; (Outcome)
- The ACGME-accredited program(s)' annual program evaluation(s) and Self-Study(ies); (Core)
- The ACGME-accredited programs' implementation of institutional policy(ies) for vacation and leaves of absence, including medical, parental, and caregiver leaves of absence, at least annually; (Core)
- All processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution; and, (Core)
- The provision of summary information of patient safety reports to residents, fellows, faculty members, and other clinical staff members. At a minimum, this oversight must include verification that such summary information is being provided. (Detail)

GMEC responsibilities must include review and approval of:

- Institutional GME policies and procedures; (Core)
- GMEC subcommittee actions that address required GMEC responsibilities; (Core)
- Annual recommendations to the Sponsoring Institution's administration regarding resident/fellow stipends and benefits; (Core)
- Applications for ACGME accreditation of new programs; (Core)
- Requests for permanent changes in resident/fellow complement; (Core)
- Major changes in each of its ACGME-accredited programs' structure or duration of education, including any change in the designation of a program's primary clinical site; (Core)
- Additions and deletions of each of its ACGME-accredited programs' participating sites; (Core)
- Appointment of new program directors; (Core)
- Progress reports requested by a Review Committee; (Core)
- Responses to Clinical Learning Environment Review (CLER) reports; (Core)
- Requests for exceptions to clinical and educational work hour requirements; (Core)
- Voluntary withdrawal of ACGME program accreditation or recognition; (Core)
- Requests for appeal of an adverse action by a Review Committee; (Core)
- Appeal presentations to an ACGME Appeals Panel; and, (Core)
- Exceptionally qualified candidates for resident/fellow appointments who do not satisfy the Sponsoring Institution's resident/fellow eligibility policy and/or resident/fellow eligibility requirements in the Common Program Requirements. (Core)

The GMEC must demonstrate effective oversight of:

- The Sponsoring Institution's accreditation through an Annual Institutional Review (AIR). (Outcome)
- Underperforming program(s) through a Special Review process. (Core)

GMEC Process 1: Annual Institutional Review (AIR)

The GMEC must demonstrate effective oversight of Novant Health New Hanover Regional Medical Center's accreditation through an Annual Institutional Review (AIR).

- The GMEC must identify institutional performance indicators for the AIR, to include, at a minimum: (Core)
 - Most recent ACGME notification of institutional-letter of notification
 - Results of most recent CLER visit
 - Each of its ACGME-accredited programs' ACGME accreditation information, including accreditation and recognition statuses and citations. (Core)
 - Results of institutional self-study
 - Aggregate results of ACGME surveys
 - Faculty
 - residents
 - Aggregate results of program performance indicators
 - Monitor procedures for action plans
 - Executive summary to the governing body and the Medical Executive Committee (MEC) for approval and then to the Novant Health New Hanover Regional Medical Center Board for final approval.
 - Follow the process outlined by the ACGME's requirements shown [here](#)

GMEC Process 2: Annual Program Evaluation (APE)

The GMEC must demonstrate effective oversight of ACGME program accreditation through an Annual Program Evaluation (APE) process.

- Components of an APE protocol and template should include:
 - The ACGME Common, specialty/subspecialty specific Program, and Institutional Requirements in effect at the time of the evaluation
 - The most recent accreditation letters of notification from previous ACGME reviews and progress reports sent to the respective Review Committees
 - The most recent APE report
 - Reports from previous GMEC Special Reviews of the program
 - Results from internal or external resident/fellow, faculty, and patient surveys; and,
 - Annual performance data provided by the ACGME
 - Aggregate resident and Faculty data
- The APE protocol should outline the reporting structure and monitoring procedures after the APE is completed
- Follow the process outlined by the ACGME's common program requirements shown [here](#)

GMEC Process 3: Special Review

The GMEC must provide evidence of quality improvement efforts by maintaining a GMEC Special Review process for programs that warrant intervention beyond the APE. The Special Review Policy is outlined in Appendix E of this document.

Institutional GME Infrastructure and Operations

Novant Health New Hanover Regional Medical Center must ensure that the DIO has sufficient financial support and support and dedicated time to effectively carry out educational and leadership responsibilities

Novant Health New Hanover Regional Medical Center must ensure sufficient salary support and resources to allow for effective administration of the GME Office.

Novant Health New Hanover Regional Medical Center, in collaboration with each ACGME-accredited program, must ensure that the DIO and the Program Directors pursue continuing professional development education applicable to their roles as educational leaders.

Novant Health New Hanover Regional Medical Center, in collaboration with ACGME-accredited program, must ensure that:

- Program Directors and core faculty members have sufficient financial support and support and dedicated time to effectively carry out their educational and administrative, and leadership responsibilities as designated in the Institutional, Common, and specialty/subspecialty-specific Program Requirements
- Resources, including program coordinators, time, space, technology, supplies, are available to allow for effective administration of ACGME-accredited programs

Novant Health New Hanover Regional Medical Center RESIDENT BENEFITS

Call Rooms

- Sleeping provisions
- Private shower facilities
- Computers, printers and telephones

Allowances

- Annual fund for book purchases
- Personal Digital Assistant reimbursement
- On-call meal cards
- Off-campus housing allowance for required off-campus rotations

Resident Workroom

- Large screen television
- Variety of coffee, tea and soda selections
- Complimentary Refreshments

Coats

- Two personalized, embroidered coats in the first year
- One additional white coat and/or one additional fleece jacket provided as requested annually

Campus

- Tobacco-free grounds
- Four on-site dining facilities with discounted healthy options
- Physician designated free parking
- Employee Pharmacy

Electronic Medical Record System

- Efficient reporting for research studies
- Eliminates illegible medical records
- Increases consistency in the hand-off process

Library Resources

- Access to the statewide AHEC Digital Library and other literature databases
- Librarians assigned to specific residency programs
- Hard copy resources available for check-out and reference

Travel

- Opportunities for formal away rotations to supplement learning experiences
- Funding for research presentations at regional and national conferences
- Medical mission trips available in some programs

Confidential Counseling, Medical, and Psychological Support Services

- Employee Assistance Program (EAP) managed by independent, off-site counseling service
- Employee Health and Clinic for health assessments, immunizations and illnesses

Career Planning Resources

- Access to regional hospital recruiters

Employee Fitness Center

- Open 24-hours, seven days a week exclusively for employees and their eligible dependents
- Equipped with a variety of cardio, strength and conditioning machines
- Includes an indoor walking/running track and group exercise classes
- Drop-in childcare

Graduate Medical Education Committee Special Review Policy

Purpose: The Graduate Medical Education Committee (GMEC) provides oversight for the quality of the GME learning and working environment with the Sponsoring Institution, each of its ACGME accredited programs, and its participating sites. The quality of educational experiences in each ACGME-accredited program must lead to measurable achievement of educational outcomes as identified by the ACGME. It is the responsibility of GMEC to identify programs which are underperforming or are at risk for underperformance and develop a process to oversee the improvement of these programs.

Scope: This policy applies to Graduate Medical Education Programs accredited by the ACGME.

Definition

- a. A Special Review Process (SRP) is conducted by the institution with oversight by the DIO (Designated Institutional Official) and the GMEC that:
 - i. Assists new programs and programs in states of transition to be in compliance with ACGME program standards as stated in the ACGME Institutional and Program Specific Program Requirements. These programs are deemed Category 1 programs.
 - ii. Reviews programs that meet criteria for underperformance and develops a plan for program improvement to correct these areas of underperformance. These programs are considered Category 2 programs.
- b. The Special Review Process is a fact-finding process designed to engage Program Directors, faculty and residents in improving the quality of their educational program. The GMEC provides oversight of this process to assure compliance with the quality improvement plans developed. As part of our due process, the DIO and Director of GME will meet and discuss if the special review process is warranted. If after review of the situation the GME Director and DIO believes that the plan in place is appropriate, the DIO and the Director of GME will bring this information back to the GME Committee to review the issue to determine if things have improved or a SRC (Special Review Committee) needs to be formed to investigate further.
- c. The Special Review Committee (SRC) is the committee that conducts and records the findings of the Special Review. The committee will be appointed by the DIO and will consist of the following members:
 - i. Two faculty members from within the institution not from the program being reviewed, one of whom will be designated by the DIO as the Chair of the SRC.
 - ii. At least one resident or fellow from within the institution not from the program being reviewed.
 - iii. The Director of Graduate Medical Education or designee.

- iv. Other internal members may be appointed at the discretion of the DIO and may include members of Professional Development or other hospital departments with a role in resident education or support.
- v. External Consultants from outside the institution may be appointed at the discretion of the DIO

Procedure

- a. There are 2 main types of review:
 - i. Focused Review to GMEC: A verbal report provided to GMEC regarding areas of concern that need further explanation for the SRC to determine the appropriate action to be recommended.
 - ii. Full internal review of a program. This would consist of reviewing aspects of a program against compliance of their ACGME standards for that individual program (institutional, Common Program, and Specific Program Requirements.)
- b. The DIO will appoint the SRC and determine the level of review required for the program
 - i. Category 1 programs will require a comprehensive review of the program.
 - ii. Category 2 will require a focused review to address the identified deficiency.
- c. Category 1 Programs
 - i. Newly accredited programs
 - 1. Programs will be reviewed within the second six months of the first year of the program accepting residents or fellows.
 - 2. Programs with a significant decrease in core faculty as interpreted by the Program Director, DIO or department chair.
- d. Category 2 Programs
 - i. Programs with poor performance as measured by the following “**may**” trigger an SRC.
 - 1. ACGME status of Accreditation with Warning
 - a. Focused review based on citations
 - 2. ACGME status of Probationary Accreditation
 - a. Focused review based on citations
 - 3. Notification from ACGME of pending “focused” review.
 - 4. Rolling Board Pass rate not achieving ACGME thresholds as defined in the specialty specific program requirements over two consecutive years.
 - 5. Twenty-five (25) percent of the program’s trainees showing a downward trend in their in-training exam scores compared to their national peers in the same year of training.
 - 6. Downward trend over a two-year period of greater than or equal to 50% of the categories on the ACGME faculty surveys.
 - 7. Low production of scholarly activity by the residents or faculty as defined by the specialty or subspecialty program requirements.

8. Overall lack of progression on the Milestones of the trainees within the program.
 9. Lack of compliance and documentation in webADS.
- e. Additional Criteria for Initiating a Special Program Review
- i. Internal Criteria:
 1. At the request of hospital, department or program administration.
 2. Concerns identified on internal surveys.
 3. Concerns identified and communicated to the GME office by residents or faculty in a particular program.
 4. Failure to submit GMEC required data on or before identified deadlines.
 5. Program-specific issues identified by the GMEC or its subcommittees.
 - ii. External Criteria:
 1. Board pass rate below the minimum required by the supervising RRC.
 2. A pattern of resident and/or faculty attrition.
 3. Case log data from the ACGME of recent graduates indicating that minimum requirements are not being met.
 4. Concerns identified on the annual ACGME resident survey.
 5. A pattern of significant downward trends since the last survey.
 6. Survey completion rate below the 70% required by the ACGME.
 7. Concerns identified by the ACGME faculty survey.
 8. A pattern of significant downward trends since the last survey.
 9. ACGME request for progress report related to concerns identified on the Resident or Faculty Survey.
 10. Failure to submit ACGME required data on or before identified deadlines.
 11. Inability to demonstrate success in the CLER focus areas.
 - a. Patient safety
 - b. Health Care Quality
 - c. Care Transitions
 - d. Supervision
 - e. Clinical Experience Education Hours, Fatigue Management and Well-being
 - f. Professionalism
- f. Document Review: The SRC may review the following documents during the review process. Category 1 reviews will require review of all the following documents. Materials for category 2 reviews will be determined by the SRC.
- i. Accreditation standards to include the ACGME Institutional Requirements, Common Program Requirements, and the specialty or subspecialty Program Specific Requirements in effect at the time of the review for the program under review.
 - ii. The most recent and immediate past accreditation letters from the ACGME with attention to previous citations and concerns.
 - iii. Program correspondence to the ACGME with attention to progress reports from previous citations.

- iv. The program's most recent and immediate past Annual Program Evaluation report.
- v. Competency-based goals and objectives for required educational rotations.
- vi. Clinical Experience Education Hours compliance reports.
- vii. Results from internal or external resident surveys, if available.
- viii. Results from ACGME faculty surveys.

g. Interview Process

- i. A date for the Special Review process will be set by the GME office acceptable to the Program Director, SRC and other members invited by the DIO.
- ii. The entire SRC will be present for all interviews as scheduling allows.
Interviews will be conducted with:
 - 1. Program Director
 - 2. Associate Program Director
 - 3. Key Faculty Members
 - 4. At least one resident from each level of training

Special Review Report

At a minimum, the Special Review Report will contain the following information:

- The findings of the SRC.
 - The Quality improvement goals determined for the program.
 - The corrective actions the program will take to achieve these goals. with a timeline for implementation.
 - The Process the GMEC will follow to monitor for these outcomes.
- a. The report will be completed by the Chair of the SRC and will be based on the findings of the review with the input from the committee members.
 - b. The completed initial report will be distributed to the DIO and the PD for review and comment. If the PD or DIO identify factual errors in the report, they may ask for the report to be amended prior to further distribution and presentation of the report to the GMEC.
 - c. The Chair of the SRC will make final determinations on all requested corrections and amendments prior to distribution and presentation of the final report to the GMEC.
 - d. After the initial Special Review Findings are developed, the chair of the SRC will meet in with the PD to review the committee's findings.

- e. The PD will develop the Special Review Action Plan to address the noted areas in need of improvement. This plan will include the specific steps to address the deficiencies and target dates of completion.
- f. The SRF and the SRAP will be presented to the GMEC by the SRC chair and the PD.
- g. The report by the SRC and the Special Review Action Plan will constitute the final Special Review Report.

The Program Director will be required to report to the GMEC at least every six months on the program's progress. The GMEC will monitor the progress of the program in achieving correction of the cited areas of deficiency noted in the Special Review Report. The GMEC will stop monitoring the program once all deficiencies have been corrected.

Novant Health New Hanover Regional Medical Center Graduate Medical Education Transition in Care Policy

Objective: To establish protocol and standards within the Novant Health New Hanover Regional Medical Center residency and fellowship programs to ensure the quality and safety of patient care when transfer of responsibility occurs. Transitions in care includes, but is not limited to, shift to shift, specialty to specialty, unit to unit, and institution to institution patient handovers.

Accreditation Council for Graduate Medical Education Institutional Requirement

Transitions of Care: The Sponsoring Institution must:

3.2.c. facilitate professional development for core faculty members and residents/fellows regarding effective transitions of care; and, (Core)

3.2.c.1. in partnership with its ACGME-accredited program(s), ensure and monitor effective, structured patient hand-over processes to facilitate continuity of care and patient safety at participating sites.

POLICY: Clinical assignments must be designed to minimize the number of transitions in patient care. Programs are responsible for ensuring that residents are competent in communicating with team members in the hand-over process. Effective, structured hand-over processes that facilitate both continuity of care and patient safety must be in place and monitored. Schedules that inform all member of the healthcare team of attending physicians and residents currently responsible for each patient's care must also be available.

1. The transition process must involve either a face-to-face interaction or phone conversation with both verbal and written/computerized communication, with an opportunity for the receiver of the information to ask questions or clarify issues. The transition process should include, at a minimum, the following information in a standardized format:

- a. Identification of the patient, including name, medical record number, and age.
- b. Identification of the admitting/primary/supervising physician and their contact information.
- c. Diagnosis and current status/condition (level of acuity) of patient
- d. Recent events, including changes in condition or treatment, current medication status, recent lab tests, allergies, anticipated procedures and actions to be taken
- e. Outstanding tasks – what needs to be completed in the immediate future
- f. Outstanding laboratories/studies – what needs follow up during the shift
- g. Changes in patient condition that may occur requiring interventions or contingency plans

2. Each residency program must develop a program specific policy on Transitions in Care specific to the specialty, and consistent with the setting of patient care. Programs are required to develop scheduling and transition procedures to ensure that:

- a. residents comply with specialty specific/institutional work hour requirements.
- b. Faculty and/or senior residents are scheduled and available for training level appropriate supervision of transitions.

- c. All parties (including nursing) involved in the care of patients in a transitions process have access to one another's contact information. All parties are required to update schedule changes in Perfect Serve.
- d. Patients are not inconvenienced or endangered by frequent transitions in care.
- e. All parties directly involved in the patient's care before, during, or after the transition have the opportunity for communication, consultation and clarification of information.
- f. Safeguards exist for coverage when unexpected changes in patient care may occur due to circumstances such as resident illness, fatigue or emergency.

3. The program will ensure that residents and core faculty are educated on program specific Transitions in Care.

- a. Resident education must occur on an annual basis.
- b. Core faculty development must occur at least every other year.

4. Residents must demonstrate competency in the performance of Transitions in Care. There are a number of ways for the program to determine the competency of trainees in handoff skills and communication. These may include direct observation by faculty, direct observation by senior residents, evaluation of written handoff materials, didactics on handoff communication skills, survey of adverse events and relationship to sign out quality through reporting tools and chart review.

5. Programs must ensure:

- a. There is a standardized process in place that is routinely followed.
- b. Necessary materials are available to support the handoff. For most programs, this will be a written or electronic handoff.
- c. A quiet setting free of interruptions is consistently available for handoffs that include face-to-face communication.
- d. Patient confidentiality and privacy are ensured in accordance with HIPAA guidelines.
- e. There are consistent opportunities for questions.

WEBSITES / PHONE #'S DIRECTORY

Novant Health New Hanover Regional Medical Center Benefits Website	Benefits Team Members Novant Health
Office of Graduate Medical Education (GME)	<p>Charin Hanlon, MD, FACP Designated Institutional Official Charin.hanlon@novanthealth.org</p> <p>Ryan Barclay, Director, GME ryan.barclay@novanthealth.org 910.667.9321</p> <p>Lindsay Koch, GME Administrator lindsay.whitaker@novanthealth.org 910.667.9222</p> <p>Brian Geer, UME/GME Wellness Coordinator Brian.geer@novanthealth.org 910-667-9248</p>
AllOneHealth	<p>Phone: 800.822.4847</p> <p>Go to https://nh.team/EAP and click on "Sign Up."</p> <p>To create an account, enter your work email address, create a password and enter one of the following company codes: code: LS0166</p>
Risk Management	<p>Trina Davis-Smith Trina.Davis-Smith@novanthealth.org Corporate Risk Management, Physician Services - Home (sharepoint.com)</p>
Employee Health and Clinic	910.667.7445
NC Physicians Health Program	<p>919.881.0585 http://www.ncphp.org/</p>
NC Medical Board	http://www.ncmedboard.org/
Health Insurance Portability and Accountability Act	https://www.hhs.gov/hipaa/index.html
State Health Director	<p>Chief, Communicable Disease Control Branch 1902 Mail Service Center Raleigh, NC 27699-1902</p>
Patient Safety Hotline	First Do No Harm - Home (sharepoint.com)
Council for Ethical Judicial Affairs (CEJA)	http://www.ama-assn.org/ama/pub/about-ama/our-people/ama-councils/council-ethical-judicial-affairs.page

Disaster Planning Policy

I. SCOPE / PURPOSE

This policy augments existing plans that are applicable to the institutions affected. It provides guidelines for communication with trainees and program leadership to assist in reconstituting or restructuring the trainee's educational experiences as quickly as possible after the disaster or determining need for transfer or closure in the event of being unable to reconstitute normal program activity.

There are multiple types of disaster including but not limited to acute disaster with little or no warning (e.g. tornado, bombing), and the insidious disruption or disaster (e.g. pandemic event). This policy and procedure addresses disaster and disruption in the broadest terms.

II. POLICY

A. Following declaration of a disaster, which is herein defined as:

An event or set of events causing significant alteration to the trainees' experience of a Novant Health GME training program, the Designated Institution Official (DIO), Graduate Medical Education Committee (GMEC) and other sponsoring institution leadership will strive to restructure or reconstitute the educational experience as quickly as possible following the disaster.

B. In order to maximize the likelihood that trainees will be able to complete program requirements within the standard time required for certification in that specialty, steps will be taken to transfer the affected trainees to other local sites. If leadership determines that the sponsoring institution can no longer provide adequate educational experience for its trainees, the sponsoring institution will, to the best of their ability, arrange for temporary transfer of trainees to programs at other sponsoring institutions until such time as the sponsoring institution is able to resume providing the educational experience. Program Directors will then give the trainees who temporarily transfer to other programs as a result of a disaster an estimated time that relocation to another program will be necessary. Should that initial time need to be extended, the trainees will be notified by their Program Director using written or electronic means identifying the estimated time of the extension.

C. If the disaster prevents the sponsoring institution from re-establishing an adequate educational experience within a reasonable amount of time following the disaster, permanent transfers will be arranged.

- D.** Novant Health's Designated Institutional Official (DIO) will be the primary institutional contact with the ACGME and Institutional Review Committee Executive Directors regarding disaster plan implementation and needs within the sponsoring institution.

III. PROCEDURE

A. Upon the occurrence of a disaster and immediately following - up to 72 hours:

- 1.** Immediate email communication is sent to all parties including details of the future communication plans.
 - a.** DIO (GME Administration)

The DIO is the primary institutional contact with the ACGME and the Institutional Review Committee Executive Director regarding disaster plan implementation and needs within the sponsoring institution. The DIO consults with the Office of the General Counsel, hereby referred to as the OGC, and hospital leadership as needed and may decide to convene a planning meeting to work through important details in managing the situation. The immediate email communication to all parties will go out through the Graduate Medical Education Office. The GME Office will maintain an email list-serve and list of phone and pager numbers for core residency Program Directors which will be transferred to a memory stick and kept in a separate geographic location. If email communication is not possible, then the GME Office will contact the core residency Program Directors by phone or pager. Fellowship Directors should contact the Program Directors of their core residency programs to determine next steps.
 - b.** Program Directors

Program Directors are the first point of contact. They are responsible for getting communications out to their trainees and, if necessary, to their fellowship directors. Program Directors must update their email list-serves and list of phone and pager numbers on an annual basis.
 - c.** Residents/Fellows (Trainees)

Initially, trainees are expected to report to their originally assigned hospital/clinic location. In the event that the hospital/clinic is affected by the disaster and unable to operate in the usual fashion, some or all of the trainees may need to be reassigned by the DIO after discussion with the Program Directors and approval of Novant Health officials.

B. Institutional Assessment and Decision-making Regarding Program and Institution Status and Resident Transfer – 3 to 30 days following

Disaster

1. DIO (GME Administration)

- a.** The DIO will communicate (call or email) with ACGME regarding the impact of the disaster. Within **ten days** after the declaration of a disaster by the ACGME, the DIO (or another institutionally designated person, if the institution determines that the DIO is unavailable), will contact the ACGME to discuss due dates that ACGME will establish for the programs to:
 - Submit program reconfigurations to ACGME and
 - Inform each program's trainees of transfer decisions.
- b.** The due dates for submission shall be no later than **30 days** after the disaster unless other due dates are approved by ACGME.
- c.** The DIO will monitor progress of both healthcare delivery and functional status of GME training programs for their educational mission during and following a disaster. The DIO (or designee) will work with the ACGME to determine the appropriate timing and action of the options for disaster-impacted institution and/or programs to:
 - Maintain functionality and integrity of program(s),
 - Temporarily transfer trainees until program(s) reinstated, or
 - Permanently transfer trainees as necessitated by program or institutional closure.
- d.** Information and decision communications will be maintained with Program Directors and trainees as appropriate to circumstances of the individual disaster event.

2. Program Directors

Program Director(s) will communicate (call or email) with their appropriate

Residency Review Committee(s) (RRC) regarding the impact of the disaster. The ACGME website provides instructions for changing resident email information in the ACGME Web Accreditation Data System (www.acgme.org).

3. Trainees

Trainees should call or email the appropriate Residency Review Committee Executive Director with information and/or requests for information. On its website, the ACGME will provide instructions for changing resident email information on the ACGME Web Accreditation Data System (www.acgme.org).

4. ACGME

If within the ten days the ACGME has not received communication from the DIO or designee, the ACGME will attempt to establish contact with the DIO to determine the severity of the disaster, its impact on training, and next steps. The ACGME will establish a fast track process for reviewing (and approving or disapproving) submissions by programs relating to program changes to address disaster effects, including, without limitation, (a) the addition or deletion of a participating institution, (b) change in the format of the educational program, and (c) change in the approved resident complement. Once information concerning a disaster-affected program's condition is received, the ACGME may determine that one or more site visits is required. Prior to the visits, the DIO will receive notification of the information that will be required. This information, as well as information received by the ACGME during these site visits, may be used for accreditation purposes. Site visits that were scheduled prior to a disaster may be postponed. New ACGME policy will supersede current policies as they become enacted.

5. Resident (Trainee) Transfer

Institutions offering to accept temporary or permanent transfers from programs affected by a disaster must complete a form found on the ACGME website. Upon request, the ACGME will provide information from the form to affected programs and trainees, and post the information on its website, upon authorization. At the outset of a temporary transfer, a program must inform each transferred trainee of the estimated duration of their temporary transfer, and continue to keep each trainee informed of developments that may affect the duration of the transfer. If and when a program decides that a temporary transfer will continue to and/or through the end of a residency year, the Program Director will so inform each transferred resident.

C. When the Disaster Has Ended

1. Plans will be made with the participating institutions to which trainees have been transferred for them to resume training at the Novant Health Medical Centers or affiliated facilities.
2. Appropriate credit for training will be coordinated with the ACGME and the applicable Residency Review Committees; and
3. Decisions as to other matters related to the impact of the disaster on training will be made.

D. Finance

During and/or immediately following a disaster, Novant Health will make every effort to ensure that the trainees continue to receive their salary and fringe benefits during any disaster event recovery period, and/or accumulate salary and benefits until such time as utility restoration allows for fund transfer. Longer term funding will be determined on the basis of the expected operations of the teaching sites, CMS and governmental

regulations, and the damage to the infrastructure of the Novant Health finance and hospital operations.

E. Administrative Information Redundancy and Recovery

Trainee demographic documentation maintained in the GME Database is backed

up nightly and stored off-site on an external server. Program data and documents stored in a Residency Management System (i.e. New Innovations) are stored on external servers. Programs are responsible for establishing procedures to protect the academic and personnel files of all residents from loss or destruction by disaster. This should include at least a plan for storage of data in a separate geographic

location away from the sponsoring institution.

IV. DEFINITIONS

N/A

V. RELATED DOCUMENTS

N/A

VI. REFERENCES

Accreditation Council for Graduate Medical Education Policies and Procedures (February 9, 2009): ACGME Plan to Address a Disaster that Significantly Alters the Residency Experience at One or More Residency Programs (Section H, page 115)

http://www.cms.hhs.gov/AcuteInpatientPPS/Downloads/Katrina_Fact_Sheet.pdf

CLOSURES AND REDUCTIONS POLICY

I. SCOPE / PURPOSE

This policy establishes the expectation that the Graduate Medical Education Committee (GMEC) maintain a policy that addresses GMEC oversight of reduction in size or closure of each of its ACGME-accredited programs, or closure of the Sponsoring Institution.

II. POLICY

1. The sponsoring Institution (Novant Health) must inform the GMEC, DIO, Program Director and affected residents/fellows as soon as possible when it intends to reduce the size, close one of its sponsored programs, or close the sponsoring institution.
2. In the event that a decision is made to reduce resident complement size, close a sponsored program or close the sponsoring institution the following general guidelines apply:
 - a. The appropriate service line leader, DIO and Program Director will inform the GMEC and the residents as soon as possible after the decision to reduce or close is made.
 - b. The DIO, affected Program Director and GMEC will be responsible for monitoring any reduction or closure of a sponsored GME program.
 - c. If a **reduction** is enacted that affects residents currently in training, the Program Director and DIO must assist the affected residents in enrolling in another ACGME accredited program in which they can continue their education.
 1. If possible, a reduction in resident complement will first be enacted by reducing the number of positions available for incoming resident classes.
 - d. When a program or sponsoring institution **closure** is necessary, the Program Director and DIO must assist the residents in enrolling in another ACGME accredited program in which they can continue/complete their education.
 1. If at all possible, the sponsoring institution will attempt to structure a closure that allows residents to complete the program.

GME Professionalism and Accountability Pact

The following guidelines outline our expectations regarding resident and faculty professional behavior in the Novant Health New Hanover Regional Medical Center Residency Program.

- ☐ I will treat my patients, fellow residents, team members, and faculty with respect and courtesy, always striving to uphold our value of diversity and inclusion.
- ☐ I will take an active role in my own learning, as evidenced by:
 - ☐ Reading regularly on something medically related that I encountered
 - ☐ Participating in didactic sessions, rounds, and wellbeing groups
 - ☐ Seeking and accepting feedback related to my professional and personal growth.
- ☐ I will be on time to all rotations, educational opportunities, and meetings.
- ☐ I will complete my medical record documentation in a timely fashion.
- ☐ I will complete all assigned tasks in a timely fashion, including clinical experience education hours and procedure logs, evaluations, and other requested form completion.
- ☐ I will educate others from a place of empathy, not scorn.
- ☐ I will encourage those around me.
- ☐ I will take an active role in educating learners who are working with me.
- ☐ I will commit to total honesty and integrity, evidenced by:
 - ☐ I am where I say I am.
 - ☐ I wrote what I did; I didn't write what I didn't do.
 - ☐ I do what is right even when nobody is looking.
 - ☐ I am accountable for what I do and don't do.
 - ☐ I do not blame others.
 - ☐ I do not lie.
 - ☐ I do what is best for the patient, not what is expedient to me.
 - ☐ I show up prepared.
 - ☐ I will commit to teamwork.
 - ☐ I will provide suggestions in a way that is constructive.
 - ☐ I recognize and appreciate contributions of all team members.
 - ☐ I will recognize my own limitations and engage all of my support staff to provide the best care for patients.
 - ☐ I help set and understand the team's goals.
 - ☐ I will learn how to give and receive feedback graciously.
- ☐ I will present myself professionally, including attire, behaviors, and language.

- ☐ I will strive to excel at communication as evidenced by:
 - ☐ Responding to clinical messages/texts in a timely fashion
 - ☐ Checking and responding to my e-mail weekly.
 - ☐ I will check and respond to all requests in my EMR desktop in a timely fashion
 - ☐ I will make sure there is coverage for my in-basket when on vacation.
 - ☐ I will offer praise in public and critique in private.
- ☐ I will commit to providing remarkable patient care.
- ☐ I understand being a physician requires patient “ownership” and that anything less is poor care.
- ☐ I commit to safe, complete patient handoffs.
- ☐ I want to remain passionate about my education, work, and life, and I invite my colleagues to tell me if they no longer see this passion in me.
- ☐ I understand that I will be held accountable for my actions outside of work that could reflect poorly upon the residency, medical group, or Novant Health.
- ☐ I know that I should be and will be evaluated continuously on the professionalism and accountability standards outlined in this contract. I hold myself to the highest professional standards and agree to the above professional standards. I understand this is one of the six core competencies as defined by the ACGME. **Noncompliance with the above may result in adverse actions, including entrance into due process.**

By signing below, you acknowledge that you have read and understand the professionalism standards outlined in this document.

Signature

Date