Welcome to Vanderbilt University Medical Center (VUMC). You are now part of an institution that has built a strong national and international reputation as a leader in medical education of health professionals, research in medical science and patient care. We pride ourselves on integrating house officers and clinical fellows into the fabric of the medical center, encouraging house staff to contribute to fundamental discoveries, to participate in translating those discoveries into practice, and to serve as part of the healthcare team striving to care for patients in a failsafe way. Vanderbilt dedicates itself to your professional and personal development.

The School of Medicine, originally part of the University of Nashville, was incorporated into Vanderbilt University in 1874 and awarded its first Vanderbilt medical degrees in 1875. Beginning in 1925, Dr. Alfred Blalock and Dr. Tinsley Harrison were among the first house officers to be trained at VUMC. Currently VUMC sponsors 85 Accreditation Council for Graduate Medical Education (ACGME) accredited programs, 2 Commission on Dental Accreditation (CODA) accredited programs, and approximately 50 other fellowship programs, comprising approximately 1000 house staff.
Statement of Institutional Commitment to Graduate Medical Education

Vanderbilt University Medical Center (VUMC) seeks to advance health and wellness through preeminent programs in patient care, education, and research. VUMC's vision for the future includes:

- Innovating the model for healthcare through systems-based care customized to individuals
- Learning matched to next generation health care, focused on the changing needs of society
- Discovery science, from fundamental basic research to clinical trials, to advance the understanding of human disease and opportunities to improve diagnosis and therapy
- A rapidly evolving translational architecture, instrumented by advanced information management, to accelerate the movement of discovery and learning to clinical practice

The leadership of Vanderbilt University Medical Center and its School of Medicine understand that Graduate Medical Education (GME) is an integral part of this mission. We affirm our commitment to provide the educational, financial, research, administrative, and human resources necessary to accomplish the goals and objectives of all GME programs. The sponsoring institution will provide GME that facilitates residents' and fellows' professional, ethical, and personal development and will support safe and appropriate patient care through curricula, evaluation, and house staff supervision.

The leadership also supports an organized administrative system to oversee all residency and fellowship programs through the activities of the Graduate Medical Education Committee, the Associate Dean for Graduate Medical Education, and the Office of Graduate Medical Education. These bodies will ensure the effective development of ACGME programs and substantial compliance with Program, Common, and Institutional Requirements.

The leadership of the sponsoring institution, the administration, and the teaching faculty and staff support this statement of commitment, developed and endorsed by the Graduate Medical Education Committee.

Jeffrey R. Balser, M.D., Ph.D.
Vice Chancellor of Health Affairs
Dean, School of Medicine

Larry M. Goldberg, M.H.A.
Executive Director and Chief Executive Officer,
Vanderbilt University Hospital

C. Wright Pinson, M.D., M.B.A.
Deputy Vice Chancellor of Health Affairs
Chief Executive Officer, Vanderbilt Health System

C. Duke Gregory, M.B.A.
Chief Executive Officer, Monroe Carell Jr.
Children's Hospital at Vanderbilt

Bonnie M. Miller, M.D.
Senior Associate Dean for Health Sciences Education

Rebecca R. Swan, M.D.
Chair, Graduate Medical Education Committee

Donald W. Brady, M.D.
Associate Dean for Graduate Medical Education
Designated Institutional Official

201 Light Hall
Nashville, TN 37232-5283
tel 615.322.4916
fax 615.343.1496
www.mc.vanderbilt.edu
HOUSE STAFF INFORMATION

I. ADMINISTRATION

The Senior Associate Dean for Graduate Medical Education (GME) is charged with the administrative responsibilities for house staff that includes house officers and clinical fellows. In this document the titles "resident" and "house staff" are synonymous and refer to all trainees in ACGME-accredited or other accredited graduate medical education programs. ¹

The Senior Associate Dean for GME also is charged with administrative responsibility for oversight of all other accredited (i.e., accredited, but not through ACGME) and non-accredited graduate medical education programs. For those individuals in one of these GME programs whose primary relationship with the University is through appointment to the faculty (usually at the rank of Instructor), the Faculty Manual serves as the principal document governing that person's roles and responsibilities. For those individuals in one of these GME programs whose primary relationship with the University is through the GME Office by appointment as a clinical fellow, the House Staff Manual serves this role, as it does for all individuals in ACGME-accredited programs.

The Office of GME is located in 209 Light Hall and can be contacted at 615-322-4916 or gme.office@vanderbilt.edu (email inquiries will be answered within 24 hours during weekdays). Business hours are 8:00 a.m. - 4:30 p.m., Monday through Friday, except for Vanderbilt University recognized holidays (http://hr.vanderbilt.edu/policies/hr-006.pdf) or as otherwise posted. Helpful information can be found at the GME Office at http://www.mc.vanderbilt.edu/gme.

Interpretation of policies, verification of status, training, dissemination of information, loan deferments and application for licensure are handled by this office. The staff will assist house officers with documents requiring the University Seal or Notary Seal. House officers must notify the GME Office immediately of any change in address and/or telephone number.

A. CONDITIONS OF EMPLOYMENT AND CONTINUED EMPLOYMENT

Failure by house staff to meet all Conditions of Employment will result in revocation of the offer of employment. This action is not appealable.

1. Pre-Employment Screening and Other Requirements

All house staff new to Vanderbilt are given a conditional offer of employment. The offer is pending the successful completion of a background check, as well as other items set forth in the House Staff Manual. New house staff will not be permitted to

¹ This reference is extracted from the Graduate Medical Education Directory which designates all GME participants in ACGME-accredited programs as “resident.”
start work until the background check has been successfully completed and the official transcript has been received. House staff must complete all necessary paperwork, including any necessary releases, to initiate the background check and request the official transcript. The status of and/or results of the background check will be evaluated by the Senior Associate Dean for GME, the Program Director, and other individuals deemed appropriate. (see Section I.B. BACKGROUND CHECK AND DISCLOSURE POLICY)

a. **NPI (National Provider Identification) Number**
   All incoming house staff are responsible for obtaining an NPI number prior to starting clinical work. More information on NPI numbers can be found at [http://www.mc.vanderbilt.edu/gmeNPI](http://www.mc.vanderbilt.edu/gmeNPI).

b. **Office of Inspector General**
   In order to comply with federal law, Vanderbilt will check all applicants against the Office of Inspector General’s (OIG) list of individuals excluded from federal healthcare programs. Excluded individuals are not eligible for employment/continued employment.

c. **National Practitioners Data Bank**
   All incoming house staff currently holding or previously holding any state licensure will be checked against the National Practitioners Data Bank (NPDB). The Data Bank is primarily a system intended to supplement a comprehensive review of the professional credentials of health care practitioners, providers, and suppliers; the information from the Data Bank is used in conjunction with, not as replacement of, information from other sources. More information can be found here: [http://www.npdb-hipdb.hrsa.gov/topNavigation/aboutUs.jsp](http://www.npdb-hipdb.hrsa.gov/topNavigation/aboutUs.jsp).

d. **Licensure**
   House officers/fellows must qualify for licensure or exemption for licensure under the Tennessee Board of Medical Examiners requirements.

e. **Immunization and Screening**
   Certain immunizations and screening tests are necessary to protect your health as you work in the Medical Center. Most likely, you have received these services elsewhere, and can simply provide those records to Vanderbilt Occupational Health Clinic (VOHC) at orientation. VOHC provides any additional services you may need to meet the Medical Center requirements. Please follow the link to see an explanation of the current requirements: [immunizations and screenings](http://www.mc.vanderbilt.edu/gmeNPI).

f. **Transcript**
   An official final transcript showing the resident’s professional degree conferred with his/her graduation date **must** be received by GME directly from the graduating institution before he/she commences training. Foreign Medical graduates may
submit direct confirmation of their Educational Commission for Foreign Medical Graduates (ECFMG) Certificate in lieu of their official transcript. This document should also be sent directly to the Office of Graduate Medical Education. Under extraordinary circumstances, the Senior Associate Dean for GME may grant a limited extension on the deadline by which the transcript is needed; in such cases, the Senior Associate Dean for GME may accept an official letter from the degree-granting institution signifying completion of professional degree. This extension must be requested through the Office of Graduate Medical Education.

Vanderbilt Office of Graduate Medical Education

209 Light Hall
2215 Garland Ave.
Nashville, TN 37232

Important: Photocopies are not acceptable, even if notarized.

Upon request, the Office of Graduate Medical Education will make unofficial copies of a resident's transcript under the following conditions: 1) the requesting individual makes the request in person, 2) the requesting individual presents photo identification confirming that it is his/her own transcript, 3) the phrase “UNOFFICIAL COPY” will be stamped on the document if photocopying the transcript does not self-insert the word “COPY” on the document. The requesting resident will sign a form documenting the request, a copy of which will be retained in the resident’s file.

g. Professional Degree Designation
The degree suffix on all identification (i.e., ID Badge, white coats, certificates) will replicate the professional school degrees awarded.

h. Medical License
House officers and clinical fellows who are participating in an approved training program are exempted from licensure (applies to training program only) by the Tennessee Board of Medical Examiners. The GME Office will be responsible for the request of exemption to the Board annually.

External moonlighting (see Section I.E. EXTRACURRICULAR PROFESSIONAL ACTIVITY) and/or volunteer work requires an unrestricted license.

Clinical Fellows entering non-ACGME training programs with a primary faculty appointment are required to obtain an unrestricted medical license prior to entering the fellowship.

i. Resuscitation Training & Documentation
House Staff must be in compliance with Vanderbilt Hospital Policy CL 30-08.21 (summarized in figure 1 below) before the start of Residency/Fellowship and must maintain current training throughout Residency/Fellowship as required by this policy. Please note that ACLS and/or PALS DO NOT satisfy the BLS requirement. They are separate courses and a current, separate card must be held for each.

Please note that your program or department may require additional training beyond the requirements of hospital policy. Please check with your program to confirm.

<table>
<thead>
<tr>
<th></th>
<th>BLS for Healthcare Providers</th>
<th>PALS</th>
<th>ACLS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adult</strong> ² - PGY 1-3</td>
<td>✓</td>
<td></td>
<td>✓ ¹</td>
</tr>
<tr>
<td><strong>Peds</strong> ² - PGY 1-3</td>
<td>✓</td>
<td>✓ ¹</td>
<td></td>
</tr>
<tr>
<td><strong>Med/Peds</strong> - PGY 1-3</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Emergency Medicine</strong> - PGY 1-3</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Peds Emergency Medicine - Fellows</strong></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>PGY 4 and up</strong></td>
<td>✓</td>
<td></td>
<td></td>
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</tbody>
</table>

Figure 1

¹The office of Graduate Medical Education (GME) maintains a list of residency programs that do NOT require ACLS and/or PALS training as approved by the Vanderbilt Health System Chief of Staff or designee.

Residency programs that do NOT require ACLS or PALS training are: Pathology, Orthodontics, Psychiatry and Infectious Disease. BLS training IS required for house staff in these programs.
Child Neurology PGY 1-2 follows "Peds" requirements above; Child Neurology PGY 3 follows "Adult" requirements above.

Approved Agencies for Resuscitation Training – Only training from the following nationally recognized agencies is accepted at Vanderbilt:

- **American Heart Association** – Preferred for all basic and advanced life support training.
- **American Red Cross** – Accepted for CPR training (CPR for Professional Rescuers only)
- **Military Training Network** – Accepted for basic and advanced life support training.

CURRENT HOUSE STAFF: Visit [http://www.vanderbiltcpr.com](http://www.vanderbiltcpr.com) to view available courses and to register.

NEW HOUSE STAFF: The GME Office must have verification of training with a copy of your course completion card(s) from an approved agency (see information directly below figure 1 for approved agencies). You will not be permitted to start Residency/Fellowship until you have completed training and submitted copies of course completion cards for the required Resuscitation Training. To provide this information, please log in to the House Staff Portal ([gme.mc.vanderbilt.edu/GMEPortal](http://gme.mc.vanderbilt.edu/GMEPortal)) and click the ‘Resuscitation Status’ link on the left side. If your current card(s) expire before September, you must renew prior to starting. You can register for training at Vanderbilt to be held the week before House Staff Orientation at the House Staff Portal or you may complete training before you arrive with an approved agency as noted above. **TRAINING AT VANDERBILT HAS LIMITED SPACE AND REQUIRES THAT YOU ARRIVE IN TOWN SEVERAL DAYS PRIOR TO ORIENTATION. SEEKING TRAINING PRIOR TO YOUR ARRIVAL IS RECOMMENDED. IMPORTANT:** If you choose to seek training prior to your arrival, be aware that some training centers do not issue course completion cards on-site immediately upon completion of the course but instead mail the cards to the trainee at a later date. Please allow time for this when you select your training date. Failure to provide copies of your course completion card(s) to GME and indicate your status on the House Staff Portal ([gme.mc.vanderbilt.edu/GMEPortal](http://gme.mc.vanderbilt.edu/GMEPortal)) at the ‘Resuscitation Status’ link WILL affect your start date.

The accountability for keeping BLS/ACLS/PALS training current rests with the house staff member. It is strongly recommended that house staff register for resuscitation classes at least three months in advance of their recommended renewal month.
### Training Assignments and other Compliance Items

It is the resident's/fellow's responsibility to stay up to date with any training assignments, including, but not limited to, other training/testing outlined below. Failure to do so may result in Corrective Action.

<table>
<thead>
<tr>
<th>Training/Testing</th>
<th>Available at:</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Safety 100, 101, and 106; and Improvement Capability/Quality Improvement 101, 102, 105</td>
<td><a href="http://www.ihi.org/Pages/default.aspx">http://www.ihi.org/Pages/default.aspx</a></td>
<td>Once, during the first 6 months of training</td>
</tr>
<tr>
<td>Respirator Fit Testing</td>
<td>Sign up annually at <a href="http://www.safety.vanderbilt.edu/resources/hcs_respirator.htm">http://www.safety.vanderbilt.edu/resources/hcs_respirator.htm</a></td>
<td>Annually</td>
</tr>
<tr>
<td>TB Skin Testing</td>
<td>Occupational Health Clinic all year</td>
<td>Annually</td>
</tr>
<tr>
<td>Conflict of Interest Disclosure</td>
<td><a href="https://webapp.mis.vanderbilt.edu/coi/">https://webapp.mis.vanderbilt.edu/coi/</a></td>
<td>Annually starting July 1, 2013</td>
</tr>
<tr>
<td>Caring for Radiation Therapy Patients (if required)</td>
<td><a href="http://www.vandysafe.com/">http://www.vandysafe.com/</a></td>
<td>Annually</td>
</tr>
<tr>
<td>Central Venous Catheters (CVC) Lesson (if required)</td>
<td><a href="http://www.vandysafe.com/">http://www.vandysafe.com/</a></td>
<td>Annually</td>
</tr>
<tr>
<td>Fire Safety in the OR (if required)</td>
<td><a href="http://www.vandysafe.com/">http://www.vandysafe.com/</a></td>
<td>Annually</td>
</tr>
<tr>
<td>Influenza Lesson - Influenza and Influenza Vaccination</td>
<td><a href="http://www.vandysafe.com/">http://www.vandysafe.com/</a></td>
<td>Annually</td>
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<tr>
<td>------------------------------------------------------</td>
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<tr>
<td>Magnetic Resonance Imaging (MRI) Safety</td>
<td><a href="http://www.vandysafe.com/">http://www.vandysafe.com/</a></td>
<td>Annually</td>
</tr>
<tr>
<td>Pandemic Education</td>
<td><a href="http://www.vandysafe.com/">http://www.vandysafe.com/</a></td>
<td>Annually</td>
</tr>
<tr>
<td>Standards of Conduct Training VUMC</td>
<td><a href="http://www.vandysafe.com/">http://www.vandysafe.com/</a></td>
<td>Annually</td>
</tr>
<tr>
<td>VUMC Response to Patient Complaints &amp; Grievances</td>
<td><a href="http://www.vandysafe.com/">http://www.vandysafe.com/</a></td>
<td>Annually</td>
</tr>
<tr>
<td>X-ray Safety Training (if required)</td>
<td><a href="http://www.vandysafe.com/">http://www.vandysafe.com/</a></td>
<td>Annually</td>
</tr>
</tbody>
</table>

\[k. \textit{International Medical Graduates (IMG) (where applicable)}\]

An ECFMG certification is required for IMGs who come to the USA for clinical training. The resident is responsible for obtaining the ECFMG certification and notifying both Vanderbilt University and ECFMG of any change in status. In addition, ECFMG is the only United States agency authorized to sponsor J-1 visas for physicians in clinical training programs. Therefore, the resident seeking J-1 visa status must be sponsored by ECFMG. The resident is solely responsible for complying with all J-1 visa requirements as noted in the \textit{EVSP Reference Guide}. The resident should also note that J-1 visa sponsorship is conditioned upon providing a signed attestation that the EVSP Reference Guide has been read and understood. Therefore, Vanderbilt expects the resident to have done so and to comply with all J-1 requirements therein.

\[2. \textit{Restrictive Covenant Policy}\]

Participants in any ACGME accredited training program will not be required to sign a restrictive covenant or non-compete guarantee in order to participate in that training program.

\[3. \textit{House Staff Supported by NIH Training Grants}\]

VUMC policy and procedures are in place with the intent of making the support equitable and consistent across all programs therefore meeting all regulatory guidelines for house staff that are supported by NIH training grants. Further information is available in the Office of Graduate Medical Education.
4. **Duty Hours**

All house staff are responsible for accurately and honestly reporting all duty hours, including both internal and external moonlighting hours. Please see [I.D. POLICY ON DUTY HOURS](#) for further information. Concerns regarding duty hours may be reported to the Senior Associate Dean for GME or through the Confidential Hotline, 1-866-783-2287 or online [www.tnwgrc.com/vanderbilt](http://www.tnwgrc.com/vanderbilt). Concerns may be reported anonymously.

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**B. BACKGROUND CHECK AND DISCLOSURE POLICY**

All house staff new to Vanderbilt must successfully complete a background check, and any offer of employment is conditional upon a determination by Vanderbilt that the results are acceptable. House staff must complete all necessary documentation, including any necessary releases, to initiate the background check. The status of and/or results of the background check will be evaluated by the Senior Associate Dean for GME, the Program Director, and other individuals deemed appropriate.

A criminal background check may be required after the initial check covered by this policy in accordance with applicable policies, procedures or practices of the University, the School of Medicine, or the institution's clinical educational site.

There is an affirmative duty for house officers and clinical fellows to notify the Senior Associate Dean for GME of arrests, convictions, and the disposition of any outstanding charges after the initial background check for employment is completed. There is also an affirmative duty for house officers to report any adverse information resulting from subsequent criminal background checks obtained at any site during their employment as a resident or clinical fellow at Vanderbilt.

Failure by a resident or clinical fellow to disclose an arrest or a criminal conviction to the Senior Associate Dean for GME within five days may result in corrective action, up to and including immediate dismissal from his or her training program.

The facts and circumstances of each case will determine what, if any, action is taken, up to and including immediate dismissal, as appropriate.

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**C. HOUSE STAFF STIPENDS POLICY**

It is the policy of VUMC that house officers and clinical fellows will be paid at the level at which they function. The pay level is intended to help house officers defray their living and incidental costs while pursuing their education at the institution.

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**D. POLICY ON DUTY HOURS**
The Vanderbilt GMEC is committed to compliance with the ACGME duty hour guidelines. Duty hours are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as conferences. Duty hours do not include reading and preparation time spent away from the duty site. Effective July 1, 2011, the following requirements apply to all residency training programs at Vanderbilt:

**General Guidelines**
1. House Staff are responsible for accurately reporting their duty hours, including all time spent in Internal and External Moonlighting, per program requirements. Failure to accurately and honestly report duty hours represents a lack of professionalism and could result in corrective action.

2. Program Directors are responsible for monitoring and enforcing compliance with duty hour guidelines.

3. If specialty/subspecialty-specific program duty hour requirements as defined by an individual RRC for that specialty/subspecialty are more restrictive than the above requirements, then the duty hour requirements of that RRC will be included in the policy of that specialty/subspecialty program and will supersede the institutional requirements.

4. Concerns regarding duty hours may be reported to the Senior Associate Dean for GME or through the Confidential Helpline, 1-866-783-2287 or online www.tnwgrc.com/vanderbilt. Concerns may be reported anonymously.

**Maximum Hours of Work per Week**
5. Duty hours must be limited to eighty hours, averaged over a four-week period per rotation or a four-week period within a rotation excluding vacation or approved leave. Any requests for exceptions to the maximum weekly limit on duty hours must be presented by the Program Director to the GMEC for review and approval. Any exceptions must conform to the Policy and Procedures for Resident Weekly Duty Hour Limit Exceptions.

6. Time spent in Internal and External Moonlighting (as defined in the ACGME Glossary of Terms and in the Vanderbilt University House Staff Manual) will be counted toward the eighty-hour maximum weekly hour limit on duty hours as outlined in #5 above.

**Mandatory Time Free of Duty**
7. House officers must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). “Duty” includes all clinical and academic activities related to the program as described above. At-home call cannot be assigned on these free days.

**Maximum Duty Period Length**

8. Duty hour periods of PGY-1 house officers must not exceed 16 hours in duration.

9. PGY-2 house officers and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital. House officers may be allowed to remain on site for an additional four hours to ensure effective transitions in care; however, they may not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.

10. VUMC encourages house officers to use alertness management strategies, including strategic napping, in the context of patient care responsibilities, especially after 16 hours of continuous duty and between the hours of 10pm and 8am.

11. In unusual circumstances and on their own initiative, PGY-2 house officers and above may remain beyond their scheduled period of duty to continue to provide care to a single patient. Under such circumstances - which only include continuity of care for a severely ill or unstable patient, a transpiring event of unusual academic importance, or humanistic attention to the needs of a patient or family – the resident must appropriately hand over the care of all other patients for their continuing care and document the reasons for remaining to care for the patient in question. Such documentation must be submitted to the Program Director in every circumstance. The Program Director is responsible for tracking both individual resident and program-wide episodes of additional duty.

**Minimum Time Off Between Scheduled Duty Periods**

12. PGY-1 house officers should have 10 hours and must have 8 hours free of duty between scheduled duty periods.

13. Intermediate level house officers as defined by the respective Residency Review Committees should have 10 hours free of duty, must have 8 hours between scheduled duty periods, and must have at least 14 hours free of duty after 24 hours of in-house duty. Individual residency programs must construct their own duty hour policies in compliance with their individual program’s requirements.
14. House officers in the final years of education must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods. While it is desirable that house officers in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances when these house officers must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty. Individual programs must construct their own duty hour policies in compliance with their individual program’s requirements as to the definition of “final years of education” and the circumstances where house officers may have less than 8 hours free between duty periods. In all instances, such circumstances must be monitored by the Program Director.

**Maximum Frequency of In-House Night Float**
15. House officers must not be scheduled for more than six consecutive nights of night float. Individual residency programs must construct their own duty hour policies in compliance with their individual program’s requirements defining maximum consecutive weeks of night float and maximum number of months of night float per year.

**Maximum In-House On-Call Frequency**
16. In-house call will occur no more frequently than every third night, averaged over a four-week period.

**At-Home Call**
17. At-home call, or “pager call,” is defined as call taken from outside the assigned site.

18. When house officers are called into the hospital from home, they may care for new or established patients and the hours spent in-house, exclusive of travel time, are counted toward the eighty-hour limit. Such episodes will not initiate a new “off-duty period.”

19. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.

20. At-home call may not be scheduled on the resident’s one free day per week (averaged over four weeks).
Any concerns or questions concerning the hour guidelines must be directed to the Senior Associate Dean or Administrative Director for GME.

**Approved by GMEC: 9/04/03**

**Revisions Approved by GMEC: 03/14/08**

**Revisions Approved by Medical Center Medical Board: 04/17/08**

**Revisions Approved by GMEC: 3/11/11**

### EXCEPTIONS TO RESIDENT WEEKLY DUTY HOUR LIMITS

Resident duty hours have been defined by the ACGME as limited to an average of 80 hours per week. Requests for exception to the weekly limit on duty hours must have valid educational rationale and should not be predicated on service needs. Blanket exceptions for the entire program should be considered the exception, not the rule.

All requests for duty hour extension must be reviewed and approved by the GMEC before forwarding by the Program Director to the appropriate RRC for review. Any Program Director requesting an exception to the weekly limit on duty hours (up to 10 percent or up to a maximum of 88 hours in compliance with ACGME Policies and Procedures for duty hour exceptions) must complete the procedure request form and submit it to the GMEC for review. This form can be obtained in the GME Office. A program whose RRC does not permit exceptions to duty hour limits cannot apply for an exception.

Duty hour monitoring for all programs with exceptions to resident weekly duty hour limits will follow the same standard institutional monitoring as all other programs. In addition, prior to each site visit and review, the Designated Institutional Official (Senior Associate Dean for GME) and Graduate Medical Education Committee shall reevaluate both patient safety and the educational rationale for the exception, and append the findings to the program’s request to the Review Committee for a continued exception.

### E. EXTRACURRICULAR PROFESSIONAL ACTIVITY (MOONLIGHTING)

VUMC affirms that the primary responsibilities of members of the house staff are to their own postgraduate medical education and to the patients charged to their care. In as much as extramural professional activities, or “moonlighting,” may conflict with these responsibilities, Vanderbilt generally discourages such activities.

In some departments, outreach programs at other medical facilities are approved activities, are a part of the established educational program, and are not considered moonlighting. Moonlighting is prohibited during regular VUMC duty hours, as defined by the Program Director and/or Chair of the house staff member’s Department. Moonlighting during
periods of authorized vacation time can occur provided that proper approval of moonlighting activity has been obtained.

Individuals may not moonlight on rotations or services to which they are currently assigned as part of their residency or fellowship program. Questions regarding whether a particular request for moonlighting would be prohibited under this section should be directed to the Senior Associate Dean for GME.

The Medical Center or any individual department or division also reserves the right to deny any specific moonlighting activity that is deemed inconsistent with University policy regarding conflict of interest or other relevant policies. The individual requesting moonlighting permission acknowledges that his or her performance will be monitored for the effect of the activity on their performance, and adverse effects may lead to revocation of permission. In addition, any individual who fails to maintain good standing in their program for any reason will have their moonlighting privileges revoked effective immediately. Affected house staff are required to reapply for moonlighting privileges through the mechanisms used for gaining initial approval.

All hours spent in moonlighting are subject to the Institutional Policy on Duty Hours and must be tracked through the respective program’s duty hour tracking mechanisms. Failure to track moonlighting time, both internal and external, as duty hours may result in Corrective Action and revocation of moonlighting privileges.

Individual departments or divisions may impose additional restrictions on moonlighting activity.

Violation of the Moonlighting Policy, including non-compliance with any requirements listed below, constitutes a breach of the House Staff Agreement between Vanderbilt University and the individual and may lead to corrective action up to and including Immediate Dismissal. Contact the Office of GME for any clarification of these requirements.

**General Requirements for ALL Moonlighting:**

1. Be in "good standing" in the training program (i.e., not on Corrective Action).

2. Moonlighting cannot be used to fulfill a training requirement of the current training program.

3. Possess an unrestricted license to practice medicine in the state of Tennessee (or the appropriate state if moonlighting out of state).

4. All requests for moonlighting must be submitted to the GME Office for review and final approval. No moonlighting is permitted until this approval has been given. Moonlighting without this approval may result in Corrective Action.
5. Approval to moonlight remains in effect from the date of approval until June 30th of that academic year (July-June), unless the approval has been revoked for one of the reasons stated above. To moonlight in the following academic year (i.e., July 1st or later), the house officer must reapply for moonlighting privileges.

6. All moonlighting hours, both internal and external, must be recorded as duty hours.

7. J-1 Visa sponsorship and military support prohibit moonlighting. Restrictions may apply for other visa types or contractual arrangements. House staff members are responsible for understanding, advising the GME Office, and complying with any external restrictions on moonlighting activity related to their immigration status or other sponsoring organization.

**Definition and Additional Requirements for External Moonlighting:** External moonlighting is any extracurricular clinical employment outside of VUMC (VUH, VCH, PHV or the Vanderbilt Clinics).

*Professional liability coverage is the responsibility of the individual resident. VUMC Self-Insurance Trust does not provide professional liability coverage for this external moonlighting.*

**Definition and Additional Requirements for Internal Moonlighting:** Practicing medicine for pay at VUMC outside the requirements of the training program is considered internal moonlighting.

Under the internal moonlighting policy, there are both general guidelines (listed above under General Requirements for All Moonlighting) and group specific guidelines. House staff are divided into two groups, Group 1 and Group 2. These groups are as defined below and the requirements for each group are as follows:

**GROUP ONE:** House staff in an advanced or second residency program (i.e., board eligible/certified in another specialty) who wish to bill through the VMG for their professional services.

These individuals may practice the specialty for which they are board certified/eligible in an outpatient setting or an emergency department only. These individuals may bill third party payers for their professional services in accordance with the VMG and Medical Staff Bylaws. **NOTE:** Moonlighting is prohibited during regular VUMC duty hours, as defined by the Program Director and/or Chair of the house staff member’s host Department.

**Additional Requirements for Group One**
In order to qualify for internal moonlighting as a Group One physician, the house staff must fulfill all of the following prerequisites:

1. Successful completion of an ACGME Training Program;

2. Board eligible/certified in a specialty for which they are moonlighting;

3. The individual must have a part-time Vanderbilt School of Medicine faculty appointment in the hiring department/division and obtain appointment to the Medical Staff through the usual credentialing process. However, the primary appointment will remain either “resident or clinical fellow.”

4. Professional Liability coverage will be provided through the VUMC Self Insurance Trust. The additional cost will be prorated to the hiring department.

5. Within a department and/or division, internal moonlighting opportunities should be made known to all qualified house staff at any specific level of training. However, the house staff should not be or feel pressured to participate in moonlighting activities.

GROUP TWO: House Staff who are not board certified/eligible and/or are not billing for their professional services.

These individuals may not bill for their professional services. NOTE: Moonlighting is prohibited during regular VUMC duty hours, as defined by the Program Director and/or Chair of the house staff member’s host Department.

Additional Requirements for Group Two

In order to qualify for internal moonlighting as a Group Two physician, the House staff must fulfill all of the following prerequisites:

1. Professional Liability coverage will be provided through the VUMC Self Insurance Trust. The additional cost will be prorated to the hiring department.

2. Within a department and/or division, internal moonlighting opportunities should be made known to all qualified house staff at any specific level of training. However, the house staff should not be or feel pressured to participate in moonlighting activities.

3. This individual cannot bill for their services. If the service is to be billed by the attending, the house officer must be supervised, and work documented, under CMS guidelines. All attending billing must comply with Medicare requirements.

4. There must be an identified supervising attending physician.
F. POLICY ON EXTERNAL RESIDENTS/FELLOWS VISITING VANDERBILT

Vanderbilt values the variety of experiences that visiting house officers/fellows bring to our programs. Visiting rotations are subject to approval by the appropriate Program Director and the Senior Associate Dean for GME.

Vanderbilt requires that an affiliation contract be in place between the visiting resident’s institution and Vanderbilt University. Without exception, documents must be submitted to Vanderbilt at least 90 days before the start date of the desired rotation.

The GME Office must be advised of, approve, and process all visiting house officers/clinical fellows from other institutions who are rotating through Vanderbilt and Vanderbilt-affiliated programs. Visiting Resident/Clinical Fellow applications are available at the GME Office or on the GME website at http://www.mc.vanderbilt.edu/root/vumc.php?site=gme&doc=13341.

All approved visiting house officers must physically check in at the GME Office on the first day of their visiting rotation.

The following requirements must be met and documents MUST be submitted 90 days before the visiting resident’s desired start date:

1. A visiting Resident/Clinical fellow must provide proof that he/she is currently enrolled and in good standing within an ACGME accredited training program.

2. Prior to starting the rotation, the applicant must provide proof of health insurance and professional liability coverage of a minimum of $1,000,000/$3,000,000 to the GME Office.

3. The applicant must provide documentation that his/her stipend will be continued by his/her training program while on the approved rotation.

4. Foreign Medical Graduates must also provide a copy of a valid ECFMG certificate in addition to the requirements stated above.

5. Office of Inspector General/Excluded Individuals

In order to comply with federal law, Vanderbilt will check all visiting house staff against the Office of Inspector General’s list of individuals excluded from federal healthcare programs. Any visiting house staff identified as excluded must be
terminated from the visiting residency/fellowship rotation, and their home institution will be notified.

6. **National Practitioners Data Bank (NPDB)**
   All visiting house staff will be checked against the NPDB.

7. The additional requirements for background checks set forth in Section A.1 will be applicable to Visiting House Officers.

8. **Immunization Records**
   All visiting house staff must provide documentation of immunization and testing satisfactory to Vanderbilt Occupational Health 30 days prior to the desired rotation date. View the immunization and screening requirements at: http://healthandwellness.vanderbilt.edu/news/2011/09/new-employee-evaluation/.

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**G. GUIDELINES FOR HOUSE STAFF SUPERVISION**

It is the policy of the Graduate Medical Education Committee to follow requirements of the ACGME, or other applicable accrediting body, regarding supervision of house officers and clinical fellows in accredited training programs. These trainees will be supervised by appropriately-credentialed and privileged attending physicians in a manner that is consistent with ACGME program requirements for the applicable residency or fellowship program, or other applicable accrediting body requirements. House staff shall be given a clear means of identifying supervising physicians who share responsibility for patient care on each rotation. Both house staff and attending physicians will inform each of their patients of their respective role in that patient’s care.

The Program Director shall provide explicit written descriptions of lines of responsibility for the care of patients, which shall be made clear to all members of the teaching teams. In outlining those lines of responsibility, the Program Director will define supervision using the following classification of supervision:

1. **Direct Supervision**: the supervising physician is physically present with the resident and patient;

2. **Indirect Supervision with Direct Supervision Immediately Available**: the supervising physician is physically within the hospital or other site of patient care and is immediately available to provide Direct Supervision;

3. **Indirect Supervision with Direct Supervision Available**: the supervising physician is not physically present within the hospital or other site of patient care but is
immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision;

4. **Oversight**: the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered; and

5. **Questions**: interpretation of any of the above terms 1-4 should be referred to the Senior Associate Dean of Graduate Medical Education, the Office of Corporate Integrity and Compliance, or the Office of the General Counsel.

Supervision shall be structured to provide house staff with progressively increasing responsibility commensurate with their level of education, ability and experience. The Program Director in conjunction with the program’s faculty members shall make determinations on advancement of house officers to positions of higher responsibility and readiness for a supervisory role in patient care and conditional independence through assessments of competencies based on specific criteria (guided by national standards-based criteria when available). Faculty members functioning as supervising physicians should assign portions of care to house officers based on the needs of the patient and the skills of the resident. Based on these same criteria and in recognition of their progress toward independence, senior house officers or fellows should serve in a supervisory role of junior house officers.

Each program must set guidelines for circumstances and events in which house officers must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit, taking a patient to surgery, or end-of-life decisions. Each resident must know the limits of his/her scope of authority and the circumstances under which he/she is permitted to act with conditional independence. PGY-1 house officers will be supervised either directly or indirectly with direct supervision immediately available. Programs will define, based on the appropriate Residency Review Committee’s guidelines, the competencies that PGY-1 house officers must achieve in order to progress to be supervised indirectly with direct supervision available.

The faculty supervisor assigned for each rotation or clinical experience (inpatient or outpatient) shall provide to the Program Director a written evaluation of each trainee’s performance during the period that the resident or clinical fellow was under his or her supervision. The Program Director (or his/her designee) will structure faculty supervision assignments of sufficient duration to assess the knowledge and skills of each resident and delegate to him/her the appropriate level of patient care authority and responsibility.

**Reviewed and Approved by GMEC: 3/11/11**
H. VANDERBILT UNIVERSITY SCHOOL OF MEDICINE
COMPACT BETWEEN TEACHERS AND LEARNERS

Preamble
As a community of teachers, learners, physicians and physicians-in-training, we acknowledge the fundamental importance of our professional values in creating and maintaining an environment that promotes the highest standard of learning and the highest quality of patient care. The following principles characterize this environment and guide us in making daily decisions: Respect, Service, Integrity, Accountability, Scholarship, and Compassion. Recognizing that in an academic community we are teachers and learners simultaneously, we make the following commitments with the understanding that each applies to all of us, regardless of our status as faculty, resident or student.

Commitments of Teachers
- We will respect students, colleagues, staff and patients as individuals.
- We will strive to provide the highest quality instruction, by preparing adequately for all teaching sessions, using evidence-based content, arriving on time, and admitting any gaps in knowledge. We will strive for continuous improvement in our teaching efforts by responding to feedback and evaluation.
- We will demonstrate respect for our learners by turning off cell phones and silencing pagers during sessions we teach, unless they are required for service responsibilities.
- We will clearly express learning objectives for all courses and teaching sessions, and understand how these promote the learning objectives of the school. We will clearly define any specific academic and behavioral expectations for our classes.
- We will be aware of institutional and national policies, such as duty hours, and make sure that our expectations are consistent with those policies.
- We will not demand that our learners take actions that are inconsistent with professional ethics. We will assign tasks that are appropriate for stage of learning, level of responsibility, and status as students. If an assigned task conflicts with the personal ethics of a learner, we will discuss this with the student and attempt to resolve the conflict in a manner that respects the student while placing priority on the interests and well-being of the patient.
- We will recognize the responsibilities implicit in our roles as mentors and coaches, and in the spirit of cultivating excellence in our learners, provide timely and constructive feedback.
- We will recognize our status as role models, and in our interactions with patients, staff, and students, we will exhibit the same standard of professional behavior that we expect from others.
• We acknowledge that the teacher-learner relationship is a model for the doctor-patient relationship, and will strive to know our students as individuals, answer their correspondences promptly, exercise concern for their well being, and treat them with compassion.

• We will respect the intellectual property of others and will use online resources, such as Knowledge Map, in a manner that is consistent with that respect.

• We will demonstrate honesty and integrity in all academic endeavors, including examinations, research efforts and patient care entries.

• We will strive to create a culture of safety. This culture includes evaluation for disclosure, event analysis, and process change when a safety concern is identified.

**Commitments of Learners**

• We will respect students, colleagues, staff and patients as individuals‡

• We will strive for excellence in attaining the knowledge, attitudes and skills needed for the highest standard of patient care.

• We will attend all learning sessions designated as required by our teachers, which will include all patient presentations and small group sessions. We will demonstrate respect towards teachers and peers by arriving on time, turning off cell phones, silencing pagers, and complying with other specific expectations defined by the faculty.

• We will wear appropriate attire. In the classroom setting, it should not cause distraction and in the presence of patients, whether in classroom or clinical settings, it should comply with patient expectations and the standards published by the institution. *

• We will work effectively in teams, respecting the contributions of all members, assuming a fair share of responsibility, and performing leadership tasks with a sense of service to others.

• We will acknowledge and seek help when an assigned clinical task is beyond our level of skill. If an assigned task conflicts with personal ethics, we will discuss this with the supervising physician and strive to reach a resolution that places priority the interests of the patient.

• We will recognize our obligations as a collegial community, sharing knowledge and assisting peers in their quest to achieve professional and personal goals. We will assist our colleagues in distress.

• We will establish the habit of critical reflection, acknowledge gaps in our knowledge, recognize our limitations, and strive for constant self-improvement.
• We will respect the intellectual property of others and will use online resources, such as Knowledge Map, in a manner that is consistent with that respect.

• We will demonstrate honesty and integrity in all academic endeavors, including examinations, research efforts and patient care entries.

• We will strive to create a culture of safety. We will accept responsibility for errors and near-errors by disclosing them, analyzing them and implementing changes that would prevent similar events in the future.

• In the spirit of continuous quality improvement, we will accept the responsibility of constructive evaluation of our courses and teachers.

Acknowledgements - This document draws heavily from the following sources:


‡ In compliance with federal law, including the provisions of Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendment of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990, the ADA Amendments Act of 2008, Executive Order 11246, and the Uniformed Services Employment and Reemployment Rights Act, as amended, and the Genetic Information Nondiscrimination Act of 2008, Vanderbilt University does not discriminate against individuals on the basis of their race, sex, religion, color, national or ethnic origin, age, disability, or military service, or genetic information in its administration of educational policies, programs, or activities; admissions policies; scholarship and loan programs; athletic or other University-administered programs; or employment. In addition, the University does not discriminate against individuals on the basis of their sexual orientation, gender identity, or gender expression consistent with the University's nondiscrimination policy. Inquiries or complaints should be directed to Anita J. Jenious, J.D., Director; the Equal Opportunity, Affirmative Action, and Disability Services Department; Baker Building; PMB 401809, 2301 Vanderbilt Place; Nashville, TN 37240-1809. Telephone (615) 322-4705 (V/TDD); FAX (615) 343-4969.
Vanderbilt University Medical Center dress code found at:
http://vumcpolicies.mc.vanderbilt.edu/E-
Manual/Hpolicy.nsf/AllDocs/1E5EC2E427F2D35D8625692000758C4E

I. OCCUPATIONAL EXPOSURE PREVENTION POLICY

VUMC is committed to promoting a safe and healthful work environment for all personnel, including house staff and students, and to minimizing personnel exposure to occupational hazards, including those associated with bloodborne pathogens. All house staff and other care providers at Vanderbilt observe Standard Precautions with all patients in accordance with Occupational Safety and Health Administration (OSHA) standards to prevent occupational exposure to such materials.

Likewise, as part of an academic training center, house officers are important role models for students and less experienced house officers. House officers are expected to participate actively in the teaching and evaluation of the Vanderbilt medical students, as well as other house officers. Program directors will assign the privilege to act in this supervisory role according to Institutional and Program-Specific policies on resident supervision.

Faculty and house staff should be guided in the clinical situation first by safety and second by educational benefits. In order to provide the appropriate level of care for patients and safety for learners in the clinical setting, medical students and less experienced house officers will not be required to perform a first time procedure on patients who are hepatitis C positive, HIV positive or have other known diagnoses that would put the medical student or resident at risk.

If a medical student and/or less experienced resident has done a procedure only once or twice and is uncomfortable performing the procedure on a patient who is sero-positive that discomfort should be respected and the individual will not be required to perform the procedure. In a similar manner, medical students and house officers should be advised to follow all radiation safety guidelines.

A house officer or student that experiences a blood borne pathogen exposure should seek immediate treatment and counseling by:

- Presenting to the Occupational Health Clinic at 640 Medical Arts Building during regular business hours of 7:30am-5:30pm Monday-Friday or

- Proceeding to the Adult Emergency Room for immediate evaluation if the injury occurs after the regular business hours listed above. The injured person should contact Occupational Health the following day to initiate follow up care.
When a house officer is aware of a student who experiences an occupational exposure, he/she should direct that student to follow these same steps. The house officer also may direct the student to the Student Health Clinic for further counseling after following the above guidelines.

In the event of personal contamination with radioactive material, or loss of containment of radioactive material, the house officer / medical student should contact Vanderbilt Environmental Health and Safety at 615-322-2057 for an immediate risk assessment and decontamination if needed. House staff working around radioactive material or x-ray devices who become pregnant should review the VEHS Declared Pregnant Worker site at http://www.safety.vanderbilt.edu.rad/declared-pregnant-worker.php.

Reviewed and Approved by GMEC: 3/11/11

J. TRAINING PROGRAM REDUCTION/CLOSURE POLICY

All decisions regarding reduction of size in an ACGME-accredited training program(s), closure of such a program(s), or the intention of Vanderbilt to cease being a Sponsoring Institution must be communicated to the Senior Associate Dean for GME (Designated Institutional Official), the Graduate Medical Education Committee, affected Program Directors, and affected house officers as soon as possible after such decisions are made.

If an ACGME-accredited training program at Vanderbilt reduces its size or ceases to exist, the house officers in that program will be notified as soon as possible by the Program Director of that program.

In the event of closure or reduction, every reasonable effort will be made to allow resident(s) currently in the program(s) affected to complete their education if satisfactory progression of the resident(s) has been demonstrated.

If house officers are displaced because of reduction or closure, the appropriate Program Director(s) will make every effort to assist the house officers in enrolling in an ACGME-accredited program(s) in which they can continue their education.

Reviewed and Approved by GMEC: 3/14/2008
Revision reviewed and Approved by GMEC: 01/09/2009

K. CONTINUATION OF GME SUPPORT IN THE EVENT OF A DISASTER
For the purposes of this policy, a disaster is an event or set of events causing significant alteration to the residency experience at one or more residency programs.

Policy

In the event of a disaster, Vanderbilt University Medical Center will continue to provide administrative support for its GME programs through the disaster. In the event that such a disaster or its aftereffects warrant reduction or closure of a program(s), then the Training Program Reduction/Closure Policy will take effect.

If, because of a disaster, an adequate educational experience cannot be provided for each resident/clinical fellow the sponsoring institution will:

1. Arrange temporary transfers to other programs/institutions until such time as the residency/fellowship program can provide an adequate educational experience for each of its house officers/fellows.

2. Cooperate in and facilitate permanent transfers to other programs/institutions. Programs/institutions will make the keep/transfer decision expeditiously so as to maximize the likelihood that each resident will complete the resident year on schedule.

3. Inform each transferred resident of the minimum duration of his/her temporary transfer, and continue to keep each resident informed of the minimum duration. If and when a program decides that a temporary transfer will continue to and/or through the end of a residency year, it must so inform each such transferred resident.

The Designated Institutional Official (DIO) will call or email the ACGME Institutional Review Committee Executive Director with information and/or requests for information. When appropriate, the DIO will contact executive directors of specific residency review committees (RRCs).

House officers should call or email the appropriate Review Committee Executive Director with information and/or requests for information, and copies of these requests should be sent to Vanderbilt's DIO.

Within ten days after the declaration of a disaster, the DIO will contact the ACGME to discuss due dates that the ACGME will establish for the programs

1. To submit program reconfigurations to the ACGME and

2. To inform each program’s house officers of resident transfer decisions.

The due dates for submission shall be no later than 30 days after the disaster unless other due dates are approved by the ACGME.
L. **HOUSE STAFF CALLED TO ASSIST IN THE EVENT OF A DISASTER**

In the event of a disaster affecting Vanderbilt or the surrounding region, house staff may be called on to assist by doing tasks that are different than their usual tasks, though no one will be asked to do anything they are not qualified to do.

In order to be as prepared as possible for a disaster, house staff should do the following:

- Complete annual training on VandySafe.
- Familiarize themselves with the Quick Reference Guide and know the specific emergency response plans for each area in which they work and where these plans are documented. Since the biggest disaster threat to the region is tornados, house staff should especially learn plans for responding to a tornado threat in each area.
- Participate in drills – including fire drills – whenever possible.
- Also learn the emergency response plans for any location outside of Vanderbilt where they rotate. Note that overhead announcement codes for other institutions may be different than they are at Vanderbilt.

More information about emergency preparedness at VUMC is available here: [https://emergency.vanderbilt.edu/vumc/index.php](https://emergency.vanderbilt.edu/vumc/index.php). The VUMC Department of Emergency Preparedness is also available to provide guidance or give presentations (if requested).

M. **CERTIFICATE OF SERVICE**

At the successful completion of training/appointment, a Certificate of Service will be awarded to each resident. In the event of loss or destruction of certificate, a copy of the original will be provided. Once you have finished training your name on the certificate will not be changed and will remain consistent with the name used during the period of training and the name on the original certificate.

N. **HOLIDAY/VACATION/SICK TIME**

The amount of time a resident can be away from residency duties and still meet Board requirements varies among the specialties. It is the resident’s responsibility to be aware of his/her specialty requirement. Time under any of the following may not be counted toward Board eligibility.
1. **Holidays**
   All time off, including holidays, is scheduled at the discretion of the Program Director. Official Vanderbilt holidays are not automatically observed as time off for house staff.

2. **Vacation**
   All house staff on one year appointments are eligible for three weeks of vacation upon their start date. For appointments less than one year, vacation will be prorated accordingly. House staff must schedule vacation days with the Program Director. Vacation time must be used in the appointment year in which it is accrued. Any unused time does not carry over and is not paid out at the appointment year-end.

3. **Sick Time**
   Time off due to illness must be reported to the Program Director at the time of the illness. House officers accrue paid sick time at the rate of one day per month except when he/she is on unpaid leave. House officers on unpaid leave do not accrue sick time. House officers are not paid for unused sick time, but sick time does carry over to the next appointment year where applicable. Sick time can only be used for time off due to the resident’s illness or the illness of an eligible family member. For the purpose of this policy, eligible family members are defined as: spouse, domestic partner, parent, grandparent, sibling, biological child, stepchild, adopted child, foster child and child (ren) of the staff member. Sick time must be utilized prior to going into unpaid status, if available. If the resident wants to continue receiving full salary for time off due to an injury or occupational disease which is compensable under the Tennessee Workers’ Compensation Act, workers’ compensation benefits may be supplemented by available sick or vacation time up to the resident’s full weekly salary.

Revisions approved by GMEC: 6/11/2010

0. **LEAVE POLICY**
   Vanderbilt recognizes that a resident may need to be away from work due to medical or certain family reasons. Leaves of absence are defined as approved time away from residency duties, other than regularly scheduled days off as reflected in a rotation schedule. All leaves will be scheduled with prior approval by the Program Director or Chief of Service, with the exception of family emergencies or unexpected illnesses. In unexpected/emergency situations, the resident should contact the Program Director or Chief of Service at the earliest possible time.

Each residency or fellowship program will provide its house officers with a written policy in compliance with its Program Requirements concerning the effect of leaves of absence, for
any reason, on satisfying the criteria for completion of that residency or fellowship program.

The amount of time a resident can be away from residency duties and still meet Board requirements varies among the specialties. It is the resident’s responsibility to be aware of his/her specialty requirement. Information relating to access to eligibility for certification by the relevant certifying board is available upon request from the Program Director. If leave time is taken beyond what is allowable for the specialty board and the resident is required to extend his/her period of activity in the training program to meet board requirements, the resident should request permission to extend and should establish a schedule for doing so in consultation with the Program Director.

Leave time under any of these categories will not be credited as time toward Board eligibility. When the need/request for leave is foreseeable, the request should be submitted at least thirty (30) days prior to the leave. When the need for the leave is unforeseeable or the thirty days notice cannot be given, the request should be submitted as soon as practical.

In order to remain in a paid status, the house staff member will utilize sick time first for a leave related to his/her (or a qualifying family member's) medical condition, then vacation time, then will be placed on unpaid leave once all available paid leave time has been exhausted.

House officers on medical leave MUST obtain a Return to Work/Physician Release form and return it to Occupational Health who will notify the Program Director or his/her designee BEFORE the resident may return to work. If the resident is released with restrictions that affect his/her duties, the resident should contact the Graduate Medical Education office to discuss whether an accommodation should be requested through the Equal Opportunity, Affirmative Action and Disability Services Department (EAD).

1. Family and Medical Leave Act (FMLA) and Tennessee Maternity (Parental) Leave Act (TMLA)
   Consistent with the FMLA, eligible house officers are able to take up to 12 weeks of leave (leave related to a serious injury in active military duty can be longer as set out below) for certain personal medical reasons or for qualifying family reasons. House officers are eligible if they have worked at least 12 months and have had at least 1250 hours of work in the preceding 12 months from the date FMLA is to be used.

   Leave under FMLA or TMLA may be either paid or unpaid. Sick and vacation time must be used before a resident goes into unpaid status; for a medical condition, the department will use available sick leave first, then vacation time. Health insurance is maintained throughout the leave period, but if the resident is in unpaid status she/he must continue to pay her/his share of the cost and can obtain information through the Benefits office on where to direct payments.
A resident uses FMLA and/or TMLA leave (if available based on eligibility and prior usage) for the following:

- The birth of a son or daughter or placement of a son or daughter with the resident for adoption or foster care;

- To care for a spouse, son, daughter, or parent who has a serious health condition;

- For a serious health condition that makes the resident unable to perform the essential functions of his/her duties;

- For any qualifying exigency arising out of the fact that a spouse, son, daughter, or parent is a military member on covered active duty or call to covered active duty status; or

- To care for a covered servicemember with a serious injury or illness, when the resident is the spouse, son, daughter, parent, or next of kin of the servicemember. This type of leave (military caregiver leave) may be for up to 26 workweeks of leave during a single 12-month period.

Note that special rules apply if a resident and spouse are both residents or if the spouse is employed at Vanderbilt.

As well as taking FMLA in continuous blocks, for medical conditions, a resident may be entitled to intermittent leave for treatment, appointments, or episodic conditions, for her/himself or for care of a qualifying family member.


In the event of a serious medical condition with a same-sex domestic partner or the partner’s child, Vanderbilt has chosen to extend the same protections provided by the Family and Medical Leave Act and the Tennessee Maternity Leave Act. For questions regarding these leave policies contact the Administrative Director of GME.

**Parental Leave/Adoption**

Parental leave is available to all (male and female) eligible house officers for the birth or adoption of a child under the FMLA and the Tennessee Maternity (Parental) Leave Act (TMLA). If certain conditions are met, a resident may be eligible for parental (or other) leave related to adoption, pregnancy, childbirth, and/or nursing an infant for a period of up to 16 weeks under the TMLA. Time off taken under the TMLA and the FMLA runs concurrently. Please see above section on FMLA/TMLA for more information.
If paid sick or vacation time is available, it must be used prior to going into unpaid status. Contact the Office of GME for more information about qualifying conditions and the provisions for parental leave under these laws. For care of a newly adopted child, available vacation and then unpaid leave is used.

2. Medical Leave
Medical leave which is not FMLA/TMLA eligible or which is requested after FMLA/TMLA leave is exhausted is available at the discretion of the Program Director in up to 30-day increments up to a maximum of 52 weeks. Medical documentation is required if the resident is away from work for more than 5 calendar days. House officers will be required to exhaust other forms of leave for which they may qualify prior to being eligible for medical leave. If paid sick or vacation time is available, it must be used prior to going into unpaid status.

NOTE: If a resident is not medically released to return after their FMLA or other medical leave, or has restrictions which impact their ability to perform their duties, additional leave or other accommodations may be requested as an accommodation under the Americans with Disabilities Act through the EAD. Contact the EAD for questions regarding accommodations.

3. Education Leave
Education leave may be granted at the discretion of the Program Director.

4. Military Leave/Jury Duty
House officers will be granted military leave or leave for jury duty as required by applicable law. Please contact the Office of GME for specific questions about such leave.

5. Personal Leave
If a resident does not qualify for FMLA, TMLA, or medical leave, they may be allowed to take personal leave. Personal leave may be provided at the discretion of the Program Director in up to 30-day intervals according to the policies established by the individual residency programs. House officers will be required to exhaust other forms of leave for which they may qualify prior to being eligible for personal leave.

6. Bereavement Leave
If there is a death in a house officer’s family, he or she may take up to three working days off as leave with pay. For this purpose, "family" is defined as spouse, domestic partner, child, mother, father, mother-in-law, father-in-law, sister, brother, grandparent or grandchild.

Except in very unusual circumstances, bereavement leave must be utilized within 14 days of the date of death.

7. Administrative Leave
Administrative leave is a general leave status, initiated by the Program Director, which is paid. Examples of when a House Staff member may be placed on administrative leave include, but are not limited to: an internal review or investigation, or for an investigation of an external event, such as an arrest. Program Directors should consult with the Senior Associate Dean for Graduate Medical Education before placing an individual on leave to determine the appropriate type of leave and to coordinate the appropriate payroll processing information.


P. RESIDENT/FELLOW ELIGIBILITY AND SELECTION
House officers and fellows in accredited programs at Vanderbilt are selected based on qualifications that meet or exceed the standards outlined below.

One of the following qualifications must be met to be eligible for appointment to a residency or fellowship program at Vanderbilt:

- Graduate of medical schools in the U.S. and Canada accredited by the LCME; OR,
- Graduate of osteopathic medicine in the U.S. accredited by AOA; OR,
- Graduate of medical schools outside the U.S. or Canada who have received a currently valid certificate from the ECFMG; OR,
- Graduate of medical schools outside the U.S. who have completed a Fifth Pathway program provided by an LCME-accredited medical school.

Programs will select only from among the pool of eligible applicants, evaluating each applicant on the basis of their preparedness, ability, aptitude, academic credentials, communication skills, and qualities such as motivation, honesty, and integrity. House officers/fellows must also qualify for licensure or exemption for licensure under the Tennessee Board of Medical Examiners requirements.

In compliance with federal law, including the provisions of Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendment of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990, the ADA Amendments Act of 2008, Executive Order 11246, and the Uniformed Services Employment and Reemployment Rights Act, as amended, and the Genetic Information Nondiscrimination Act of 2008, Vanderbilt University does not discriminate against individuals on the basis of their race, sex, religion, color, national or ethnic origin, age, disability, military service, or genetic information in its administration of educational policies, programs, or activities; admissions policies; scholarship and loan programs; athletic or other University-administered programs; or employment. In addition, the University does not discriminate
against individuals on the basis of their sexual orientation, gender identity, or gender expression consistent with the University's nondiscrimination policy.

All requisite prior training must be successfully completed prior to beginning any residency or fellowship program.

All applicants that are granted interviews will be interviewed in person, or if extenuating circumstances make that impossible, by telephone or video conferencing. The Program Director evaluating house officers or fellows attempting to transfer from other educational programs (prior to completion of training offered in that discipline in that institution) will directly contact the referring Program Director, chair, and/or other appropriate references to assess the educational qualifications of the resident or fellow prior to making any offer of employment. A final letter of evaluation and recommendation must be obtained from the referring program for all house officers or fellows entering Vanderbilt programs after completing some phase of training in another institution.

Whenever possible, all accredited house staff training programs at Vanderbilt will participate in an organized matching program, such as the National Residency Matching Program (NRMP).

Reviewed and Approved by GMEC: 3/14/2008
Reviewed and Approved by Medical Center Medical Board: 04/17/2008
Minor Revisions Approved by GMEC: 1/9/2009

Q. EQUAL EMPLOYMENT AND AFFIRMATIVE ACTION/ANTI-HARASSMENT POLICIES

Vanderbilt University's Equal Opportunity and Affirmative Action Policy is reflected in the following statement: “In compliance with federal law, including the provisions of Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendment of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990, the ADA Amendments Act of 2008, Executive Order 11246, and the Uniformed Services Employment and Reemployment Rights Act, as amended, and the Genetic Information Nondiscrimination Act of 2008, Vanderbilt University does not discriminate against individuals on the basis of their race, sex, religion, color, national or ethnic origin, age, disability, military service, or genetic information in its administration of educational policies, programs, or activities; admissions policies; scholarship and loan programs; athletic or other University-administered programs; or employment. In addition, the University does not discriminate against individuals on the basis of their sexual orientation, gender identity, or gender expression consistent with the University's nondiscrimination policy.”
Inquiries or complaints should be directed to Anita J. Jenious, J.D., Director of the Equal Opportunity, Affirmative Action, and Disability Services Department.

**Campus location:**

Baker Building, Suite 808

Telephone: 615-322-4705 (V/TDD)

Fax: 615-343-4969

**Mailing address:**

PMB 401809

2301 Vanderbilt Place

Nashville, TN 37240-1809

1. **Disability Discrimination and Accommodations**

   In accordance with Vanderbilt’s EEO/AA policy, Vanderbilt does not discriminate in its admissions or selection of house staff. Selection decisions are made without regard to disabilities or other protected categories. Applicants to Vanderbilt’s residency or fellowship programs who may need reasonable accommodations at any point in the selection process, as well as incoming or current house staff who may require reasonable accommodations, should contact the Equal Opportunity, Affirmative Action, and Disability Services Department (EAD) at 615-322-4705. Requests for accommodations are evaluated on a case-by-case basis. For more information, visit the EAD’s website at [http://www.vanderbilt.edu/ead/index.html](http://www.vanderbilt.edu/ead/index.html).

2. **Anti-Harassment Policy**

   a. **Sexual Harassment in the Work Environment**

      Sexual harassment is a form of sex discrimination. It is illegal under state and federal law and is a violation of University policy. Sexual harassment is prohibited under Title VII of the Civil Rights Act of 1964 and Title IX of the Education Amendments of 1972. In 1980, the Equal Employment Opportunity Commission amended its “Guidelines on Discrimination Because of Sex” under Title VII to include sexual harassment. It states that “unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when 1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual’s employment; 2) submission to or rejection of such conduct by an individual is
used as the basis for employment decisions affecting such individual; 3) such conduct has the purpose or effect of substantially interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.”

The Office for Civil Rights of the Department of Education defines sexual harassment under Title IX and sets forth a policy stating that sexual harassment “consists of verbal or physical conduct of a sexual nature, imposed on the basis of sex, by an employee or agent of a recipient [of federal funds] that denies, limits, provides different, or conditions the provision of aid, benefits, services, or treatment protected under Title IX.”

b. Racial and Other Harassment in the Work Environment

Harassment against individuals on the basis of their race, color, religion, or national origin is a form of unlawful discrimination and is prohibited under Title VII of the Civil Rights Act of 1964. The Equal Employment Opportunity Commission “Guidelines on Discrimination Because of Sex,” explains that the principles for defining sexual harassment in the workplace apply as well to harassment based on an individual's race, color, religion, or national origin.

When harassment based on an individual’s race, color, religion, or national origin has the “purpose or effect of substantially interfering with an individual’s work performance or creating an intimidating, hostile, or offensive working environment,” it rises to the level of unlawful discrimination. In addition, these principles apply to harassment on the basis of age and disability under the Age Discrimination in Employment Act and the Americans with Disabilities Act, respectively. Finally, the University, through its nondiscrimination statement, applies these principles to harassment on the basis of an individual’s sexual orientation, gender identity, and gender expression.

3. Complaint Procedure

Any member of the university community who experiences discrimination or harassment on the basis of his or her sex, race, religion, color, national or ethnic origin, age, disability, military service, genetic information, sexual orientation, gender identity, or gender expression should immediately seek assistance through the Equal Opportunity, Affirmative Action, and Disability Services Office (EAD) (contact information above). In addition, any member of the University community who experiences retaliation after filing or encouraging one to file a complaint of discrimination, participating in an investigation of discrimination, or opposing discrimination should immediately seek assistance through the EAD. The EAD will document the details of the complaint and will conduct a prompt and thorough investigation of the allegations. The EAD will explain the process to all parties involved and notify them of the need for confidentiality to be maintained throughout. Where appropriate, the EAD will facilitate remedial action to protect
the parties involved in the process. All pertinent documents will be reviewed and appropriate witnesses will be interviewed. Following an objective evaluation of the information gathered, the EAD will notify the parties of the outcome of the investigation. Where appropriate, the EAD will facilitate a resolution. Preventive measures such as training will be included in the resolution recommendations. Staff utilizing or participating in this process in good faith will be protected from retaliation.

R. RETALIATION

In compliance with federal law, Vanderbilt University does not retaliate against individuals for 1) filing or encouraging one to file a complaint of unlawful discrimination, 2) participating in an investigation of unlawful discrimination, or 3) opposing unlawful discrimination. In addition, the University does not retaliate against individuals for filing or encouraging one to file a complaint of discrimination, participating in an investigation of discrimination, or opposing discrimination based on grounds not necessarily protected by federal or state law, but protected by the University’s nondiscrimination policy, such as sexual orientation. “Retaliation” includes any adverse employment action or act of revenge against an individual for filing or encouraging one to file a complaint of discrimination, participating in an investigation of discrimination, or opposing discrimination.

House officers who file a grievance/complaint, report activity which they believe to be unlawful, or participate in the grievance, review, or compliance process in good faith, will be protected against retaliation.

House officers who believe that they have been subjected to retaliation as a result of any of these actions should contact the Equal Opportunity, Affirmative Action, and Disability Services Department (EAD), which will investigate complaints of retaliation.

S. COMPLIANCE POLICY

It is the policy of Vanderbilt University, VUMC, the Vanderbilt Medical Group, and the healthcare related entities affiliated with the VUMC, to provide healthcare and healthcare-related services in compliance with all state, and federal laws governing its operations, and consistent with the highest standards of business and professional ethics. VUMC utilizes a Compliance Program Plan that has established an operational structure and processes to monitor and support compliance efforts. In accordance with the Compliance Program Plan, VUMC has appointed a Compliance Officer who is charged with reviewing and enforcing VUMC compliance policies and addressing specific compliance situations that may arise to provide consistency in the application of compliance policies. For more details, the Vanderbilt University Compliance Program Plan is available at http://www.vanderbilt.edu/compliance/plan.php. Prior to entering training, all Vanderbilt House Officers must complete the required compliance training modules.
There are specific federal regulations related to billing for physician services in a teaching hospital that house staff should be aware of. The general rule states “If a resident participates in a service furnished in a teaching setting, a physician fee schedule payment is made only if a teaching physician is present to perform or observe the resident perform the key portion of a service, procedures or surgery for which payment is sought.” During the course of residency training at VUMC, house staff will receive more details regarding these requirements.

If a resident has questions concerning compliance issues or would like more information, contact the Compliance Office at 615-343-7266. There is a confidential 24-hour Vanderbilt Compliance Hotline 1-866-783-2287 or www.tnwgrc.com/Vanderbilt on which he or she may report concerns.

T. CONFLICT OF INTEREST POLICY/VENDOR INTERACTIONS
The relationships between VUMC, the individual members of its community, and the healthcare industry have grown increasingly complex. As a result, there may be opportunities for professional interaction and development that may benefit VUMC and its individual members but which may also present the potential for or the appearance of conflicting loyalties and responsibilities for the individuals within the University community. Given this, VUMC maintains policies that address conflict of interest between its employees (including house staff) and the health care industry and how vendors are allowed to interact with house staff. The core of the policies state that house staff may not accept gifts from health care industry (HCI), may not accept meals funded directly by HCI, may attend certain educational activities sponsored by industry that are approved and comply with the COI policy, and under certain conditions may be sponsored by grants from HCI. For more information regarding the Conflict of Interest and Vendor Interaction policies, please visit the Compliance Office website at http://www.mc.vanderbilt.edu/compliance.

U. POLICY ON RESIDENT TRANSFERS
When a Vanderbilt Program Director wishes to consider accepting a resident with previous graduate medical education training into a position beyond the normal entry into the program, the Program Director must first contact the Program Director of the resident’s current (or immediate past) program. Our Program Director must receive written verification of the previous educational experiences and a statement regarding the performance evaluation of the transferring resident, including compliance with residency training requirements and an assessment of competence in the following areas:

- Patient Care
- Medical Knowledge
• Practice-Based Learning and Improvement
• Interpersonal and Communication Skills
• Professionalism
• Systems-Based Practice

The Vanderbilt Office of Graduate Medical Education must be notified prior to accepting a transferring resident as described above. All residents and clinical fellows transferring into Vanderbilt GME training programs must satisfy the conditions of employment as contained in this manual (Section I.A. CONDITIONS OF EMPLOYMENT AND CONTINUED EMPLOYMENT).

The transferring resident (either coming to Vanderbilt or Vanderbilt resident leaving) must sign Vanderbilt’s “Release of Information and Waiver of Liability” form before information is exchanged between institutions. Any other “release of information and waiver of liability forms” will be used at the discretion of Vanderbilt’s Office of General Counsel.

In addition, Vanderbilt Program Directors are required to provide verification of residency education to other requesting residency programs for any house officers who may leave the program prior to completion of their education.

Approved by GMEC 9/04/2003

V. ELECTIVE AWAY ROTATIONS (DOMESTIC AND INTERNATIONAL)

The Office of Graduate Medical Education will consider Away Rotations for House Staff as approved by the Program Director as part of the educational training program. Advance planning and careful coordination with your program director and program coordinator is necessary for all the items that must be in place prior to an away rotation. Please follow the link for additional information on the timeline and process: (https://gme.mc.vanderbilt.edu/gheportal)

Away rotation requests must be submitted (minimum of 7 months prior for international away rotations or minimum of 4 months prior for domestic away rotations) on the GME Away Rotation Management System (https://gme.mc.vanderbilt.edu/gheportal). Final approval is required by the Senior Associate Dean for GME before travel arrangements are made or the away rotation initiated.
II. BENEFITS

Full-time house staff paid through VUH are eligible for:

- Health Care Plan, Dental Insurance, Vision Insurance, Long-term Disability, Life Insurance and Accidental Death & Dismemberment (AD&D) coverage immediately;
- Short-term Disability on the first of the month after thirty days;
- Flexible Spending Accounts (FSAs) on the first of the month after three months;
- Retirement Plan participation on first of month after hire. Participation is mandatory after one full year and 1,000 hours of service.

The University extends specified benefits to eligible same-sex domestic partners. See [http://hr.vanderbilt.edu/benefits/partnerchecklist.php](http://hr.vanderbilt.edu/benefits/partnerchecklist.php) for eligibility details.

THE FOLLOWING INFORMATION IS A SUMMARY ONLY. Plan descriptions and detailed information are available on the Human Resources web site ([http://hr.vanderbilt.edu/benefits/sbc-eoc.php](http://hr.vanderbilt.edu/benefits/sbc-eoc.php)).

A. CORE COVERAGE

1. HEALTH CARE PLAN

Vanderbilt offers three health plan options:

- Plus
- Select
- HealthFund

PLEASE REVIEW THE BENEFITS OVERVIEW, SUMMARY PLAN DESCRIPTION, AND EVIDENCE OF COVERAGE BOOKLETS ON THIS PAGE [http://hr.vanderbilt.edu/benefits/sbc-eoc.php](http://hr.vanderbilt.edu/benefits/sbc-eoc.php) BEFORE SELECTING A HEALTH PLAN OPTION.

2. LIFE INSURANCE

Basic life insurance coverage provided by the University is equal to the employee’s annual base benefits rate and additional Supplemental coverage of up to three times...
the employee’s annual base benefits rate may be purchased. Dependent coverage (spouse/domestic partner, $5,000; children, $2,500) is also provided for eligible dependents.

3. RETIREMENT PLAN
The Vanderbilt University Retirement Plan is optional for new employees and is mandatory for eligible employees upon their one-year anniversary. When the employee has worked at Vanderbilt for one year, he/she will be automatically enrolled and start receiving the Vanderbilt match upon completion of 12 months and 1,000 hours of service. Investment options are offered through TIAA-CREF, Vanguard, VALIC, and Fidelity. If the employee does not submit all necessary forms (available at [http://hr.vanderbilt.edu/forms/](http://hr.vanderbilt.edu/forms/)) prior to his/her 1-year anniversary, his/her contributions will default to a fund established by the Plan.

4. LONG-TERM DISABILITY (LTD)
Automatic enrollment in LTD occurs on the employee’s hire date. LTD insurance provides a monthly income of 60% of his/her salary should he/she become totally disabled and are unable to work for more than six months. Vanderbilt pays for LTD insurance covering the first $24,000 of the employee’s annual base pay. The employee pays the premium to cover the amount of his/her salary above $24,000. The employee can waive the full LTD coverage (above the $24,000 that Vanderbilt pays) by signing a Full Long-term Disability Waiver Form (available at [http://hr.vanderbilt.edu/forms/](http://hr.vanderbilt.edu/forms/)).

B. VOLUNTARY COVERAGE

1. ACCIDENTAL DEATH AND DISMEMBERMENT
Accidental Death and Dismemberment (AD&D) insurance pays a benefit if the employee loses his/her life, limbs, eyes, speech or hearing due to an accident. The employee can purchase coverage for him/herself only, or for his/her family in increments of $10,000 up to a maximum of 10 times your Annual Base Benefits Rate or $500,000, whichever is less.

2. DENTAL INSURANCE
Vanderbilt offers two voluntary dental plans:

- BCBS DentalBlue PPO
- CIGNA Dental Care (DHMO)

**EMPLOYEES SHOULD REVIEW THE SUMMARY SHEETS, SUMMARY PLAN DESCRIPTIONS AND THE LIST OF PREFERRED PROVIDERS BEFORE SELECTING A DENTAL PLAN.**
3. FLEXIBLE SPENDING ACCOUNTS (FSAs)

If the employee or his/her family has regular, foreseeable medical or dependent care expenses, FSAs allow him/her to set aside a limited amount of money on a pre-tax basis (before Federal income and FICA taxes) to pay for these eligible expenses. Employees save money by paying less tax. They then file receipts (for eligible expenses along with a claim form) to Benefit Express for reimbursement. There are two types of FSAs available to Vanderbilt employees:

- **Health FSA** — A Health FSA is used to pay for unreimbursed, out-of-pocket medical expenses, such as prescription copays, vision care appointments, eyeglasses/contacts, and other eligible expenses for employees and any tax dependents in their households.

- **Dependent Care FSA** — A Dependent Care FSA is used to pay for expenses to place the employee’s children (under the age of 13) or other eligible dependents in day care or other custodial care to enable the employee to be gainfully employed.

4. SHORT-TERM DISABILITY

Short-Term Disability is an optional benefit that would pay 66 2/3% of the employee’s income (up to $2,500 a week) if he/she becomes sick or injured outside of the workplace. Newly eligible staff with less than one year of service have access to Vanderbilt's traditional short-term disability insurance. Enhanced short-term disability provides a no-cost base coverage on the first $24,000 of annual base salary, which is paid for by Vanderbilt, and “buy-up” coverage, which is paid for by the employee. Automatic enrollment in the base and buy-up enhanced short-term disability plan occurs on the first of the month after your one-year anniversary. The employee should review the Summary Plan Description carefully before enrolling.

5. VISION INSURANCE

The optional Vision Plan is administered through Superior Vision. Coverage provides for one vision exam every 12 months after deductible and a benefit towards the purchase of eye glasses or contact lenses.

C. GROUP DISCOUNTS

1. AUTO & HOMEOWNERS INSURANCE

Group Auto and Homeowners Insurance is offered by MetLife. The employee can call 800-GETMET8 for more information, including a free insurance review and a no-obligation quote. No enrollment deadline.

2. PET INSURANCE
Pet Insurance is offered through Veterinary Pet Insurance. Two levels of coverage are available: 1) accidents and illness and 2) vaccination and routine care. For more information, employees should contact Veterinary Pet Insurance at 800-USA-PETS, or online at http://www.petinsurance.com. No enrollment deadline.

D. TRAVEL INSURANCE
From the date of employment, the employee is automatically covered while traveling on approved Vanderbilt business. For travel before 7/30/2013, the Authorization for Official Travel should be completed and signed by the head of the department (or designee) and when required, dean or other Vanderbilt official (or designee) and should be on file in the individual’s home department prior to departure. The Authorization for Official Travel should be retained in the traveler’s home department until the filing process of the Travel Expense report is complete. For travel on or after 7/30/2013, the Authorization for Official Travel form is not required, but approval to travel for Vanderbilt business must be documented within the department via e-mail or form as determined by the department. This documentation must be on file before the trip begins.

E. DOMESTIC PARTNER BENEFITS POLICY
It is the policy of Vanderbilt to extend same-gender Domestic Partner benefits to eligible employees in accordance with the established guidelines within specific benefit plan designs. Vanderbilt will make reasonable efforts to maintain the confidentiality of any employee who seeks these benefits consistent with the confidentiality of all benefits offered to employees at Vanderbilt.

An employee who seeks benefits for a same-sex domestic partner or a dependent of a domestic partner must adhere to the criteria defined by Vanderbilt University http://hr.vanderbilt.edu/benefits/partnerchecklist.php. The dependent receiving benefits must meet the Federal Tax Code definition of dependent to avoid the taxability of benefits provided under this program. More information regarding domestic partner benefits is available on the Human Resources web site http://hr.vanderbilt.edu/benefits/partnerchecklist.php, at HR Express (2525 West End Avenue, second floor), or by calling Employee Service Center Service (615-343-7000).

F. WORKERS’ COMPENSATION
We hope you never have a work injury, but you should know what to do just in case.

Always immediately notify your supervisor when you sustain a work related injury or illness. The department must report all injuries to the Risk Management Office via the VERITAS application: Work Injury / Illness Reporting.
If you need medical attention, proceed to the Occupational Health Clinic (OHC) at 640 Med Arts Building, 7:30am-5:30pm, M-F. Faculty/staff with a blood exposure are given priority at OHC and are seen immediately. Appointments are not necessary for any work-related injury or illness. **To reduce the risk of bloodborne infections, seek medical care within one to two hours after a blood or body fluid exposure.**

If your injury occurs after hours, or if you need emergency care, go to the VUMC Adult ED or to the nearest Emergency facility if you are off campus. Always notify the Occupational Health Clinic the next day at 936-0955 if you are seen in the Emergency Department so that appropriate follow up care is assured.

Please check with the Workers’ Compensation Administrator for a list of other authorized medical providers. If you choose to seek treatment with your personal physician, medical charges will not be paid by Workers’ Compensation.

**Benefit Overview**
Workers’ Compensation is a no-fault benefit to employees of the University and Medical Center who suffer an injury or occupation disease resulting from their work. All employees, including student employees, part-time employees, and some volunteers are covered by Workers’ Compensation. The Workers’ Compensation Law provides the following benefits:

- Medical Treatment
- Permanent Partial/Total Disability
- Temporary Total Disability
- Death Benefits

**Lost Wages**
A Seven Day (7)-day waiting period is prescribed by law; no compensation is payable for the waiting period unless the disability lasts longer than 7 calendar days. Temporary Total disability benefits would begin on the eighth calendar day off work. Then if the employee is off work more than fourteen calendar days the Temporary Total Disability benefits would go back and pick up the first week or waiting period off work. The work injury/illness and related time away from work must be determined by the authorized paneled physician.

Staff members may use accrued sick time to supplement workers’ compensation benefits. It is also possible for staff members to supplement workers’ compensation benefits with accrued vacation and holiday time. This procedure is coordinated between the staff member’s supervisor and the Payroll Department.

**Permanent Partial Disability**
If the injury results in a permanent disability, the employee may receive a settlement based on the percent of disability. After the settlement is reached, benefits for future medical treatment may be left open. Benefits for future lost wages are no longer payable.
After a settlement is reached the employee will be notified to appear before the Davidson County Chancery or Circuit court. The employee will be apprised of his/her rights under the law and the judge will approve the settlement.

**Death Benefit**

If an employee dies as the result of a work-related injury, he/she is entitled to burial expenses per TDOL guidelines. If the deceased employee left no dependents, the estate of the deceased employee receives expenses per TDOL guidelines. If the employee does leave dependents, the dependents may receive the deceased employee's maximum weekly benefit for a period of 400 weeks. Thus, the maximum total benefit in a death case is 400 weeks times the employee's maximum weekly benefit (or benefits per TDOL guidelines).

If you have questions, need clarification on policies or just want general information pertaining to Workers’ Compensation, please contact your Workers’ Compensation Administrator.

**HR Work Comp Policy link:**

[Work Related Accident and Injury Reporting: HR-011](#)

**HR Return To Work Program Policy link:**

[Staff members receiving temporary total disability (TTD) benefits as a result of a work related injury or illness may be eligible for Participation in the Return to Work Program. Eligibility requirements and specific instructions are referenced in the Return to Work Program Policy.](#)

[Return to Work Program: HR-10](#)

Vanderbilt Risk & Insurance Management 2100 West End Avenue, Suite 700 Nashville, TN 37203 p-615-936-0660 f-615-936-0665

**G. PROFESSIONAL LIABILITY COVERAGE**

Vanderbilt University established a self-insurance trust fund to provide professional and general liability coverage for VUMC, its faculty, house staff, nurses, staff, and medical and nursing students. All employees are covered while acting within their scope of duties. Some of the affiliate institutions provide coverage to the house officers while on rotation there. Otherwise, coverage is provided by the trust and by several layers of excess insurance coverage. House officers’ primary coverage is written on an “occurrence” basis. This means that they are covered for events occurring while they are part of VUMC and includes claims made after they leave. “Tail” coverage need not be purchased. However, it is of utmost importance that house officers notify the Risk and Insurance Management office of any adverse outcome or potential claim as soon as they are aware of it. For further information, contact the Office of Risk and Insurance Management at 615-936-0660.
III. SUPPORT SERVICES

A. FACULTY / STAFF HEALTH & WELLNESS

The award winning Faculty/Staff Health & Wellness Program offers a variety of specialized services to support the health and productivity of Vanderbilt house staff. The program is composed of three departments:

- **The Occupational Health Clinic (OHC)** – [http://occupationalhealth.vanderbilt.edu](http://occupationalhealth.vanderbilt.edu); 615-936-0955; Suite 640 Medical Arts Building; Hours: Monday-Friday, 7:30am-5:30pm (24-hour answering service)
  - Vanderbilt Faculty/Staff Express Care – Suite 112 Medical Arts Building
    - Hours: Monday-Friday 7:30 am-2:00pm

- **Health Plus** – [http://healthplus.vanderbilt.edu/](http://healthplus.vanderbilt.edu/); 615-343-8943; 2700 Children’s Way; Suite 127; Hours: Monday-Friday, 7:30-am-5:30pm

- **Work/Life Connections-EAP, including the Faculty and Physician Wellness Program** – [http://worklifeconnections.vanderbilt.edu/](http://worklifeconnections.vanderbilt.edu/); 615-936-1327; Suite 018 Medical Arts Building; Hours: Monday-Friday, 8:00am-5:00pm (24-hour answering service)

1. **Occupational Health Clinic (OHC)**

   The OHC protects house staff health at work. OHC physicians and nurse practitioners are here to provide timely evaluation and treatment of work-related injuries, illnesses and exposures. We also manage over 40 different programs to protect employees against specific work hazards. Travel vaccines and pre-travel consultations are available at no charge for house staff going on international electives or other business travel. OHC operates a separate walk-in clinic, Vanderbilt Faculty/Staff Express Care, which provides treatment for non-work-related minor illnesses. OHC’s Exposure Advisor, at 5-STIK (875-7845) provides 24/7 guidance for needlesticks and other infectious exposures.

   Medical Center immunization and screening requirements may be found under “New Employees Start Here” on our home page. OHC does not charge faculty/staff for clinic visits or work-related immunizations.

   To learn more about how OHC can help keep you safe and healthy, visit us on the web at [http://occupationalhealth.vanderbilt.edu](http://occupationalhealth.vanderbilt.edu).

2. **Health Plus**
The Health Plus program facilitates healthy lifestyle practices through a comprehensive worksite health promotions program. With Health Plus, house staff can find support to: be more physically active, eat better, maintain a healthy weight, manage stress, and become tobacco-free. Programs and services are offered at no additional cost in a wide array of formats, times, and locations to meet the needs of Vanderbilt's diverse population.

Our award-winning Go for the Gold program supports you in leading a healthier and more productive life by identifying through the Health Risk Assessment any health risks you may have and encouraging you to take action to reduce those risks or maintain good health through an online Wellness Actions Log and an educational Game Plan for Your Health video. In addition to the important health information you will learn, those of you paying for the Vanderbilt Health Plan can actually earn a wellness credit of up to $240 annually for participating in Go for the Gold – money that can be used towards your health plan to help cover any deductible or coinsurance costs you may have or towards membership to the Vanderbilt Recreation and Wellness Center.

Risk reduction programs such as Healthy Steps coaching can provide you with personalized assistance in meeting your health goals and can focus on weight management, nutrition, physical activity, stress, and tobacco cessation -- all issues important to busy residents. We also have general awareness programs and support many initiatives that create a healthy environment, such as the Start! walking trails and the seasonal Farmers' Market on the Medical Center Plaza. We are excited to welcome you to Vanderbilt University and look forward to helping you make your time here at Vanderbilt as healthy as possible!

For more information about services contact Health Plus at 615-343-8943 or visit the web site: http://healthplus.vanderbilt.edu

3. Faculty and Physician Wellness Program (FPWP) of Work/Life Connections-EAP (Employee Assistance Program)

The mission of the FPWP is to provide psychological support for faculty and physicians. The FPWP offers a range of coaching and counseling services to help house staff, spouses and domestic partners address personal or work related problems and learn skills to increase resilience. For more information of problem areas frequently addressed and services available contact FPWP/EAP at: 615-936-1327 (24-hour answering service) or visit the web site at http://worklifeconnections.vanderbilt.edu (website also includes access to online, anonymous screenings for depression, anxiety, stress, substance abuse)

Work/Life Connections-EAP administers the Faculty and Staff Hardship Fund for those who are experiencing a temporary hardship due to a significant life event. The criteria require that it be a temporary hardship, the employee must be employed full
time for at least a year. The award is intended to be a major step for the employee in the return to financial stability.

4. **Health & Wellness Information Portal**
The Health & Wellness Information Portal is a one-stop shop where faculty and staff can access information about themselves from the Health & Wellness departments and the Child and Family Center. Faculty and staff can review gender /age specific prevention recommendations; access safety compliance records, immunization records, and blood/body fluid exposure information (from the Occupational Health Clinic); take a confidential mental health screening (developed by Work/Life Connections-EAP); access Sitter Service and Child Care payment receipts (from the Child & Family Center); and obtain information about Go for the Gold participation status, biometric data, and activity participation (from Health Plus). Employees can log in with their VUnet ID and epassword at [https://myhealthandwellness.vanderbilt.edu](https://myhealthandwellness.vanderbilt.edu).

B. **CHILD AND FAMILY CENTER**
The Vanderbilt Child and Family Center can provide house staff with quality early childhood education and care at one of four locations on campus. The Center also links families with resources that support balancing work and home life including a summer camp directory, listing of school-age programs, elder care services, and tutorial programs. The Center provides two options for evening, night, weekend, and back-up care for dependents of all ages: the Vanderbilt Sitter Services and Parents in a Pinch. For more information, visit the web site: [http://childandfamilycenter.vanderbilt.edu/](http://childandfamilycenter.vanderbilt.edu/) or call 615-936-1990.

C. **STRESS MANAGEMENT**
Stress is a normal part of the work-life of a physician. At times, however, house officers may find a need to reach out for help in managing stressful situations or events. In addition to the Faculty and Physician Wellness Program of Work/Life Connections-EAP mentioned above, the Office of Graduate Medical Education and the Faculty and Physician Wellness Committee has information about other resources and support group networks.

Information about such support group networks is available from the Faculty and Physicians Wellness Committee at:

Center for Professional Health


1107 Oxford House
The following advisors have access to other resources if special problems need to be addressed:

**Graduate Medical Education**

Donald W. Brady, M.D. – 615-322-6035  
Patricia Craft, M.S. – 615-322-4916

**Faculty and Physician Wellness Committee**

Charlene Dewey, M.D. – 615-936-3227

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**D. SLEEPING AND TRANSPORTATION OPTIONS FOR HOUSE STAFF TOO FATIGUED TO RETURN HOME SAFELY**

For house staff who are too fatigued to safely return home, several options are available through the Office of Graduate Medical Education including:

1. Call Room space is available on an as needed basis for residents who are too fatigued to safely return home. If the call rooms assigned to your service are not available there is a napping call room in VUH with bunk beds. The room number and code will be available through Chief Residents, Program Coordinators or can be obtained from the GME Office at 322-4916. Please notify Environmental Services via the number posted in the room if the bed should be changed after your nap before the evening for the next resident/fellow.

2. Day-time/early evening transportation is available (at no cost to the resident/fellow) through Vanderbilt Patient Transport with return trip the next day. Distance for use of this service should be limited to approximately a 30 minute round trip. Hours for this service are 6:00 A.M. to 9:00 P.M. Monday through Friday. Please contact the dispatcher at 936-1215, select option “2” and identify yourself as a Vanderbilt Resident for post call transportation home (too tired to safely drive) with a return needed the following day. Please provide a specific pick-up location at the hospital and expect a wait time of 15-20 minutes. **This service is only available for those rotating at Vanderbilt University Medical Center or the Nashville VA.** If the dispatcher indicates that the service is overloaded, please consider a call room for napping or option 3 below.
3. Evening/weekend transportation home with a return trip the next day is available through Checker Cab Company from Vanderbilt or any affiliated site at which you are rotating. Call 256-7000 for a pick-up and be specific about your location and that you are a Resident/Fellow at Vanderbilt and the GME account should be charged. The Office of Graduate Medical Education will cover the cost of the transportation but you must indicate to the dispatcher and driver to charge the GME Account.

In order to control costs, we do ask that you utilize these options in the order listed whenever feasible; however, of prime importance is your personal safety during travel between work and home.

E. THE VANDERBILT DAYANI CENTER FOR HEALTH AND WELLNESS
House Staff are eligible for a complementary membership at the Dayani Center. The facility includes a pool, indoor track, stationary exercise equipment and locker rooms. The facility is open M-F 5:30 AM – 7:30 PM, and Saturday 8:00 AM – 2:00 PM. The application/release form is available at the Dayani Center. More information is available on their website here: http://www.vanderbilthealth.com/dayani/.

Phone number: 615-322-4751

F. RECOGNIZING THE IMPAIRED PHYSICIAN
VUMC has long been concerned for the impaired professional. Greater awareness has led to increased recognition of addictions, depression, stress management, inappropriate anger displays, and behavior problems in our faculty and students and a continued interest in the treatment of the impaired professional. Physicians can become dysfunctional in a variety of ways, just like the patients they treat. Their individual problems often manifest in ways that can harm the patients whom they serve, the institutions that employ them, their families, and the colleagues with whom they work. Physicians often have difficulty admitting their problems with drugs or alcohol, and too often, do not get the help they need until a crisis is reached. Early interventions in confronting physicians who are heading for trouble are needed and if necessary, intensive treatment programs for the compromised professional can be made available. Initiating this process can be difficult for colleagues and supervisors. If advice or recommendations are needed, please contact the Faculty and Physician Wellness Program within Work/Life Connections-EAP (615-936-1327).

(See Medical Center Information, section VIII. ALCOHOL AND DRUG USE POLICY)

G. HOUSE STAFF ADVISORY COUNCIL (HSAC)
The Council meets monthly and is composed of house staff representatives from each clinical department and training program. Matters of hospital policy that impact the house staff are discussed and information is disseminated through monthly minutes. Any issue pertaining to house staff experience can be referred to and discussed by the Council.

The Council organizes the annual VUMC Research Forum and selects the recipient of the Grant W. Liddle Award. A member of the Council serves as the house staff representative on most of the Standing Committees of the Hospital Medical Board.


**IV. GRADUATE MEDICAL EDUCATION EVALUATION AND DISCIPLINARY GUIDELINES**

The following evaluation and disciplinary guidelines apply to house staff as part of their VUMC training programs. The purpose of these guidelines is to provide a system for evaluation of the performance of house staff and procedures to deal with unsatisfactory academic performance and/or other conduct.

**Length of Appointment**

Appointments are made for a one-year term, with renewal of the appointment based on satisfactory performance by the house officer and the availability of a position. Terms and conditions of the appointment are specified in the yearly contracts and are further described in this *House Staff Manual*.

**A. EVALUATION**

Each program will develop educational goals and objectives for its house staff which are consistent with the ACGME criteria for the particular specialty. Evaluations shall use criteria and procedures appropriate to the particular departmental program and shall include, but are not limited to the core competencies (Patient Care, Medical Knowledge, Communication and Interpersonal Skills, Problem-Based Learning and Improvement, Professionalism, and Systems-Based Practice) as defined by ACGME.

1. A written (including electronic) evaluation of a house officer addressing medical knowledge, competence in patient care, professionalism, system-based practice, interpersonal and communication skills, and practice-based learning and improvement will be completed at the end of each rotation or assignment. The
Program Director or faculty designee will share the evaluation(s) with the house officer and provide feedback in accordance with ACGME requirements for that specialty. These evaluations must occur at least semi-annually, will include a written review of performance, and should also include a discussion of areas of deficiency and plans for improvement.

2. The written evaluation and any documentation regarding the meeting should be permanently maintained in the departmental file.

3. Any information, materials, incident or other reports, statements, memoranda, or other data which are subject to the Tennessee Medical Peer Review statute (T.C.A. §63-6-219) are privileged and are not to be copied or released without the prior authorization of the Senior Associate Dean for GME or his/her designee.

4. The evaluations, evaluation summaries and/or other non-privileged documents provided by the GME Office and/or department to the Review Committee, as determined by each program, may be reviewed by the house officer with the Program Director, the Senior Associate Dean for GME, or an individual designated by the Senior Associate Dean for GME upon request.

5. Copies of correspondence between the house officer and the Program Director, or any other correspondence directed to or on which the house officer was copied, will be provided to the house officer upon request to the Program Director. This provision only applies to correspondence maintained in program, departmental, or GME files.

B. INFORMAL COUNSELING
In addition to evaluations, Program Directors and attending or supervising physicians provide and document timely feedback on an ongoing basis, which includes positive feedback as well as minor performance or conduct concerns as they occur and are documented as such.

C. CORRECTIVE ACTION
Corrective Action is taken to address any concern about the house officer’s performance or conduct which is too serious to be resolved by Informal Counseling or was not corrected by Informal Counseling. Performance or conduct issues subject to corrective action include, but are not limited to, the following examples:

- Insufficient medical knowledge
- Inability to apply medical knowledge effectively, whether in patient care, research, or performance of technical skills
• Any deficiency or conduct which adversely bears on the individual's performance, such as attitude, conduct, interpersonal or communication skills, or other misconduct

• Failure to progress or perform at the expected level of training

• Violations of professional responsibility, University or Medical Center by-laws, policies and procedures, state or federal law or any other applicable rules and regulations

1. Initiation of Corrective Action

There may be concerns regarding the performance or conduct of a house officer which have not been remedied or should not be addressed solely with feedback or Informal Counseling.

In those situations, one of the disciplinary actions listed below (Warning(s), Probation, Summary Suspension, Dismissal or Non-renewal) is initiated, depending on the nature and/or severity of the deficiency, actions, or conduct. In determining which level of intervention is appropriate, the Program Director should take into account the house officer's overall performance, including previous evaluations, Informal Counseling, Warnings, and Probationary Periods.

a. Warning

A Warning is appropriate if concerns arise or continue regarding the performance or conduct of a house officer which are not appropriate to be dealt with by Informal Counseling. (Actions that may adversely impact the health or safety of patients or others but are not serious enough to be addressed by Probation, Summary Suspension and/or Immediate Dismissal.) A Warning will be given to the house officer explaining why the conduct or performance is unacceptable. Examples of such unacceptable conduct/performance include, but are not limited to, failure to respond to Informal Counseling, unprofessional conduct, and poor in-service scores. A Warning may be given verbally and will be documented in the house officer’s departmental file, with a copy to the House Officer and the Senior Associate Dean for GME. The house officer will be advised by the Program Director or designee about expectations for improvement of the deficiency or conduct and be given a time frame in which to meet these expectations.

During or at the end of the Warning Period the house officer will meet with the Program Director or designee to advise the house officer whether the deficiency or conduct has been corrected or whether further corrective action will be taken. If the house officer does not correct or improve the conduct or deficiency within the Warning Period, or if the same or additional conduct or deficiency occurs within that period, then the Program Director may extend the Warning Period, immediately place the house officer on
Probation, recommend non-renewal, or recommend immediate dismissal. At any time, whether before or after the Warning Period has passed, the Program Director may recommend further action.

b. Probation

If a house officer’s academic performance, performance of duties, attitude, deportment, or interpersonal or communication skills falls below acceptable standards or other deficiencies exist which are not corrected by Informal Counseling or a Warning, or are of a serious nature such that Informal Counseling or a Warning is not appropriate, the house officer is placed on Probation by the Department Chair, Program Director, or Senior Associate Dean for GME. The house officer will be informed in writing by the Department Chair, Program Director, or Senior Associate Dean for GME that he/she is being placed on Probation. The notification should include an explanation of the deficiencies, performance or conduct giving rise to Probation, and the time period of the Probation. The length and conditions of the Probationary Period are determined by the Department Chair and/or Program Director, after consultation with the Senior Associate Dean for GME. A copy of the written notification of Probation shall be sent to the Senior Associate Dean for GME and the house officer. The effective date of the Probationary Period will be the date of the written notification.

Expectations for improvement of the house officer’s performance, deficiency or conduct are conveyed to the house officer by the Department Chair and/or Program Director, together with a copy of these guidelines. During the Probationary Period, efforts are made to advise and assist the house officer to address the performance issues and/or correct deficiencies or conduct with the goal of the house officer successfully completing the program.

If at any time during the Probationary Period additional performance or conduct issues arise, or if the issues which resulted in the Probation continue, the Program Director may extend the Probation, recommend Nonrenewal, or move to Summary Suspension or Immediate Dismissal.

At the end of the Probationary Period, the Department Chair or Program Director determines which of the following actions will be taken and notifies the house officer:

i. Remove the house officer from probationary status.

ii. Extend the probationary period.

iii. Notify the house officer of non-renewal of his/her appointment.

iv. Notify the house officer of his/her immediate dismissal.
The Senior Associate Dean for GME is notified of the actions in i. through iv. above.

c. **Summary Suspension**

If at any time a house officer’s conduct requires that immediate action be taken to protect the health or safety of patients or others, or to reduce the substantial likelihood of immediate injury or damage to the health or safety of patients or other persons, any member of the Medical Staff, the Hospital Administrator on Call, or the Senior Associate Dean for GME shall have the authority to summarily suspend the house officer.

If a house officer exhibits performance or conduct that is too serious to warrant a Warning or Probation, the house officer may also be summarily suspended by the Department Chair, Program Director, or Senior Associate Dean for GME.

The Summary Suspension will be reported immediately in writing to the Senior Associate Dean for GME and the house officer’s Program Director and Department Chair, with a copy to the house officer. The house officer will remain in paid status while on Summary Suspension.

The Senior Associate Dean for GME, after review of the circumstances giving rise to the Summary Suspension and after consultation with the Chairman and Program Director, determines a course of action which includes one or more of the following:

i. Lifting, modifying or extending the Summary Suspension;

ii. Probation;

iii. Notification of non-renewal of his/her appointment;

iv. Immediate Dismissal.

The resident is notified in writing, with copies to the resident’s Program Director and Chair, of the action taken, and that he/she may not be present in the clinical areas or otherwise participate in on-campus GME activities unless specifically instructed. In the event of Summary Suspension or Immediate Dismissal, if the resident wishes a review, he/she should notify the Senior Associate Dean for GME in writing (via e-mail or delivery to the GME Office, 209 Light Hall, during the business hours 8:00 a.m. – 4:30 p.m.) within five business days of the time written notification of the action was provided to the resident or sent to the resident’s home address.

d. **Immediate Dismissal**
Performance issues or conduct not resolved by a Warning or Probation, or other serious actions or behavior may result in Immediate Dismissal. If at any time, including during or at the end of a probationary period, the Department Chair or Program Director determines that Immediate Dismissal is warranted, he/she, notifies both the house officer and the Senior Associate Dean for GME. The house officer is relieved of all clinical duties upon notification that the dismissal is warranted. The Department Chair or Program Director will consult with the Senior Associate Dean for GME to determine the effective date of termination.

The resident will be notified in writing of the action taken, and that he/she may not be present in the clinical areas or otherwise participate in on-campus Graduate Medical Education activities.

Any Medical Center equipment including, but not limited to, pagers, ID badges, keys, PDAs, parking cards, laptops is revoked upon dismissal. In addition, all access to VU computers and email is terminated.

e. **Response of House Officer**

   The house officer has five business days from the time written notification of the dismissal recommendation is provided to the house officer or sent to the house officer’s home address to choose one of two alternatives:

   i. Accept the Dismissal without requesting a review.

   ii. Request a review of the Dismissal.

   The response of the house officer must be submitted in writing to the Senior Associate Dean for GME and received in the GME Office by 4:30 p.m. on the fifth business day after notification of dismissal. Failure to notify the Senior Associate Dean’s office within this time frame is considered acceptance of the Dismissal.

f. **Review Procedure for Summary Suspension or Dismissal**

   House officers can request a review of a Summary Suspension or Dismissal. In the event that the house officer submits a written request for review after Summary Suspension or Dismissal, the Senior Associate Dean for GME or his/her designee asks the Chair of the Graduate Medical Education Committee (GMEC) to convene a Review Committee of the GMEC ("Review Committee") within 14 calendar days from the date of the house officer’s request for review, unless the Chair of the GMEC determines there are valid reasons to extend this time frame. The review should be completed within 30 calendar days of the request for review. The Review Committee will review the circumstances leading to this action.
The Review Committee consists of no fewer than six members of the current GMEC, except for the following: the Senior Associate Dean for Health Sciences Education, the Senior Associate Dean for GME, and the Dean’s Chief of Staff. The Review Committee must contain an equal number of house staff and faculty members, but no fewer than three house staff and three faculty members, none of which may be from the appealing resident's department.

The Review Committee may review this request only when a quorum of the Review Committee is present. A quorum shall consist of at least two of the house staff members and at least two of the faculty members of the Review Committee.

Any member of the Review Committee (faculty or house staff) who has a conflict or potential conflict of interest involving the appealing house officer should recuse himself or herself from the committee and a new member of the Review Committee will be appointed by the Chair of the GMEC. However, to the extent the recused member has knowledge of or was involved in the events leading up to the corrective action, he/she may still be a witness. Likewise, if there is a conflict or potential conflict of interest between the Chair of the GMEC and the appealing house officer, the Review Committee will elect an alternate chair for the purposes of the review. Otherwise, the Chair of the GMEC will chair the Review Committee.

If there is failure to reach a quorum, due to multiple recusals or other reasons, the Senior Associate Dean for GME, or Chair of the Review Committee of the GMEC, shall appoint (a) new member(s) to the Review Committee.

All relevant academic records and other documentation, as well as names of potential witnesses will be provided to the Review Committee as a part of the review process. The house officer will be given access to records as defined in Sections IV.A.4 and IV.A.5, and to other non-privileged documents provided to the Review Committee.

The house officer may, if he/she so desires, appear before the Review Committee and be given an opportunity to make a statement.

The house officer may identify additional documents to be considered by the review committee and is responsible for the timely provision of such documents. The house officer also may identify witnesses to be called and should provide a list of such witnesses to the Chair of the Review Committee who will request the witnesses to appear before the Review Committee. For each requested witness, the house officer will provide first and last name, title, area of work, and reason they are being called as a witness. Witnesses are limited to those who were directly involved with the circumstances
giving rise to the action or who are knowledgeable of the circumstances. Retaliation against witnesses who participate in this process in good faith is not tolerated.

The Review Committee and the house officer’s program director also can request additional witnesses or documents. Witnesses are limited to those who were directly involved with the circumstances giving rise to the action or who are knowledgeable of the circumstances.

The Chair of the Review Committee determines the appropriateness and may limit the number of witnesses to be called. In addition, the Chair appoints a recording secretary to be present during the review.

The review is conducted without the presence of attorneys for either party. However, either party may consult with its own counsel prior to such review or during a break in the proceedings.

After completion of the review, the Review Committee submits a written summary of the proceedings and recommendations to the Dean, who makes the final decision. A copy of the summary is maintained in the GME Office and by the Chair of the Review Committee. The Dean notifies in writing the house officer, the Program Director, the Department Chair/Clinical Service Chief, the Senior Associate Dean for GME, and other appropriate persons for whom notification of the Review Committee’s actions is deemed necessary.

Retaliation against a resident for requesting a review of the dismissal or against a witness for participating in the process is not tolerated and will result in appropriate disciplinary action. Any potential witness who has concerns about participating in the Review process should contact the Senior Associate Dean of Graduate Medical Education or the Equal Opportunity, Affirmative Action, and Disability Services office.

\textit{g. Non-renewal or non-promotion}

Non-renewal of a house officer’s contract or non-promotion of a house officer to the next level of training may be appropriate for a number of reasons, including but not limited to, insufficient medical knowledge, incompetence in patient care, lack of professionalism, inability to effectively use resources, poor interpersonal and communication skills, and inability to participate in practice-based learning. Ordinarily, written notice of non-renewal of a house officer’s contract or non-promotion of a house officer to the next level of training shall be given no later than four months prior to the end of the house officer’s current contract. In the event that notice cannot be given within four months, it shall be given as soon as possible.
If a house officer receives notice of non-renewal or non-promotion and chooses to initiate a review, he/she must notify the Senior Associate Dean for GME within fourteen days and request the initiation of the House Staff Complaint/Grievance Procedure in the *House Staff Manual*.

If, in the event that within the fourteen day period, the Departmental Chairman/Clinical Service Chief and the house officer have resolved the matter to their mutual satisfaction (and the Departmental Chairman/Clinical Service Chief notifies the Dean in writing), a Review Committee of the GMEC need not be convened and the request for review will be considered withdrawn. In either case, the Program Director and the Senior Associate Dean for GME are advised of the outcome.

**APPROVED BY THE MEDICAL CENTER MEDICAL BOARD: 2/21/2002**

**REVISION Reviewed and Approved by GMEC: 3/14/08**

**REVISION Reviewed and Approved by Medical Center Medical Board: 04/17/08**
V. HOUSE STAFF COMPLAINT/GRIEVANCE PROCEDURES

Situations may arise in which a resident believes he/she has not received fair treatment by a member of the faculty or staff of the Medical Center, or a representative of the University; or has a complaint about the performance, action or inaction of a member of the staff or faculty.

Retaliation against a resident for submitting a dispute through the complaint/grievance procedures will not be tolerated and will result in appropriate disciplinary actions.

PROCEDURE-HARRASSMENT/DISCRIMINATION/RETAIATION
If the complaint involves allegations of sexual harassment and/or perceived unlawful discrimination or retaliation, refer to this House Staff Manual, Section I.Q.

PROCEDURE–OTHER COMPLAINTS
The House Officer should be directed as soon as possible to the person(s) whose actions or inactions have given rise to the complaint and not later than ninety (90) days after the event. If the person(s) involved is not the department chair or Program Director, the resident should consult with his/her Program Director and/or department chair to seek their assistance in the resolution of the issue. Every effort should be made to resolve the problem fairly and promptly at this level.

Complaints not resolved at this level within 30 days should be referred to the attention of the Senior Associate Dean for GME within two weeks following the failure to resolve the issue at the department level. The Senior Associate Dean for GME will seek to resolve the issue and may at his/her discretion seek advice from other members of the faculty, house staff, or staff as deemed appropriate.

After such evaluation and/or consultation the Senior Associate Dean for GME will make a decision.

If the resident disagrees with the decision of the Senior Associate Dean for GME, he/she must, within 14 days after receipt of the Senior Associate Dean of GME’s decision, notify in writing, the Senior Associate Dean of GME, who will then direct the chair of the GMEC to convene the Review Committee (as defined in IV.C.1.f) to address the appeal. The Review Committee will generally meet within 14 days after receipt of the written appeal. Any member of the Review Committee (faculty or house staff) who has a potential conflict of interest, as determined by the Chair of the Review Committee will not be permitted to vote. Likewise, if there is a potential conflict of interest between the chair and the appealing resident, the Review Committee will elect a temporary chair of the Review Committee for the purpose of the review. Neither party will have legal counsel present during the Review Committee’s deliberations. The Review Committee will make a recommendation to the Dean of the Medical School, who will then make the final decision.

APPROVED BY THE MEDICAL CENTER MEDICAL BOARD 3/26/1998
REVISIONS REVIEWED AND APPROVED BY GMEC: 03/14/2008
VI. GENERAL INFORMATION

A. PRESCRIPTIONS/DEA
House officers are assigned the Vanderbilt Hospital DEA number plus an identifying suffix. The DEA number is to be used for Vanderbilt patients only. The Vanderbilt DEA number is not to be used for patients seen at affiliated hospitals/clinics (including VA), or family members or friends who are not Vanderbilt patients under the care of the resident.

B. ESKIND BIOMEDICAL LIBRARY
The Annette and Irwin Eskind Biomedical Library (EBL), a unit of VUMC’s Informatics Center, is the hub of the medical center’s information services and resources. Located next to Langford Auditorium, the EBL provides access to materials to support the patient care, healthcare education, and biomedical research missions of VUMC.

To enable information use at the point of need, the EBL provides an extensive digital library (http://www.mc.vanderbilt.edu/diglib) of electronic journals, books, databases and other resources, in addition to over 200,000 print volumes. Digital libraries are accessible to VUMC faculty, students and staff from anywhere using a VUNet ID, which enables authentication for accessing restricted resources. To preserve biomedical history, EBL provides a unique collection of rare books, photographs and historical items in its Historical Collection, and the Medical Center Archives serves as a repository for manuscripts and institutional records that reflect the history of the medical center and the history of medicine.

The library is committed to service as well as leading edge research into information management and utilization and has developed numerous innovative programs that integrate information into workflow. These include the Clinical, Patient, and Research Informatics Consult Services, which place information specialists at the patient bedside or the research bench where they identify and meet information, needs. EBL also facilitates understanding of information resources and use through customized training sessions and online assistance services. These services can be requested by going to http://www.mc.vanderbilt.edu/diglib/services/request.html. Additionally, EBL has created a set of web-based tools enabling VUMC departments and individuals to create online knowledge management resources, e.g. the Learning Module Shell. For complete information on available services, please visit the library’s web pages at http://www.mc.vanderbilt.edu/diglib.
Admission into the library building, the borrowing of books, or use of laptops or study rooms requires an ID badge. ID badges need to be registered upon the first visit to the library.

Library Schedule

**Academic Year Hours:**

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<tr>
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<th>Library Hours</th>
<th>Full Library Services</th>
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<tr>
<td>Monday-Thursday</td>
<td>8:00 am-10:00 pm</td>
<td>9:00 am-6:00 pm</td>
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<tr>
<td>Friday</td>
<td>8:00 am-8:00 pm</td>
<td>9:00 am-6:00 pm</td>
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<tr>
<td>Saturday</td>
<td>10:00 am-6:00 pm</td>
<td>2:00 pm-6:00 pm</td>
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<tr>
<td>Sunday</td>
<td>1:00 pm-10:00 pm</td>
<td>1:00 pm-5:00 pm</td>
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</tbody>
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During summer break and on holidays, special hours will be posted on the library's news page: http://www.mc.vanderbilt.edu/diglib/news/. For questions about library hours, call 615-936-1410.

**Phones:**

General Information/Reference Desk 615-936-1410
Director's Office 615-936-1402
Document Delivery Service 615-936-1405

**C. LONG DISTANCE CALLS (V-NET)**

Individual V-Net access codes are issued to house staff authorized to place long distance calls. Under no circumstances should a personal long distance call be charged to VUMC. Making unauthorized long distance calls is against University policy and may result in disciplinary action, including dismissal.

**D. MEAL MONEY**

The GME Office provides funds for meals during some call hours. House officers with overnight in-house call or predictable, continuing late evening patient care obligations (after 8:00 p.m.) are issued a Vanderbilt Meal Money account for use on meals anywhere on the Medical Center campus that accepts the Commodore Card, accessed by presenting a
VUMC ID Badge. The meal plan consists of dinner/breakfast for overnight in house call and dinner for predictable late evening patient care obligations after 8 p.m. A maximum of $25.00 per day may be spent from the account. The dollar amount is reallocated each July 1st. Balances from the previous year do not carry forward.

The Courtyard Café (hospital cafeteria) is located on the second floor of The Vanderbilt Clinic (TVC) and operates from 6:00 a.m. to 2:00 a.m. Also located on the second floor of the Vanderbilt Children’s Hospital (VCH) is the Children’s Way Café.

House staff may also open a Commodore Cash account and add personal money for use when on call funds are exhausted. They can access and manage their accounts online at: http://www.vanderbilt.edu/commodorecard and following the faculty/staff link for adding Commodore Cash. Questions regarding Commodore Cash may be directed to the Card Services Office at 615-322-2273.

E. SPORTS
All Vanderbilt staff are eligible to apply for discounted Vanderbilt athletics tickets. The supply of tickets is limited and waiting periods may be encountered. Contact the Vanderbilt Athletic Department Ticket office at 615-322-GOLD (4653).

F. FREE TICKETS FOR LOCAL ENTERTAINMENT/EVENTS
From time to time, the Medical Center makes tickets available to the house staff for a variety of local events. Depending on the event, tickets are either distributed to all house staff who request them or by “lottery.”

Tickets are to be used by the house staff and their spouse, guest or immediate family only. Because all attendees to Vanderbilt sponsored events must be identified, if the house staff finds he/she cannot use the tickets they requested, the tickets must be returned prior to the event to the GME Office for redistribution. The house staff is not to give the tickets to a third party including other house staff.

G. VANDERBILT UNIVERSITY POLICE DEPARTMENT
As one of Tennessee’s larger law enforcement agencies, the Vanderbilt University Police Department (VUPD) provides comprehensive law enforcement and security services to all components of Vanderbilt University; including the academic campus, VUMC, Vanderbilt Health at One Hundred Oaks, and a variety of University-owned facilities throughout the Davidson County area. All of Vanderbilt’s commissioned officers have completed officer training at a state-certified police academy. Vanderbilt University police officers have the same authority as municipal law enforcement officers, while on property owned by Vanderbilt, on adjacent public streets and sidewalks, and in surrounding neighborhoods.
Vanderbilt University police and security officers are first responders to any non-medical emergency, act of violence, or criminal act that occurs within and around VUMC. Direct radio and phone communications with local police and emergency medical personnel ensure that officers can initiate and direct additional emergency responders to the area if necessary. In an emergency situation, dialing 911 from any Vanderbilt telephone or 615-421-1911 from a cell phone will contact the Vanderbilt University Police Department communications center. A trained dispatcher will then direct the appropriate response to the emergency. For non-emergency calls to the Vanderbilt University Police Department, call 2-2745 from any Vanderbilt phone or 615-322-2745 from other phones. For more information about the department, programs and services go to
http://police.vanderbilt.edu/

Safe Walk/Safe Ride Services
VUPD provides services for persons traveling across campus during hours of darkness. Call 615-322-2745 (2-2745 from campus phone) for a safe walk. Shuttle Services run continuously on campus from 5:00 p.m. until 5:00 a.m. daily.

H. COMMODORE CONCIERGE
Commodore Concierge is housed in Medical Center North. Concierge services are also offered several days a week Monroe Carell Jr. Children’s Hospital at Vanderbilt and a couple days a month at One Hundred Oaks.

The concierge service provides in-person assistance with general Human Resources questions, such as employment or benefits. Employees can also:

- purchase RTA/Music City Star tickets, movie tickets, gift cards and stamps

House staff can also drop off and pick up their white coats for laundering at the Children’s Hospital location. If the window is closed or busy a drop box is available outside the window for white coats only: complete a ticket and place your coats and ticket in a bag (tickets and bags are in the small cabinet at the top of the drop bin).

Locations and Times
- Medical Center North: Monday-Friday, 8 am - 4:30 pm (closed 1 - 2 pm for lunch)
- One Hundred Oaks, Administrative Hall Suite 26101: MBB paydays 8 am - 4:30 pm (closed 2 - 3 pm for lunch)
- Monroe Carell Jr. Children’s Hospital at Vanderbilt: Tuesday-Thursday, 7:30 am - 4 pm (closed 12:30-1:30 pm for lunch)

Questions regarding Commodore Concierge can be directed to the Employee Service Center at 615-343-7000 or human.resources@vanderbilt.edu.
I. **MYMD**
If a house officer needs a new patient appointment with a Vanderbilt physician, he/she should call 936-MYMD or sign up for My Health at Vanderbilt (below) and request a PCP through the portal.

J. **MY HEALTH AT VANDERBILT**
My Health at Vanderbilt is a secure health information portal through which Vanderbilt patients can contact their physicians, request appointments, and view medical information and lab results. If house staff are also patients of Vanderbilt University Medical Center (including off-site locations), they may learn about it and sign up at [http://www.vanderbilthealth.com/main/11160](http://www.vanderbilthealth.com/main/11160).
MEDICAL CENTER INFORMATION

I. PROFESSIONAL CONDUCT POLICY

All VUMC personnel are expected to conduct themselves in a professional, collaborative, and cooperative manner consistent with VUMC Credo behaviors and applicable Vanderbilt University and VUMC policies and procedures, and to treat patients, visitors, students, and each other with courtesy, respect, and dignity. VUMC fosters a just and safe culture by addressing unprofessional, inappropriate, intimidating, disruptive, threatening, and violent behavior (hereinafter “disruptive behavior”) within the workplace. VUMC does not tolerate the most egregious behaviors and appropriately addresses disruptive behavior to promote accountability, insight, and appropriate changes in behavior that support VUMC’s quality goals.

A. VANDERBILT UNIVERSITY MEDICAL CENTER CREDO
   • We provide excellence in health care, research, and education.
   • We treat others as we wish to be treated.
   • We continuously evaluate and improve our performance.

B. VANDERBILT PATIENT AND FAMILY PROMISE
Vanderbilt University Medical Center is committed to excellence. We are taking our commitment a step further with the Patient and Family Promise:

   • **Include** you as the most important member of your health care team
   • **Personalize** your care with a focus on your values and needs
   • **Respect** your right to privacy
   • **Communicate** clearly and regularly
   • Work with you to **coordinate** your care
   • Serve you and your family with **kindness** and **respect**

We expect everyone at Vanderbilt to keep these promises to you and your family.
C. PROFESSIONAL CONDUCT POLICY

VUMC Policy Number OP 30-10.13

I. Purpose:

To promote a culture of professional conduct for all Vanderbilt University Medical Center (VUMC) faculty, housestaff, licensed professionals, staff, and students (“VUMC personnel”) in order to support teamwork; a positive workplace environment; the effective delivery of safe, compassionate, quality patient care; and a reliable approach to addressing disruptive behavior in the workplace.

II. Policy:

All VUMC personnel are expected to conduct themselves in a professional, collaborative, and cooperative manner consistent with VUMC Credo behaviors and applicable Vanderbilt University and VUMC policies and procedures, and to treat patients, visitors, students, and each other with courtesy, respect, and dignity.

VUMC fosters a just and safe culture by addressing unprofessional, inappropriate, intimidating, disruptive, threatening, and violent behavior (hereinafter “disruptive behavior”) within the workplace. VUMC does not tolerate the most egregious behaviors and appropriately addresses disruptive behavior to promote accountability, insight, and appropriate changes in behavior that support VUMC’s quality goals.

III. Specific Information:

A. Disruptive behavior includes, but is not limited to, words or actions that:

1. Prevent or interfere with an individual’s or group’s work, academic performance, or ability to achieve intended outcomes. Examples include intentionally ignoring questions or not returning phone calls or pages related to matters involving patient care, or publicly criticizing other members of the team or the institution;

2. Create, or have the potential to create, an intimidating, hostile, offensive, or potentially unsafe work or academic environment. Examples include verbal abuse, sexual or other harassment, threatening or intimidating words, or words reasonably interpreted as threatening or intimidating;

3. Threaten personal or group safety, such as aggressive or violent physical actions; or

4. Violate Vanderbilt University and/or VUMC policies, including those related to conflicts of interest and compliance.
B. All VUMC personnel share responsibility for exhibiting and promoting professional conduct, including promoting a culture that encourages teamwork and consistent responses to disruptive behavior. Appropriate responses depend on the specific behavior and circumstances.

1. VUMC personnel are encouraged to engage each other in timely informal co-worker/collegial feedback that describes observed or otherwise noted behaviors that appear to be inconsistent with VUMC’s Credo or mission, but which are minor, isolated, and do not rise to the level of behaviors that would result in corrective action.

   a. Examples of such informal (brief, respectful, nonjudgmental, “cup of coffee”) conversations may include reminders to disinfect hands or utilize universal precautions, or noting word choice or tone of voice that appears inconsistent with the VUMC Credo.

   b. Depending on the nature and severity of the behavior, an individual may need to communicate the problem or concern to the appropriate supervisor who will review and determine appropriate action under applicable VU and VUMC policies and procedures.

   c. Individuals always have the option to file a VERITAS II report in addition to, or in lieu of, exercising options a. and b.

2. VUMC personnel report single serious or egregious incidents or repeated incidents of disruptive behavior to at least one of the following, who in turn will contact others with a “need to know” if applicable (see Appendix: Contact Options: Reporting Disruptive Behavior).

   a. The Office of Risk and Insurance Management, Office of the General Counsel, or Human Resources;

   b. Specific designated offices (e.g., Compliance, Privacy, Equal Opportunity, Affirmative Action, and Disability Services (EAD), the Office of Patient Affairs (OPA));

   c. The individual’s supervisor or other appropriate authority.

3. Supervisors, managers or other appropriate institutional representatives, including authorized peer committees, address single serious incidents and/or patterns of disruptive conduct in accordance with applicable VU and VUMC policies and procedures, including utilizing corrective action or tiered interventions when appropriate.

4. Nothing in this policy is intended to override or conflict with existing policies that define when corrective/disciplinary action is appropriate.
C. Faculty and licensed individuals who are responsible for the oversight and supervision of students, trainees, and others model behaviors that promote quality outcomes of care and team performance, and provide ongoing instruction and timely constructive feedback pertinent to their profession.

D. Reporter (“whistleblower”) Protection:

1. Vanderbilt policy prohibits retaliation against reporters (“whistleblowers”) who in good faith report disruptive behavior, and specifies disciplinary processes for those who retaliate. Examples of prohibited retaliation in response to whistleblower reports include but are not limited to discharge, demotion, suspension, harassment, denial of promotion, transfer, or in any other manner discriminating or threatening to discriminate against a staff member in the terms and conditions of the person’s employment.

2. VUMC personnel who believe that they have been subjected to or affected by retaliatory conduct should report to the EAD.

IV. References:


OP 10-10.24 Occurrence Reporting Patient and Visitor
OP 10-10.25 Service Recovery
OP 10-10.28 Complaint and Grievance Resolution
OP 20-10.20 Legal Compliance and Integrity Plan, Standards of Conduct
OP 30-10.02 Conflict of Interest – Conflict of Commitment
OP 30-10.03 Licensure (Non-Nursing): Primary Source Verification/Reverification
OP 30-10.04 Alcohol and Drug Use
OP 50-10.01 Procurement of Supplies and Equipment
OP 50-10.02 Vendor Representatives, Faculty/Staff Relationship


SA 10-10.06 Management of Disruptive and Aggressive Behavior

HR-001 Equal Opportunity and Affirmative Action
HR-002 Anti-Harassment Policy
HR-025 Electronic Communications
HR-026 Attendance and Punctuality
HR-027 Workplace Violence
HR-031 Smoking and Tobacco Products in the Workplace
HR-033 Relationships in the Workplace
HR-035 Substance Abuse Policy
HR-039 Solicitation
HR-040 False Claims and Whistleblower Protection


Vanderbilt School of Medicine Compact between Teachers and Learners. Retrieved from: http://www.mc.vanderbilt.edu/medschool/pdf/compact4teachers_learners05.pdf


Hickson, Gerald B. MD; Pichert, James W. PhD; Webb, Lynn E. PhD; Gabbe, Steven G. MD. (2007). A complementary approach to promoting professionalism: identifying, measuring,


http://www.ingentaconnect.com/content/jcaho/jcjqs/2008/00000034/00000008/art00005

V. Endorsement:

Operations Policy Committee April 2010

Medical Center Medical Board June 2010

Kevin Churchwell, MD July 6, 2010
Executive Director & CEO, Children’s Hospital

Larry Goldberg June 25, 2010
Executive Director & CEO, VUH

David Posch June 30, 2010
CEO, The Vanderbilt Clinic

Appendix

Contact Options: Reporting Disruptive Behavior

<table>
<thead>
<tr>
<th>WHERE TO REPORT</th>
<th>CONTACT OPTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reports may be made to the Office of Risk and Insurance Management (via VERITAS II or call 6-0660) based on either What type of behavior is involved, or Who is involved</strong></td>
<td><strong>Contact to whom report made notifies others with a “need to know” if reporter has not done so</strong></td>
</tr>
<tr>
<td><strong>What</strong></td>
<td><strong>Who</strong></td>
</tr>
<tr>
<td>• Actual, or threat of, bodily harm</td>
<td>Vanderbilt Police</td>
</tr>
<tr>
<td>• Appears to involve discrimination, retaliation, or sexual/other harassment</td>
<td>Equal Opportunity, Affirmative Action, and Disability Services (EAD)</td>
</tr>
<tr>
<td>• Suspected violation(s) of VU Standards of Conduct (defined in VU Compliance plans)</td>
<td>Compliance Office</td>
</tr>
<tr>
<td>• Disruptive behavior directed towards patients or their guests</td>
<td>Office of Patient Affairs</td>
</tr>
<tr>
<td>• Suspected HIPAA violation(s)</td>
<td>Privacy Office</td>
</tr>
<tr>
<td>Category</td>
<td>Contact Information</td>
</tr>
<tr>
<td>-----------------</td>
<td>-------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Faculty</td>
<td>Immediate supervisor, chief, chair, or others as per Faculty Manual and Medical Staff By-Laws</td>
</tr>
<tr>
<td>Housestaff</td>
<td>Assoc. Dean for Graduate Medical Education, program director, attending, division chief, department chair as per Housestaff Manual</td>
</tr>
<tr>
<td>Other Staff</td>
<td>Immediate supervisor, Employee Relations, chief nursing officer (as applicable) as per HR policies</td>
</tr>
<tr>
<td>Students</td>
<td>Dean of Students</td>
</tr>
<tr>
<td>If Unclear Where to Report</td>
<td>Office of Risk and Insurance Management (6-0660 or through the online VERITAS II system), Office of the General Counsel</td>
</tr>
</tbody>
</table>
II. VUMC COMPUTERS AND CLINICAL APPLICATIONS

General Information
- Clinical Workstations (CWS) provide staff access to VUMC applications.
- Icons for these applications and others are located on the desktop.
- The Digital Library Page at http://www.mc.vanderbilt.edu/diglib/ has other available sources.
- All computers containing protected health information (PHI) or research health information (RHI) must be encrypted.

To Access a VUMC Computer
- Due to the confidential nature of information contained in a patient's medical record users are authorized access to computerized patient records only after reading, signing and agreeing to the terms in the VUMC CONFIDENTIALITY AGREEMENT.
- House Staff receive their VUMC CONFIDENTIALITY AGREEMENT in their orientation packets in April.
- Also in their orientation packets, house staff receive information about their VUnetID and establishing a confidential epassword.

To Receive Computer Assistance
House staff can call the Help Desk – (3-HELP or 3-4357) 24 hours/day, 7 days/week. They may need to give the Help Desk their VUnetID so that Help Desk staff can identify them in the system. It is acceptable for the resident to tell Help Desk staff their VUnetID. Device & printer IDs may also be requested when applicable. Help Desk staff will triage the call to appropriate staff if unable to assist the resident.
II. SYSTEMS ACCESS AND CONFIDENTIALITY

Adherence to the highest standards of professionalism and to the VUMC information privacy and security policies is expected in the use of the electronic medical record. Maintaining and protecting the accuracy, integrity, and confidentiality of patient information entrusted to Vanderbilt providers is of paramount importance to safeguard patient safety; provide high quality care supported by evidence based decision support; and minimize institutional risk associated with billing and regulatory compliance. Failure to preserve the integrity of the unique user identification associated with each individual granted access for use of the clinical information systems undermines the integrity of the clinical documentation and communication, as well as the privacy and confidentiality of the patient information.

It is recognized that technology solutions must be evaluated and implemented to facilitate the user sign-on process in busy clinical settings. However, commitment to the integrity of the unique user identification must not be compromised in the interim.

Employee user IDs and passwords are equivalent to signatures. Employees should NEVER share passwords with others and never use or work under another person’s ID/password. Users should always log off or lock their computer screens by pressing CTRL + ALT and DELETE and selecting “Lock Computer” anytime that they walk away from a computer. This practice helps ensure others do not use the computer under the wrong user ID and see confidential information they may not be authorized to access. Employees are accountable for any action taken under their user IDs and passwords.

Clinicians may only access information related to the treatment of patients with whom they have a clinical relationship; for which they have been asked to provide a consultation; or whose records the clinician has written permission from the patient to access. Personnel are not authorized to access the medical record of co-workers, friends, or family members without written authorization from the patient unless they are directly involved in the care of that patient.

Electronic audit trails of accesses to patient information are conducted and maintained. These audit trails record the machine name, user, date, time and patient identification.

One of the VUMC Credo Behaviors is: “I respect privacy and confidentiality”. Information that is obtained about a patient is strictly confidential and is legally protected from disclosure. It may be given to another employee or health care provider only when it is necessary to do so: (1) for the continuity of care, (2) in certain situations when required by law, or (3) when otherwise authorized by the patient. It must never be discussed with any other unauthorized person. Divulging such confidential information or any other departmental information deemed and explained by the department chair as confidential, may result in disciplinary action.

Whenever a user prints a document containing patient information, it should always be placed in a shredder bin when finished. Users should never throw patient information away in a regular trash can. Users should keep up with papers listing patient identifiable information that
they possess, as the papers can easily be left in a conference room, etc., thereby putting the information at risk of being seen by other unauthorized personnel.

If a clinician has an authorized business purpose for storing patient identifiable information on his/her computer, flash drive, or other mobile device, he/she is accountable for protecting the security and confidentiality of the information as outlined in Vanderbilt University Medical Center policies, including encryption of the device.

Any violation of confidentiality and/or the terms in the Confidentiality Agreement may result in disciplinary action, including termination of access to the systems, and disciplinary action in accordance with House Staff Information Section IV of the House Staff Manual.

House Staff can direct questions or concerns about privacy to the Privacy Office at 936-3594 or email: Privacy.Office@vanderbilt.edu.
III. PATIENT PHOTOGRAPHY AND VIDEO IMAGING
VUMC Policy Number IM 20-30.17

I. Purpose:

To define allowable purposes for obtaining film and digital photographs and video images or recordings of patients created using a camera or other device (defined collectively as Photography) at Vanderbilt University Medical Center (VUMC) and standards for the creation, use and retention of the images.

II. Policy:

VUMC may utilize Photography to collect protected patient health information for purposes of identification and patient care and treatment or as otherwise authorized by the patient or the patient’s legal representative. Photography may be disallowed or discontinued at the discretion of the responsible health care provider when it may interfere with patient care and/or is in the interest of patient safety, treatment, and/or healthcare operations and compliance.

III. Definitions:

A. Consent - written documentation of the patient’s agreement to the Photography process (e.g. admission consent, specialized consent, or documentation of verbal consent).

B. Person Identifiable Information - any piece of information which can potentially be used to uniquely identify, contact, or locate a single person. Such identifiers include, but are not limited to: name, home address, email address, telephone number, social security number, medical record number, driver’s license number, credit card number, biometric identifiers (including finger and voice prints), facial photos or images, or any unique characteristic (including unusual tattoos).

C. Photography - for purposes of this policy the term Photography is used to include film and digital photographs or video images or recordings created using a camera or other device.

D. Webcasting - broadcasting or distributing an audio and/or video file over the Internet using streaming media technology.

E. Telemedicine - transferring medical information through phone, the Internet, or other networks for the purpose of delivering medical care or enhancing consultation between medical specialists.

F. Teleconferencing - a live exchange of information between persons and machines remote from one another but linked by a telecommunications system, which often includes audio, video, and data services.
IV. Specific Information:

A. Circumstances under which Photography of Patients is Permissible:

1. Patient Care and Identification:

   a. Patient consent to Photography used for purposes of identification, diagnosis and/or documentation of patient care is addressed in the consent paragraph contained in the applicable standard consent for treatment form: Consent for Treatment and Authorization for Release of Information; Consent for Treatment and Agreement to Pay (Adult); or Consent for Treatment and Agreement to Pay (Pediatric).

   b. When Photography is used for purposes of identification and/or to document patient care and treatment, the resulting images are included in the patient’s medical record and appropriately labeled and indexed. Images taken for purposes of identification including scanned photo IDs are indexed as “ID Photo.” Images used to document patient care and/or treatments are indexed as “Image (patient photo).”

   c. Separate patient authorization is generally required for use of Photography for purposes other than treatment as specifically described below.

2. Video Surveillance to Monitor Clinical Conditions:

   a. Video observation of patients may be used in critical care, post-anesthetic recovery, and certain other clinical areas where continuous visual observation of the patient and bedside activity is deemed important to provide treatment and a safe and responsive environment of care for patients.

   b. Video monitors used for such surveillance are located at clinical workstations for viewing by hospital personnel only.

   c. Cameras may be temporarily turned off by staff to protect patient privacy during personal hygiene care (e.g. bathing, toileting).

   d. Clinical areas employing the use of video surveillance notify persons in family and visitor accessible areas of the unit that cameras are in use by posting signs regarding the use of the cameras in those areas.

3. Documentation of Abuse and/or Neglect:

   a. In cases of actual or suspected abuse and/or neglect, video surveillance or other Photography by authorized personnel may be used for medical documentation purposes.
b. Authorization from the patient or other person(s) present in a patient’s room or other area is not required prior to such authorized surveillance or Photography.

c. Images recorded for documentation of abuse and/or neglect are not normally maintained as part of the patient’s medical record unless the images are used for medical treatment purposes. Photography for documentation purposes other than treatment is maintained according to security protocols for storage, use, disclosure and retention as defined by the department authorized to engage in surveillance or Photography for this purpose.

d. Copies of images captured under these circumstances may be released to authorized representatives of an investigating agency and/or pursuant to a subpoena or court order.

4. Requests by External Agencies or Law Enforcement:

When an outside party (e.g. an insurance company, investigator, law enforcement agency) requests patient Photography for purposes other than documentation of abuse and/or neglect (addressed above), the appropriate VUMC representative discusses the request with the patient/legal representative and obtains written consent. See section IV. B. below. Cross-reference also OP 10-40.28, Releasing Patient Information and Coordinating Access to Patients by External Law Enforcement Officials and Investigators.

5. Clinical Research:

Photography may not be used for research purposes without the approval of the VUMC Institutional Review Board. The patient’s consent to Photography is required to be included in the patient consent for participation in the research protocol.

6. Education or Teaching Purposes:

   a. Photography that does not contain any Person Identifiable Information may be used for education and teaching purposes without patient/legal representative authorization.

   b. The written consent of the subject(s) of Photography is required prior to creating Photography that will include Person Identifiable Information for use in education and/or teaching.

   c. If the patient/legal representative is not able or present to provide the consent at the time of creation of the Photography, such written authorization for the use of the Photography is required prior to using any existing images. See section IV. B. below.
7. Publications for External Distribution:

a. Photography that does not contain any Person Identifiable Information or any associated Person Identifiable text may be published in textbooks, journal articles and other externally distributed publications without patient/legal representative authorization and without a Business Associate Agreement with the publisher.

b. The written consent of the subject(s) of Photography is required prior to creating Photography that will include Person Identifiable Information for use in textbooks, journal articles or other externally distributed publications.

c. If the patient/legal representative is not able or present to provide the consent at the time of creation of the Person Identifiable Photography and/or associated Person Identifiable text, such written authorization for the use of the Photography and/or text is required prior to using any existing images or text.

d. A written contract with the publisher of any external publication containing Person Identifiable Photography and/or text must be executed by an authorized official of VUMC and must include a HIPAA compliant Business Associate Agreement.

8. Trauma Certification and Performance Improvement Purposes

a. Photography, particularly videotaping, may be obtained for training and/or performance improvement without advance patient/patient representative authorization; however, images that include Person Identifiable Information may not be used prior to securing patient/legal representative authorization. See section IV. B. below.

b. The images recorded for performance improvement or trauma certification purposes are not part of the patient’s medical record and are maintained according to security protocols for storage, use, disclosure and retention as defined by the department and only as necessary for peer review or performance improvement files as defined under TCA 63-6-219 and are not subject to release to any parties.

9. Telemedicine, Teleconferencing, or Webcasting:

a. Use of Photography in connection with telemedicine or teleconferencing is limited to transmission through secure networks or using encryption of the images to protect the patient’s privacy and integrity of the data.

b. Use of Photography in telemedicine for treatment purposes does not require additional authorization by the patient.
c. The written consent of the subject(s) of Photography is required prior to the transmission and/or use of images that will include Person Identifiable Information for teleconferencing purposes other than treatment.

d. Photography that does not contain any Person Identifiable Information may be used for teleconferencing without patient/legal representative authorization.

e. Photography used for Webcasting must be fully de-identified of any elements of Person Identifiable Information. Patient images created for or used in Telemedicine or Teleconferencing must be de-identified before using the images in a Webcast.

10. Photography by Family/Friends:

a. Consent is not needed for Photography done by the patient’s family members or friends. However, the Photography must not interfere with patient care and the physician or other health care provider or nurse has the authority to instruct that the Photography be discontinued if deemed necessary in the interest of patient care, respect for privacy and/or dignity of the patient or others, or for efficient hospital operations.

b. Video monitoring by family/friends in a patient’s room must be approved by the bedside nurse. The family/friends are informed that the camera or monitor must be focused only on the patient and cannot be placed in a position that captures staff or other patients or activities in the room.

c. Photography by a patient/family taken under circumstances causing concern to staff/faculty for any reason should be reported to the Office of Patient Affairs or the Administrative Coordinator (AC). Risk Management, General Counsel, and the Administrative Director of the area are notified as appropriate.

11. Photography of Newborns and the Delivery:

a. VUMC protects the confidentiality of the patient and newborn, while preserving and supporting the patient’s decision to record the birth process.

b. Patients and/or family members are generally allowed to photograph or video record deliveries in accordance with limitations specified by the mother and with the agreement of the attending health care providers in conjunction with the Labor & Delivery unit policy, videotaping/Photography During Childbirth.

c. The patient and family members may be asked and are expected to comply with the request to discontinue recording at any time if the attending physician, nursing or staff deems it necessary.
d. Written consent of the parent must be obtained prior to taking of photographs of newborns as a courtesy or for sale. Consent to release the newborn information to the vendor providing the service is secured using the Patient Authorization for Security Photographs form (MC3642).

12. Courtesy Photography Programs Made Available to Patients/Families

a. Consent is not needed for Photography of a patient and/or a patient’s family as part of a program or service offering made available as a courtesy to patients and families. Examples include Holiday Photos, Family Photo Night, or Bereavement Photos.

b. Participation by patients and/or families in courtesy photography programs is voluntary.

c. Images produced as part of these courtesy programs are not maintained by VUMC and do not become part of the patient’s medical record.

13. Requests for Marketing/Publicity/Media Purposes:

a. Photography for purposes of marketing, publicity, or other media uses is coordinated through the News & Public Affairs Office consistent with policy OP 10-10.06 Media Access.

b. A representative designated by News & Public Affairs discusses the request with the patient/legal representative and obtains written consent using the “Media Relations-Authorization to Create, Use, or Disclose Photographs or Videos for Media Releases and Public Relations” form (MC6690). The signed consent is kept on file in the News & Public Affairs Office. The designated photographer must sign the “Confidentiality Agreement for Media” which is also kept on file in the Media Department.

B. Documentation of Consent/Authorization to Photography Type:

1. Patient or Patient’s Legal Representative’s Consent:

a. Generally, the patient/legal representative should give written consent before Photography is carried out by anyone other than a friend or family member of the patient. Exceptions (e.g. treatment) are delineated in earlier sections of this policy.

b. The appropriate authorization form that has been signed and dated by the patient/legal representative or used to document verbal consent as noted below is retained in the patient’s medical record. A new authorization form is required for each new series of images taken.
i. Permission to Take and Use Photographs or Videos (MC3930): used for Photography for education/training, performance improvement, or for other non-media related acceptable purposes;

ii. Media Relations-Authorization to Create, Use, or Disclose Photographs or Videos for Media Releases and Public Relations (MC6690): used for public relations, media, and marketing purposes coordinated through VU Media and Public Relations staff;


c. When consent from a patient's legal representative is obtained verbally by phone, such consent is audibly witnessed by at least two VUMC staff members and documented on the appropriate authorization form.

d. The authorization for use of the Photography remains valid unless and until the patient/legal representative withdraws or restricts the authorization for future use. Photography obtained prior to the revocation of the consent and made part of the patient's medical record shall be maintained as a part of the VUMC legal medical record.

2. Family or Other Visitors Captured in the Photography:

a. Family members, friends, or other visitors that may be captured in Photography for treatment or other internal use such as education and training must be given an opportunity to move out of the range of the image.

b. Individual consents from each person captured in large group Photography to be used for internal uses and limited educational non-commercial uses is not required so long as the individuals have been notified and given the opportunity to move out of the range of the image.

c. If a family member or other visitor is to be featured in Photography as an individual, written consent from that person is necessary.

3. VUMC Workforce Members Captured in Patient Photography:

a. A VUMC Workforce Member is an individual performing work on behalf of VUMC and under the direct control of VUMC, whether or not the member is employed by VUMC. Examples include staff; faculty, temporary agency workers, students, contractors, and volunteers.

b. Photography of staff/faculty during the performance of patient care or procedures is not permitted, except when the Photography is being taken for educational/training purposes and the staff/faculty has been informed that performance of patient care may be filmed for this purpose.
c. Written consent from the workforce member is not required so long as the member has been notified in advance that Photography for internal use such as educational/training purposes may occur in the work area. Acceptance of a work assignment in the area where Photography is expected conveys implied consent and waiver of any ownership rights or rights to compensation associated with use of the Photography.

C. Camera and Recording Equipment Requirements:

1. The VUMC staff or faculty member taking the Photography is accountable for using a camera device that is capable of downloading from the camera and uploading to StarPanel in a web-friendly image format.

2. Personnel who take Photography are responsible for deleting the images from the camera device used to take the Photography as soon as the images have been recorded in the patient’s medical record or alternative secure location, or when the image is no longer needed for the purpose for which it was created.

D. Storage and Retention of Images and/or Recordings:

1. Digital images taken by or on behalf of VUMC for treatment or other medical purposes are promptly uploaded to the patient’s electronic medical record, except when the department or service that creates the image has a policy for alternative documentation and retention due to the sensitive nature of the subject of the image, or unique technical requirements. When the digital image is not stored in the patient’s medical record, it must be stored in a secure database and the specific location must be documented in the patient’s medical record.

2. Full motion video or video streaming is not uploaded to StarPanel. Video recording must be maintained in a separate system or file (e.g. PACS or a media server). Discrete video segments limited to 15-20 seconds running time may be uploaded to StarPanel after confirmation from Medical Informatics Officer that it will not derogate the performance of the electronic medical record system.

3. Still photographs and other images taken for treatment or other medical purposes are scanned into the patient’s medical record for safekeeping.

4. Every image stored in the patient’s medical record contains the patient’s name and medical record number.

5. All images stored in the patient’s medical record or alternative database include the date and time that the Photography was obtained and the name of the person who created the image.

6. Regardless of the modality and equipment used to take and retain images, all such images are and remain the property of VUMC and are not the property of the workforce member making the image.
E. Use and/or Disclosure of Photography Images:

1. Viewing is limited to authorized staff based upon a need to know and consistent with the minimum necessary standard.

2. Images captured in the Photography should include no more than the minimum necessary direct personal identifiers. For example, do not use identifiers such as name, birth date, social security number, medical record number, home address or phone number except to the extent use of these identifiers is necessary to accomplish the purpose of the Photography.

3. Except for purposes of treatment or health care operations or unless otherwise required by law, patient identifiable Photography will not be released to outside requestors without specific authorization from the patient/legal representative.

F. Behaviors related to Photography of Patients that are not Permissible by VUMC Staff or Faculty:

1. Personal use of Photography of patients.

2. Use of patient Photography for entertainment purposes.

3. Posting Photography of patients in public areas or on internet websites or blogs without written or documented verbal consent from the patient/legal representative prior to the posting.

4. Malicious use.

5. Including others (besides the consenting patient) in the Photography without consent.

6. Use of Photography to defame VUMC.

7. Taking Photography in a way that is disruptive to patient care or the work environment.

8. Taking any photos without the individual’s consent except as delineated in earlier sections of this policy.

9. Surreptitious recording or Photography except for cases covered in IV. A, 3.

10. Taking or participating in Photography without respect for patient privacy and/or dignity.

11. Including in the Photography more patient identification information than is minimum necessary (e.g. SSN, phone number).

G. Disciplinary Action:
Staff, house staff, and/or faculty failing to comply with this policy are subject to disciplinary action as defined in the VUMC policy OP 10-40.32, Sanctions for Privacy and Information Security Violations.

V. References:


OP 10-10.06 Media Access

OP 10-40.15 Use and Disclosure of Protected Health Information

OP 10-40.19 De-Identification of Protected Health Information

OP 10-40.28 Releasing Patient Information and Coordinating Access to Patients by External Law Enforcement Officials and Investigators

OP 10-40.32 Sanctions for Privacy and Information Security Violations

OP 10-40.34 Protection and Security of Protected Health Information


MC 3642 Patient Authorization for Security Photographs

MC6690 Media Relations-Authorization to Create, Use, or Disclose Photographs or Videos for Media Releases and Public Relations

VUMC Patient Care E-Docs. Retrieved April 27, 2010 from MC 3930 Permission to Take and Use Photographs or Videos


VI. Endorsement:

Children's Hospital’s Practice Policy Committee April 2009

Nursing Administrative Board June 2009

Information Privacy and Security Executive Committee October 2009

Health Record Executive Committee November 2009

Medical Center Medical Board February 2010
Kevin Churchwell MD April 19, 2010
Executive Director and CEO, MCJCHV

Larry Goldberg April 2, 2010
Executive Director and CEO, VUH

David Posch April 5, 2010
CEO, The Vanderbilt Clinic

VII. Approval:

Colleen Conway-Welch PhD, CNM, FAAN, FANCM April 20, 2010
Nancy & Hilliard Travis Professor of nursing
Dean, Vanderbilt School of Nursing

Marilyn Dubree RN, MSN, NE-BC April 23, 2010
Executive Chief Nursing Officer

C. Wright Pinson MBA, MD April 23, 2010
Deputy Vice Chancellor for Health Affairs
CEO of the Hospitals and Clinics for VUMC

David Raiford MD April 16, 2010
Associate Vice Chancellor for Health Affairs
Senior Associate Dean for Faculty Affairs
IV. VIDEO POLICY FOR SIMULATION TRAINING

One of the more recent advancements for house staff training is the addition of a simulation center, where residents can be introduced to new skills, practice them in a deliberate systematic fashion, and receive feedback on house staff development as a competent physician. The Center for Experiential Learning and Assessment (CELA) is a state-of-the-art facility where residents will interact with high fidelity technologies and standardized patients, all designed to integrate simulation experiences with house staff clinical training.

A powerful resource of CELA is the capability of videotaping house staff learning and assessment experiences that take place there. Associated with this feature, Vanderbilt has established a detailed video policy and procedures document that governs the fair use of these video records. The policy outlines house staff rights as learners and our responsibilities as faculty with regard to video records from CELA. It is house staff responsibility to review the policy and acknowledge that residents are familiar with it.

Note that video recording is an integral part of the educational process established at Vanderbilt. As such recording house staff performance in simulations is not an optional part of house staff training.

The link to the policy and house staff acknowledgement is: https://medschool.vanderbilt.edu/cela/user/login?destination=node%2F14.
V. SOCIAL MEDIA POLICY

Selection from VUMC Policy Number OP 10-10.30/Social Media Toolkit

VUMC offers support of institutional communication goals, as well as provides social computing guidelines for VUMC faculty, staff, and students engaging in online discourse and identifying themselves with VUMC or Vanderbilt University.

This policy is intended for internet activities that associate or identify a VUMC faculty or staff member with Vanderbilt, use Vanderbilt email addresses, or discuss Vanderbilt. In keeping with the Electronic Communications and Information Technology Resources policy (HR-025), Vanderbilt email addresses should not be used in conjunction with unofficial or personal social media accounts and profiles. This policy is not intended to guide online communications when employees do not associate or identify themselves with Vanderbilt.

Guidelines for Online Professional or Personal Activity

Online social media allows VUMC faculty and staff to engage in professional and personal conversations. These guidelines apply to faculty and staff who identify themselves with Vanderbilt in social media venues such as professional society blogs, LinkedIn, and/or Facebook, for deliberate professional engagement or casual conversation.

1. Follow the same VUMC Credo behavior, HIPAA, Conflict of Interest policy, Privacy and general civil behavior guidelines cited above including respecting copyrights and disclosures, and not revealing proprietary financial, intellectual property, patient care, or similar sensitive or private content.

2. If VUMC faculty/staff identify themselves as a member of the Vanderbilt faculty or staff in any online forum, faculty/staff make it clear that they are not speaking for Vanderbilt, and what they say is representative of their individual personal views and opinions and not necessarily the views and opinions of Vanderbilt.

3. VUMC Faculty and staff are thoughtful about how they present themselves as a VUMC faculty or staff member in online networks. By virtue of identifying oneself as part of Vanderbilt in such a network, faculty/staff connect themselves to, and reflect upon, VUMC colleagues, managers, and even VUMC patients and donors.

4. Remember that all content contributed on all platforms becomes immediately searchable and can be immediately shared. This content immediately leaves the contributing individual faculty/staff members’ control forever.
5. If someone or some group offers to pay faculty/staff for participating in an online forum in their VUMC role, and/or offers advertising for pay and/or for endorsement, this could constitute conflict of interest, and VUMC policies and guidelines apply.

6. If someone from the media or press contacts faculty or staff about posts made in online forums that relate to Vanderbilt in any way, faculty/staff alert their manager/leadership and contact News & Communications before responding.

7. If a patient or family member posts complaints about service or other issues, review and follow the Social Networking Response Guide (See Reference Work).

8. Job postings follow Vanderbilt’s Human Resources (HR) established processes. Social Media may not be used in place of HR processes.

9. Strategic Marketing, News and Communications Vanderbilt University School of Medicine (VUSM), and Vanderbilt University School of Nursing (VUSN) provide official VUMC and/or VUSM and VUSN information that may be appended to social media sites (See Reference Works).

Violation of any University or Medical Center policy is inappropriate and may result in disciplinary action, as outlined in House Staff Manual section IV. GRADUATE MEDICAL EDUCATION EVALUATION AND DISCIPLINARY GUIDELINES.

The complete VUMC Social Media Policy and the Social Media Toolkit can be found at http://www.mc.vanderbilt.edu/socialmediatools.
VI. ACCEPTABLE USE POLICY

I. Introduction

The mission of Vanderbilt University is to be a center of scholarly research, informed and creative teaching, and service to the community and society at large. The university upholds the highest standards and is a leader in the quest for new knowledge through scholarship, dissemination of knowledge through teaching and outreach, and creative experimentation of ideas and concepts. In pursuit of these goals, Vanderbilt values most highly intellectual freedom that supports open inquiry, and equality, compassion, and excellence in all endeavors.

To achieve its mission, the university applies substantial financial and personnel assets toward operating a reliable, available, and secure network-computing infrastructure. The mass adoption of digital technologies in the everyday lives of members of our community requires that Vanderbilt establish clear policies that guide how community members may use the university’s information technology resources. This Acceptable Use Policy (AUP) communicates the respective policies associated with our role in the Vanderbilt community as students, faculty, staff or other authorized users.

The guiding purpose of the AUP is to ensure that the university’s information technology resources are used to promote the core mission of Vanderbilt in education, research and scholarship, patient care, and service, either directly or through the various administrative entities and services that enable Vanderbilt’s core mission. To that end, the policy has the following goals:

A. First and foremost, that information technology resources are used for their intended purposes;

B. That the use of information technology resources is consistent with the principles and values that govern use of other university facilities and services; and

C. That the integrity, reliability, availability and performance of information technology resources are protected

II. Scope

This policy applies to all Vanderbilt University students, faculty and staff and to all others granted use of Vanderbilt’s information technology (IT) resources whether individually controlled or shared, stand-alone or networked. It applies to all computer and communication facilities owned, leased, operated, or contracted for by Vanderbilt University. Information technology resources include but are not limited to Vanderbilt’s Internet 1, Internet 2, private networks, telephone, fax, voice mail, electronic mail, instant messaging, electronic collaboration, content management, or other applications that attach, utilize, or otherwise interface with Vanderbilt’s data and voice network computing infrastructure. Electronic communications include but are not limited to any
information—data, text, graphics, audio, video, or other artifact—that can be sent or received via an electronic system or manipulated or transferred via the network computing infrastructure or an attached device or peripheral.

III. Policies

A. PRIVACY, INTEGRITY AND OPERATIONAL SECURITY

The privacy of all users and the integrity and operational security of Vanderbilt’s information technology system must be respected by all. Vanderbilt’s IT resources must not be used by anyone to gain or attempt to gain unauthorized access to private information, even if that information is not securely protected or is otherwise available. The fact that an individual account and its data may be unprotected does not confer either an ethical or legal right to access it.

1. Investigations of misuse, unauthorized use, or illegal activity, compliance with federal, state or local laws or regulations, as well as routine or emergency maintenance of the IT system, may require observation of electronic information by appropriate and authorized university officials, employees, or their authorized agents. Such activities are not in violation of this principle so long as these activities are conducted by authorized individuals on behalf of Vanderbilt University and are governed by professional IT forensic protocols. Vanderbilt uses automated systems to monitor data transmissions entering and leaving the Vanderbilt networks to detect the presence of viruses, malicious software, or privileged information.

2. Unauthorized access to private information constitutes a violation of this policy, and may result in disciplinary actions under the Faculty Manual, Student Handbook, HR policies, or other applicable policy statements. Violation of this principle may also constitute a violation of state or federal law.

B. USE

Use of Vanderbilt’s network computing and electronic communications infrastructure comes with certain responsibilities and obligations.

1. Unlawful Use

Tennessee and federal laws provide for civil and criminal penalties for violations of the law of systems use. Examples of unlawful actions include, but are not limited to, defamatory remarks, destruction of Vanderbilt University data or equipment, unauthorized copying of copyrighted material and the transportation of obscene materials across state lines. Any use of Vanderbilt network computing assets by anyone in the organization that violates state, federal, or local laws is prohibited.

2. Violation of Institutional Policies
Vanderbilt University’s academic departments, clinical operations, and administrative areas maintain policies that govern and inform our day-to-day lives in the conduct of our Vanderbilt experience. Any use of Vanderbilt network computing assets that violates applicable institutional policies is prohibited.

3. Violation of Student Honor and Conduct Codes

Vanderbilt University maintains high standards for its students and various codes and policies govern and inform a student’s day-to-day life in the conduct of his or her Vanderbilt experience. Students are prohibited from using the Vanderbilt network computing assets for activities that violate the conduct code, the honor code, or other policies and regulations delineated by The Student Handbook.

C. FIDUCIARY RESPONSIBILITIES

1. Vanderbilt Community Members

Members of the Vanderbilt community possess a great personal responsibility to themselves and to other community members to utilize technology while maintaining their fiduciary responsibilities. These responsibilities include, but are not limited to:

a. Being responsible for the security of one’s personal information

b. Protecting personal and private information of others

c. Taking care to minimize risks of various undesirable events, such as disclosure of sensitive personal information, identity theft, and even threats to personal safety when using Vanderbilt information technology assets.

2. Information Technology Professionals

Vanderbilt IT personnel are granted elevated or privileged access to Vanderbilt University’s information and information systems. This privileged access places the Vanderbilt IT professional in a higher level of trust. To maintain this level of trust, Vanderbilt IT professionals must develop, maintain, and continually enhance their skills and abilities on behalf of those they serve. IT professionals employed by Vanderbilt University must strive to be trusted and highly skilled custodians through:

a. Preserving confidentiality

b. Protecting data and information integrity

c. Establishing and maintaining availability of information systems

d. Educating those around them about IT and social risks related to information systems
e. Enhancing and maintaining technical skills

f. Demonstrating an understanding of the areas they serve

D. INTELLECTUAL PROPERTY

At the heart of any academic or research endeavor resides the concept of intellectual property. All copyrighted information (text, images, icons, programs, video, audio, etc.) retrieved from computer or network resources must be used in compliance with applicable copyright and other law. Copied material must be properly attributed. Plagiarism of digital information is subject to the same sanctions as apply to plagiarism in any other media. Acquiring or sharing copyrighted materials without obtaining the appropriate licenses or permissions may be unlawful.

E. PUBLICATION OR DISTRIBUTION OF UNAUTHORIZED RECORDINGS, PHOTOS, IMAGES, TEXT OR VIDEO

With the availability of low cost cameras, smart phones, and consumer electronics, it is possible for someone to acquire voice, video images, still images, multimedia, or text in non-public situations without the knowledge or consent of all parties. Vanderbilt network computing assets must not be used by anyone in the organization to publish or distribute this type of material without the expressed consent of all involved parties.

F. RIGHT TO COPY AND INSPECT FOR LEGAL AND UNIVERSITY PROCESS

Vanderbilt University is committed to protecting the privacy of faculty, students, staff, patients, and other users of its IT resources, and their electronic communications. However, because Vanderbilt operates subject to compliance with various federal and state laws and regulations and must be able to enforce its own policies, Vanderbilt must occasionally inspect, preserve and produce records to fulfill legal obligations and to carry out internal investigations. Vanderbilt University reserves the right to obtain copy and convey to outside persons any records or electronic transactions completed using Vanderbilt University information systems in the event it is required by law or institutional policy to do so. Vanderbilt University may also in its reasonable discretion, when circumstances require, obtain and review any records relevant to an internal investigation concerning compliance with Vanderbilt University rules or policies applicable to students, faculty, staff, or to all others granted use of Vanderbilt’s information technology resources. Users therefore should not expect that records created, stored or communicated with Vanderbilt information technology or in the conduct of Vanderbilt’s business will necessarily be private. Vanderbilt University reserves its right to any work product generated in the conduct of its business.

G. LOCALLY SPECIFIC POLICIES

Individual units within the University may create additional policies for information resources under their control. These policies may include additional detail, guidelines and
further restrictions but must be consistent with principles stated in this policy document. Individual units adopting more specific policies are responsible for establishing, publicizing and enforcing such policies, as well as any rules governing the authorized and appropriate use of equipment for which those units are responsible.

IV. Disclosures

A. All members of the Vanderbilt University community are given notice of this policy by virtue of its publication and are subject to it on the same basis. Ignorance of this policy does not relieve any user of his or her responsibilities under the policy. All users are expected to familiarize themselves with the contents of this policy and act in conformance with these principles regarding any use of the University’s IT resources.

B. Due to the rapid nature of change in both information technologies and their applications, the University may amend this policy whenever deemed necessary or appropriate. Users are encouraged to periodically review this policy in order to understand their rights and responsibilities under it.
VII. FALSE CLAIMS ACT AND WHISTLEBLOWER PROTECTION

Human Resources Policy Number HR 040

The policy of Vanderbilt University is to require all staff members to report all known or suspected violations of the Federal False Claims Act ("FFCA") or the Tennessee False Claims Act ("TFCA") (collectively referred to as "FCA"), as described below. A person violates the FCA by knowingly submitting, or causing another to submit, false claims for payment of government funds. Examples of violations of a FCA are (i) submission of a claim to Medicare for payment for services not rendered, or (ii) falsification of a time and effort report in connection with a claim for reimbursement from government grant. It is also the policy of Vanderbilt University that persons reporting such suspected violations (sometimes referred to as “whistleblowers”) will not be retaliated against (as defined in Section III. below) for making such reports in good faith.

I. DEFINITION

A. FFCA (located at 37 U.S.C. §3729) states, in part, that it is a violation of Federal law for any person to knowingly present, or cause to be presented, to the Federal Government a false or fraudulent claim for payment or approval or who knowingly makes or causes to be made a false record in order to get a false claim paid by the Federal Government. A violation of the FFCA can result in a civil penalty of not less than $5,500 and not more than $11,000, plus 3 times the amount of damages sustained by the Federal Government.

B. TFCA (located at T.C.A. §418103) states, in part, that it is a violation of State law for any person to knowingly present to the State of Tennessee or political subdivision a false claim for payment or approval or who knowingly makes or causes to be made a false record in order to get a false claim paid by the State of Tennessee. A violation of the TFCA can result in a civil penalty of not less than $2,500 and not more than $10,000 for each false claim, plus 3 times the amount of damages sustained by the State or political subdivision. Unlike the FFCA, it is a violation of the TFCA for a person to make an inadvertent submission of a false claim and, later, fail to disclose or report the inadvertent submission after discovering the error.

II. Reporting a Known or Suspected Violation of FFCA or TFCA

A. A staff member is expected to report any known or suspected violation of either the FFCA or the TFCA to the staff member’s supervisor, department head or chair, the University Compliance Officer, the Medical Center Compliance Officer or to the 24-hour Confidential Help Line for the University at (615) 322-0133, or the Medical Center Confidential Help Line at (615) 343-0135.

In making reports to either Confidential Help Line, the caller may make a report anonymously. The compliance helplines have no call identification or number recognition capability.
B. A staff member may also report known or suspected violations of the FFCA to the following Federal hotline by email at HHSTips@OIG.HHS.gov.

C. All persons making reports of compliance concerns are assured that such reports will be considered confidential to the extent permitted by law. Such reports will be shared with others only on a bona fide need to know basis.

III. Whistleblower Protection

Vanderbilt prohibits retaliation and will take no adverse action against persons for making such reports in good faith (“whistleblowers”), even if the report turns out not to be correct. Retaliation and adverse action include the following: discharge, demotion, suspension, harassment, denial of promotion, transfer or in any other manner discriminating or threatening to discriminate against a staff member in the terms and conditions of the staff member’s employment. Any staff member who believes that he or she has been subjected to or affected by a retaliatory conduct for reporting a suspected violation of a FCA or for refusing to engage in activity that would be a violation of a FCA should report such retaliation to the University Compliance Officer or Medical Center Compliance Officer. The appropriate Compliance Officer will be responsible for investigating such report or referring the report to the appropriate University office for timely investigation.

1 Refer to HR Policy #HR001, Equal Opportunity and Affirmative Action, which explains Vanderbilt’s policy and procedures dealing with discrimination.

This policy is intended as a guideline to assist in the consistent application of University policies and programs for staff. The policy does not create a contract implied or expressed, with any Vanderbilt staff members, who are employees at will. Vanderbilt reserves the right to modify this policy in whole or in part, at any time, at the discretion of the University.

Approved by Kevin A. Myatt, Chief Human Resource Officer
Approved by Lauren Brisky, Vice Chancellor for Administration
Approved by Harry Jacobson, M.D. Vice Chancellor for Health Affairs
VIII. ALCOHOL AND DRUG USE POLICY

A. POLICY
VUMC Policy Number OP 30-10.04

I. Purpose:
To provide a safe and productive workplace free of substance abuse.

II. Policy:
Unauthorized use or possession of alcohol, controlled substances or the use or possession of illegal drugs is prohibited on Vanderbilt University Medical Center (VUMC) premises or during VUMC-sponsored activities. In addition, this policy prohibits the unlawful manufacture, dispensing or distribution of illicit drugs and alcohol by staff on VUMC premises, while conducting VUMC business off the premises, or as part of any VUMC-sponsored activities, including any activity with a federal grant.

Faculty, staff or house staff whose work performance or behavior suggests the influence of such drugs or intoxicants may be required to submit to drug or alcohol testing.

III. Definitions:

A. EAP: Employee Assistance Program.

B. FPWP: Faculty and Physician Wellness Program.

C. Faculty: All those who have faculty appointments in the School of Medicine or the School of Nursing and/or practicing at Vanderbilt, regardless of compensation from Vanderbilt.

D. House Staff: All interns, residents, or fellows.

E. House Staff Supervisor: Director, Graduate Medical Education or designee.

F. NWP: Nurse Wellness Program.

G. Supervisor of Faculty: Dean or Departmental Chair.

H. Supervisor of Staff: Division Head or Department Chair or their designee.

IV. Specific Information:

A. The unauthorized use or possession of alcohol, controlled substances or the use or possession of illegal drugs is governed by Human Resources policy HR-035.
Faculty are governed by the Faculty Manual and Medical Staff Bylaws. House staff are governed by the House Staff Manual (see References).

B. Some situations that may require this type of intervention are:

1. Unusual behavior such as slurred speech or unusual energy levels for which an explanation is not apparent;

2. Unusual drug administration procedures or documentation, including those as noted by a review from the Pharmacy staff; and/or

3. Reports by coworkers of unauthorized drug and/or alcohol use or being under the influence on the job.

C. When in the judgment of the supervisor, counseling is not an appropriate immediate intervention and the behavior or work performance of faculty house staff or staff member gives rise to performance-related concerns that indicate a need for drug and/or alcohol testing, these procedures are followed:

1. The appropriate supervisor or designee:
   a. Immediately relieves the employee of assigned responsibilities; and
   b. Advises the employee of the performance-related concern.

2. If a staff member is involved, the supervisor consults with their HR consultant regarding appropriate action to be taken.

3. If testing is done, the supervisor or designee escorts the faculty, house staff, or staff member to Occupational Health Clinic (OHC) between the hours of 7:30 a.m. and 5:30 p.m.

   If testing is needed after regular work hours, the supervisor contacts the Emergency Department (ED) triage nurse or attending physician prior to escorting the individual to the ED.

4. Provide the ED triage nurse with background information regarding the individual's behavior as well as a telephone number for locating the supervisor, if necessary. The individual is examined by an ED attending physician who orders the appropriate screening tests according to ED protocol. Every effort is made to maintain the confidentiality of the individual's test results and status.

5. Document the impact of the problem on job performance, including interpersonal relationships affecting the workplace.

6. Refusal to be Tested:
If faculty, house staff or staff member refuses to be escorted or tested, the supervisor must act on the actions and evidence available (based on behavior and/or performance and all available information), and the individual is placed on administrative leave or summary suspension, as appropriate. After consultation with the appropriate department, the supervisor initiates the appropriate step(s) of disciplinary action, including termination, if warranted.

7. The supervisor arranges safe transportation from the University/Medical Center for the faculty, house staff, or staff member.

8. Post-Test/Pending Results: Pending the test results, the faculty, house staff, or staff member is placed on administrative leave/summary suspension by their supervisor.

9. OHC reports final test results to the HR consultant for staff members, or with the appropriate supervisor of faculty or house staff.

   a. Staff: The HR consultant notifies the supervisor of the test results. The HR consultant meets with the staff member and supervisor to discuss test results and disciplinary action, including termination, to be taken, if any, and/or expected performance changes.

   b. Faculty/House Staff: If faculty or house staff are involved, the appropriate Chair, Program Director, or designee discusses the test results with the OHC and others, as indicated. Upon receiving this information, the Chair, Program Director, or designee determines what action should be taken (e.g., initiation of disciplinary action, up to and including termination and/or referral to FPWP for evaluation and treatment recommendations).

D. Bills for drug and alcohol test collection are sent to Vanderbilt OHC for verification and payment. Laboratory fees are billed directly to OHC as directed on the Custody and Control Form. Any other charges for medical evaluations are billed to the employee’s home department.

E. Peer Assistance Programs/EAP/Counseling:

   1. VUMC faculty, staff, and house staff also comply with any peer assistance program, licensing board, program or agency that requires disclosure. Requests for information from licensing boards, peer assistance groups or other referral sources are referred to EAP/FPWP/NWP.

      a. VUMC faculty, house staff, or staff members may be referred or seek assistance for substance abuse counseling through the EAP/FPWP/NWP. It is the supervisor’s responsibility to refer a
faculties, house staff, or staff member to EAP/FPWP/NWP for follow-up when:

i. Supervisor has knowledge of any faculty, house staff, or staff member who has or has had an alcohol or drug problem; or

ii. Faculty, house staff, or staff member has been through alcohol/drug treatment, but is not currently being followed by EAP.

In addition, if a supervisor learns that a staff member has had an alcohol or drug problem or has completed a treatment program, the supervisor consults with the HR consultant to determine what actions, if any, are taken.

b. VUMC faculty, house staff, or staff members who enroll in and successfully complete a treatment program approved by EAP/FPWP/NWP and who agree to a written set of standards developed by EAP/FPWP/NWP, may be eligible for continued employment or re-employment. Those who are required to enroll, but fail to enroll in such a program, or who fail to follow the treatment prescribed, or who fail to successfully complete the program, or who do not maintain the agreement standards developed by EAP/FPWP/NWP, may be terminated.

2. VUMC faculty, house staff, or staff member convicted of any crime involving drugs or alcohol are required to notify their supervisor in writing within 5 calendar days of conviction. The supervisor, in turn, notifies the Department Chair, Program Director, or Employee Relations representative. Any individual so convicted or who fails to report the conviction may be subject to disciplinary action, up to and including termination.

V. References:

HR-035 Substance Abuse


VI. Endorsement:

Operations Policy Committee January 2013

Medical Center Medical Board February 2013

Luke Gregory 2/24/13
Executive Director and CEO
Monroe Carell Jr. Children’s Hospital at Vanderbilt

David Posch 2/21/13
CEO, Vanderbilt University Hospital and Clinics
Executive Director, Vanderbilt Medical Group
President, Vanderbilt Integrated Providers

VII. Approval:

Colleen Conway-Welch PhD, CNM, FAAN, FANCM 2/26/13
Nancy & Hilliard Travis Professor of Nursing
Dean, Vanderbilt School of Nursing

Marilyn Dubree MSN, RN, NE-BC 3/29/13
Executive Chief Nursing Officer

C. Wright Pinson MBA, MD 2/26/13
Deputy Vice Chancellor for Health Affairs
Senior Associate Dean for Clinical Affairs
CEO of the Vanderbilt Health System

David Raiford MD 4/1/13
Associate Vice Chancellor for Health Affairs
Senior Associate Dean for Faculty Affairs

B. DISCLOSURE
There is an affirmative duty for house officers and clinical fellows to notify the Senior Associate Dean for GME of arrests, convictions, and the disposition of any outstanding charges after the initial background check for employment is completed. There is also an affirmative duty for house officers to report any adverse information resulting from
subsequent criminal background checks obtained at any site during their employment as a resident or clinical fellow at Vanderbilt.

Failure by a resident or clinical fellow to disclose an arrest or a criminal conviction to the Senior Associate Dean for GME within five days may result in corrective action, up to and including immediate dismissal from his or her training program. The facts and circumstances of each case will determine what, if any, action is taken, up to and including immediate dismissal, as appropriate.
IX. NEWS AND COMMUNICATIONS

A. MEDIA REQUESTS
Selection from VUMC Policy Number OP 10-10.06

All media requests (including telephone calls for information, interviews, and requests for internal or external video production) for access to or information about the patients, staff, faculty or any other aspect of the operations of Vanderbilt University Hospital (VUH), Monroe Carell Jr. Children's Hospital at Vanderbilt (MCJCHV), Vanderbilt Psychiatric Hospital (VPH), Vanderbilt Medical Group (VMG) including off-campus locations and practices, or the Schools of Medicine or Nursing (VUSM and VUSN, respectively) are referred to the Medical Center Office of News and Communications. All inquiries from members of the news media are to be directed to the Office of News & Communications at 322-4747 (24-hour coverage).

B. PHOTOGRAPHY
Please reference the Patient Photography and Video Imaging policy in Section II of this manual.
X. GENERAL INFORMATION

All members of the house staff are under the supervision of the Medical Staff. Members of the Medical Staff with faculty appointments exercise that supervision under the guidelines established by the VUMC and its departments. House Staff who are approved to provide patient care may write orders. However, supervising members of the Medical Staff are responsible for the patient care and documentation activities of the house officers they supervise.

A. ADMISSIONS AND DISCHARGES
All patients will be admitted by a physician or dentist member of the Active Staff or Visiting staff. The acceptance of a patient for treatment, including all related decisions, is the responsibility of the attending physician. Further information may be found in the "Rules and Regulations of the Medical Staff of VUMC."

B. VUMC QUALITY IMPROVEMENT ACTIVITIES
VUMC supports and maintains an integrated, systematic, and comprehensive improvement program designed to enhance the effectiveness, appropriateness, efficiency and processes of patient care. Systematic monitoring and evaluation of care is conducted at various levels in the organization which house staff are active participants. These include activities such as mortality and morbidity conferences, departmental meetings and other ad hoc groups.

Specific medical staff functions are monitored hospital wide and reported on a regular basis to the clinical services, Medical Board, Hospital Committee of the Board of Trust and other groups as needed.

C. VANDERBILT HOME CARE SERVICES (VHCS)
Vanderbilt Home Care offers a variety of home care services catering to the individual needs of patients. The quality and level of care complies with standards of care ensuring safe and effective treatment with all the benefits of home. As an affiliate of VUMC, we offer family-centered care with a team approach to those individuals and families who require specialized services.

VISIT TEAM: Our clinical staff is specially trained in the home care of pediatric and adult patients and provides treatment under physician order.

NURSING: Health care in the home is provided by nurses who teach patients and caregivers about care in the home, based on their individual health care needs.
REHABILITATION SERVICES: Physical, speech and occupational therapists establish and carry out rehabilitation programs.

MEDICAL SOCIAL SERVICES: Services enhance medical treatment and support and maximize the psychosocial functioning and adjustments of patients and their families to meet their health care goals.

REIMBURSEMENT SPECIALISTS: These specialists work closely with families and payers to minimize financial concerns.

REFERRAL PROCESS: One telephone call to Vanderbilt Home Care is all that is required to initiate service. Our intake staff will verify benefits and begin the process of admitting the patient for services.

Vanderbilt Home Care is now affiliated with Walgreen’s infusion and respiratory services.

D. ORGAN AND TISSUE DONATION AFTER DEATH

PURPOSE
To provide guidelines for nurses, house staff and physicians to optimally deal with potential or actual candidates for organ (heart, lung, liver, kidney, pancreas) and tissue (bone, skin, whole eye, cornea) donation.

POLICY
It is the policy of Vanderbilt Hospital to identify every terminal patient who, in the opinion of the attending physician, in consultation with Tennessee Donor Service (TDS), is a potential organ and/or tissue donor. The attending physician will refer the patient for evaluation by TDS (24 hour number: 615-327-2247).
QUICK PHONE GUIDE

For these or other VU numbers, you can also go to the Vanderbilt online directory (https://phonedirectory.vanderbilt.edu).

VUMC Phone Use: To dial on campus phones (excluding VA) use last five digits of number

VUMC to VA communication: Calling VAMC: Dial 9-327-4751; if you know the extension, dial 9-873-____ (4 digit extension).

- Office of Graduate Medical Education ................................................. 615-322-4916
- Emergency Services ............................................................................. 911 (or 615-421-1911 from a cell phone)
- Admitting (VCH) .................................................................................. 615-936-4338
  - Bed Management (VCH) .................................................................. 615-936-4334
- Admitting (VUH) .................................................................................. 615-343-0179
  - Bed Management (VUH) .................................................................. 615-875-4000
- Center for Professional Health ............................................................... 615-936-0678
- Federal False Claims Act Reporting hotline ........................................... HHSTips@OIG.HHS.gov
- Emergency Room (VCH) ....................................................................... 615-343-2996
- Emergency Room (VUH) ....................................................................... 615-322-0160
- Work/Life Connections-EAP .................................................................. 615-936-1327
- Eskind Biomedical Library ..................................................................... 615-936-1410
- First Report of Work Injury ....................................................................
  https://veritas.mc.vanderbilt.edu/riskweb3.dll/FrmLogin
- Office of General Counsel – Medical Center .......................................... 615-936-0323
- News and Communications ................................................................ 615-322-4747
- Equal Opportunity, Affirmative Action, and Disability Services (EAD) 615-322-4705
- Patient Relations .................................................................................... 615-322-6154
- Faculty and Staff Health and Wellness ................................................... 615-936-0961
• Pharmacy (Central) .................................................................615-322-0703
• Pharmacy (OHO) .................................................................615-322-2688
• Pharmacy (MCE) .................................................................615-936-1040
• Pharmacy (TVC Outpatient) ...............................................615-322-6480
• Pharmacy (VCH) .................................................................615-322-0708
• Pharmacy (VCH Outpatient) ..............................................615-936-6337
• Risk and Insurance Management ........................................615-936-0660
• Tennessee Donor Service ....................................................888-234-4440
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