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Welcome to Vanderbilt University Medical Center (VUMC). You are now part of an institution that has built a strong reputation as a leader in medical education of health professionals, research in medical science and patient care throughout the Southeast and the nation.

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 residents to be trained at VUMC. Currently VUMC sponsors 21 Accreditation Council for Graduate Medical Education (ACGME) accredited specialty programs and 49 ACGME accredited subspecialty programs with approximately 840 house staff.
Statement of Commitment to Graduate Medical Education

The Vanderbilt University Medical Center (VUMC) recognizes that medical education is a continuum marked at various stages by the degree of Doctor of Medicine, completion of an accredited graduate medical education program, and subsequently a continuing life-long interest in professional self-improvement and education.

With respect to GME specifically, the Vanderbilt University Medical Center is committed to providing the appropriate resources to provide the highest quality of training.

Educational Resources
The institution is committed to providing a scholarly milieu in which the resident physician interacts with a diverse group of other learners and teachers. This group includes medical students, nursing students, graduate students, and faculty.

Resources include, but are not limited to, an appropriate patient population in size and diversity of medical problems; technological support including computer management of patient records and care; and research opportunities, both clinical and basic.

Financial Resources
All residents will be compensated and receive fringe benefits of health insurance, disability insurance and professional liability insurance. Additionally they are eligible to enroll in other institutional benefits.

Every department receives financial support from the Dean’s office to support educational endeavors. Additionally, the medical center supplies support for GME in the form an office and staff.

Faculty Resources
All attending physicians practicing at the VUMC hold an academic appointment in the School of Medicine. Additionally, a portion of the full-time faculty member's salary is predicated on an obligation to teach. The institution also is committed to the support of staff GME personnel to implement GME policies.

Signed by:
Harry R. Jacobson, M.D., Vice-Chancellor for Health Affairs
Steven G. Gabbe, M.D., Dean, School of Medicine
Norman B. Urmy, Executive Director & Chief Executive Officer, VUH
March 2003
HOUSE STAFF INFORMATION

I. ADMINISTRATION

The Associate Dean/Director of Graduate Medical Education (GME) is charged with the administrative responsibilities for house staff that includes residents and clinical fellows. In this document the titles "resident" and "house staff" are synonymous and refer to all trainees in ACGME-accredited programs. ¹

The Office of GME is located in The Vanderbilt Clinic (TVC) room 2601 at (615) 322-4916. Business hours are 8:00 a.m. - 4:30 p.m., Monday through Friday, except for Vanderbilt University recognized holidays (http://hr.vanderbilt.edu/toolbox/holidaycalendar.htm) or as otherwise posted. Visit us at our web site 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 residents with documents requiring the University Seal or Notary Seal. Residents must notify the GME office immediately of any change in address and/or telephone number.

A. CONDITIONS OF 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. Required Background Checks
   a. All house staff new to Vanderbilt are given a conditional offer of employment. The offer is conditioned upon 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 issued an ID badge, nor start work until the background check has been successfully completed and the official transcript has been received, or house staff must completed 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 Associate Dean for Graduate Medical Education, the Program Director, and other individuals deemed appropriate.

   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 any state licensure will be checked against the National Practitioners Data Bank (NPDB).

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¹ This reference is extracted from the Graduate Medical Education Directory which designates all GME participants in ACGME-accredited programs as “resident.”
2. **House Staff Stipends Policy**
   It is the policy of Vanderbilt University Hospital that residents and clinical fellows will be paid at the level at which they function.

3. **Transcript**
   An official final transcript showing the professional degree conferred with its graduation date must be received by GME direct from the graduating school before the resident 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 direct to the Office of Graduate Medical Education. Under extraordinary circumstances, the Associate Dean/Director of GME may grant a limited extension. This extension must be requested through the Office of Graduate Medical Education.

Vanderbilt University Medical Center
Graduate Medical Education
2601 TVC
Nashville, TN  37232-5283

Important: Photocopies are not acceptable, even if notarized. The Office of Graduate Medical Education cannot make photocopies of the official transcript.

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

5. **Medical License**
   Residents and clinical fellows who are participating in an approved training program are exempted from licensure by the Tennessee Board of Medical Examiners. The GME Office will be responsible for the request of exemption to the Board annually.

6. **Advanced Cardiac Life Support (ACLS), Pediatric Advance Life Support (PALS) and Basic Life Support (BLS)**
   Vanderbilt University Medical Center Medical Board policy requires that house staff have current training in BLS and ACLS by the standards of the American Heart Association. All incoming house staff new to Vanderbilt must provide proof of current training in BLS. All incoming house staff Levels 1-3 new to Vanderbilt - must provide proof of current training in ACLS.

   The only exceptions are the Pediatric residents, who must provide proof of current training in Pediatric Advanced Life Support (PALS), and Emergency Medicine Residents, who must provide proof of both ACLS and PALS. ACLS, PALS and BLS courses are offered for incoming house staff the week prior to your residency beginning, although you are encouraged to have training prior to this. The accountability for keeping your BLS/ACLS/PALS training current rests with you. It must be renewed every two years for the first three clinical years of residency at Vanderbilt in order for you to remain in your residency program.

7. **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.

8. **International Medical Graduates (IMG)**
   An ECFMG certification is required for IMGs who come to Vanderbilt for clinical training. ECFMG is an authorized agency to sponsor the J-1 Visa. The resident is responsible for obtaining and maintaining the ECFMG certification and notifying both Vanderbilt University and ECFMG of any change in status.
9. **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.

10. **Policy on Duty Hours**

The Vanderbilt GMEC is committed to compliance with the ACGME duty hour guidelines. Since July 1, 2003 the following requirements apply to all residency training programs at Vanderbilt:

1. 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.
2. In-house call will occur no more frequently than every third night, averaged over a four-week period.
3. Continuous onsite duty must not exceed twenty-four consecutive hours. Residents may remain on duty for an additional six hours for didactic activities, transfer of care, to conduct outpatient clinics, and to maintain continuity of medical and surgical care as defined by their specialty and subspecialty requirements.
4. No new patients, as defined in the specialty and subspecialty requirements, may be accepted after twenty-four hours of continuous duty.
5. Residents must have at least one day in seven completely free from all educational and clinical responsibilities, including home call, averaged over a four-week period.
6. There should be a minimum of ten hours between all duty periods and after in-house call.
7. When residents are called into the hospital from home, the hours spent in-house are counted toward the eighty-hour limit.
8. Moonlighting that occurs within the residency program and/or the sponsoring institution will be counted toward the eighty-hour limit on duty hours.
9. House Staff are responsible for keeping track of the duty hours per program requirements.

Any correspondence or questions concerning the hour guidelines must be directed to the Associate Dean or Assistant Director for GME.

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

B. **EXTRACURRICULAR PROFESSIONAL ACTIVITY (MOONLIGHTING)**

It is the position of VUMC 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 generally conflict with these responsibilities, Vanderbilt discourages such activities. In some departments, outreach programs at other medical facilities are approved activities, which 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 Chair of the house staff member’s host Department. Moonlighting during periods of authorized absence can occur provided that it does not interfere with the individual’s primary responsibilities and is properly approved and recorded.

The Medical Center or any individual department or division reserves the right to deny any specific moonlighting activity that is deemed inconsistent with University policy regarding conflict of interest or other relevant policies.
Individual departments or divisions may impose additional restrictions on moonlighting activity.

Violation of these rules constitutes a breach of the House Staff Agreement between Vanderbilt University and the individual. Contact the Office of GME for any clarification of these requirements.

1. **External Moonlighting Requirements:**
   External moonlighting is any extracurricular employment outside of VUH or the Vanderbilt Clinics.
   
a. Possession of an unrestricted license to practice medicine in the appropriate state.

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

c. After initial approval, the moonlighting activity must be renewed annually prior to July 1st.

2. **Internal Moonlighting:**
   Practicing medicine for pay at the Vanderbilt University Hospital or Clinic outside the requirements of the training program is considered internal moonlighting. Under the internal moonlighting policy, there are both general guidelines and group specific guidelines. House staff are divided into two groups. The requirements for each group are as follows:

   a. **General Requirements for Internal Moonlighting:**
      1. Professional Liability for both groups will be provided through the VUMC Self Insurance Trust. The additional cost will be prorated to the hiring department.
      2. All requests for internal moonlighting must be submitted to the GME Office for review and final approval. No moonlighting will commence until this approval has been given.
      3. Internal moonlighting activity shall be reviewed, and, if appropriate, renewed prior to each July 1st.
      4. Within a department and/or division, internal moonlighting appointments should be offered to all qualified house staff at any specific level of training. However, the house staff should not feel or be pressured to participate in such activities.
      5. Hours spent in internal moonlighting are subject to the ACGME duty hours requirements.

   b. **Specific Requirements for Group One and Group Two:**

   **GROUP ONE:**
   House staff who are 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.)

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

   **Additional Requirements for Group One:**
   These individuals may practice the specialty for which they are board certified/eligible during “off hours” 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 Bylaws.
   In order to qualify for internal moonlighting as a Group One physician, the house staff must fulfill all of the following prerequisites:
   1. Completion of an ACGME Training Program;
2. Board eligible/certified in a specialty for which they are moonlighting;
3. Possess an unrestricted license to practice medicine in the state of Tennessee;
4. Be “in good standing” in their current training program (i.e., not on probation or suspension);
5. This professional activity cannot be used to fulfill a training requirement of the current training program.
6. The individual must have a part-time Vanderbilt School of Medicine faculty appointment in the hiring department/division. (The primary appointment will remain either “resident or clinical fellow.”) Appointment to the Medical Staff will follow the usual credentialing process.

Additional Requirements for Group Two:
House staff who are not board certified/eligible and/or are not billing for their professional services

In order to qualify for internal moonlighting as a Group Two physician, the House staff must fulfill all of the following prerequisites:
1. Be “in good standing” in the training program (i.e., not on probation or suspension).
2. This professional activity 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.
4. This individual cannot bill third party payers 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.
5. There must be an identified supervising attending physician.
6. After initial approval, the moonlighting activity must be renewed each subsequent July 1st.

C. APPOINTMENT OF VISITING RESIDENTS/CLINICAL FELLOWS
The GME Office must be advised of and process all visiting residents/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.

Requirements:

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

b. 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.

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

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

e. 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 training program and home institution will be notified.

f. National Practitioners Data Bank (NPDB)
All visiting house staff currently holding a state licensure will be checked against the NPDB.

g. The additional requirements for background checks set forth in Section A1 will be applicable to Visiting Residents/Clinical Fellows.

h. Immunization Records
All visiting house staff must provide documentation of immunization and testing 30 days prior to the desired rotation date. Documentation must include:

1. HEPATITIS B: Documentation of either
   A. A completed series of 3 hepatitis B vaccines
   B. A hepatitis B vaccine series in progress
C. Laboratory evidence of immunity to hepatitis B
or
D. Informed refusal of the vaccine

2. VARICELLA (chickenpox): Laboratory evidence of immunity to varicella, or documentation of a completed vaccine series.

3. MMR Measles (rubeola): If born on or after 1/1/1957, written documentation of either
   A. Two (2) live measles (rubeola) vaccines given no less than one month apart, after the first birthday
   B. One (1) measles/mumps/rubella (MMR) vaccine since age 18.
   C. Laboratory evidence of immunity to rubeola
or
D. Documentation of physician-diagnosed rubeola infection

4. Mumps: If born on or after 1/1/1957, written documentation of
   A. One dose of live mumps after first birthday,
   B. Laboratory evidence of immunity to mumps, or
   C. Documentation of physician-diagnosed mumps infection

5. Rubella (German measles): (regardless of birth date)
   A. Written documentation or laboratory evidence of immunity to rubella
   or
   B. Documentation of a rubella-containing vaccine since first birthday.

6. TUBERCULOSIS:
   A. Written documentation of either a negative TB skin tests within the past 12 months
   or
   B. If a history of a positive skin test, a statement from home institution stating you are in compliance with their TB monitoring program.

D. SUPERVISING MEDICAL STUDENTS AND OTHER RESIDENTS

As part of an academic training center, residents are important role models for the students and less experienced residents. Residents are expected to participate actively in the teaching and evaluation of the Vanderbilt medical students, as well as other residents. In order to provide the appropriate level of care for patients and safety for learners in the clinical setting, medical students and less experienced residents 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.

Faculty and house staff should be guided in the clinical situation first by safety and second by educational benefits. 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. In a similar manner, medical students and residents should be advised to follow all radiation safety guidelines. If there are any questions regarding health and safety, the medical student or resident should be referred to the Occupational Health Clinic.

E. TRAINING PROGRAM REDUCTION/CLOSURE POLICY

If an ACGME training program reduces its size or ceases to exist, the residents 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 residents
If residents are displaced because of reduction or closure, the appropriate program director will make every effort to assist the residents in identifying other similar programs in which they can continue their education.

F. CERTIFICATE OF SERVICE
At the successful completion of training/appointment, a Certificate of Service will be awarded to each resident.

G. HOLIDAY/VACATION/SICK TIME
The amount of time a resident can be away from residency duties and still meet Board requirements vary 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
   Vacation is scheduled and approved by the Program Director. A resident in his/her first year of training may take two weeks of paid vacation. A resident in his/her second year of training or above may take three weeks of paid vacation leave. 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. Residents accrue paid sick time at the rate of one day per month except when he/she is on unpaid leave. Residents on unpaid leave do not accrue sick time. Residents are not paid for unused sick time, but sick time does carry over to the next appointment year if applicable. Sick time can only be used for time off due to the resident's illness or the illness of the resident's spouse, parent or child. 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.

H. 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 emergencies or unexpected illnesses. In unexpected/emergency situations, the resident should contact the Program Director or Chief of Service at the earliest possible 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. The Board requirements for each specialty are 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, 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 counted 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, the request should be submitted as soon as practical.

1. Family and Medical Leave Act (FMLA)
   As required by the FMLA, Vanderbilt allows eligible residents to take up to twelve weeks paid or unpaid leave in a rolling twelve month period for certain family or medical reasons. These reasons include childbirth and care for the resident’s child after birth or placement for adoption or foster care; care for the resident’s spouse, son or daughter, or parent who has a serious health condition; or a serious health condition that makes the resident unable to perform his/her job. Residents are eligible for FMLA leave (if they meet the defined family or medical reasons) if they have:
   * been employed by VUMC for at least 12 months and
   * been employed for at least 1250 hours of service during the 12-month period immediately preceding the commencement of the leave.
   Paid leave time (sick and vacation time), if available, is required to be substituted prior to going into unpaid status.

   If a resident is on FMLA leave, his/her health insurance continues.
   More information on FMLA leave can be obtained through the Office of Graduate Medical Education.

2. Maternity Leave/Adoption
   Maternity leave is available to eligible residents for the birth or adoption of a child under the FMLA and the Tennessee Maternity Leave Act (TMLA). If certain conditions are met, a resident may be eligible for maternity (or other) leave related to adoption, pregnancy, childbirth, and/or nursing an infant for a period of up to four months. Time off under the TMLA and the FMLA runs concurrently.
   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 maternity leave under these laws. For care of a newly adopted child, available vacation and then unpaid leave is used.

3. Medical Leave
   Medical leave which is not FMLA eligible is available at the discretion of the Program Director in 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. Residents 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.

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

5. Military Leave/Jury Duty
   Residents 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.

6. Personal Leave
   Personal leave may be provided at the discretion of the Program Director in 30-day intervals according to the policies established by the individual residency programs. Residents will be required to exhaust other forms of leave for which they may qualify prior to being eligible for personal leave.
7. **Bereavement Leave**
If there is a death in your family, you may take up to 3 working days off as leave with pay. For this purpose, “family” is defined as spouse, 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.

I. **EQUAL EMPLOYMENT AND AFFIRMATIVE ACTION**

"In compliance with federal law, including the provisions of Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990, Vanderbilt University does not discriminate on the basis of race, sex, religion, color, national or ethnic origin, age, disability, or military service in its administration of educational policies, programs, or activities; its admissions policies; scholarship and loan programs; athletic or other University-administered programs; or employment. In addition, the University does not discriminate on the basis of sexual orientation consistent with the University nondiscrimination policy.

Inquiries or complaints should be directed to the Opportunity Development Center, Baker Building, Box 1809 Station B, Nashville, TN 37235.

Telephone (615) 322-4705 (V/TDD)
Fax (615) 343-4969.

1. **Anti-Harassment Policy**

Sexual harassment is a form of sex discrimination. It is illegal under state and federal law and is a violation of University policy.

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

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, defining the term as follows: "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 of Civil Rights of the Department of Education defines sexual harassment under Title IX and set forth policy statement establishing sexual harassment to "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 on the basis of 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 race, color, religion, or national origin.

When harassment based on 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 "Sexual Orientation Nondiscrimination Statement," applies these principles to harassment on the basis of sexual orientation.

2. Complaint Procedure
   Any member of the university community who experiences harassment on the basis of sex, race, color, religion, national origin, age, disability, or sexual orientation should immediately seek assistance through the Opportunity Development Center (ODC), Baker Building Box 1809 Station B, Nashville, TN 37235; telephone # (615) 322-4705; FAX # (615) 343-4969. The ODC will document the details of the complaint and will conduct a prompt and thorough investigation of the allegations. The ODC will explain the process to all parties involved and notify them of the need for confidentiality to be maintained throughout. Where appropriate, the ODC 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 ODC will notify the parties of the outcome of the investigation. Where appropriate, the ODC 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.

J. 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 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.

   There are specific federal regulations related to billing for physician services in a teaching hospital that you 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 or procedures for which payment is sought." During the course of your residency training at VUMC you will receive more details regarding these requirements.

   If you ever have any questions concerning compliance issues or would like more information, contact the Compliance Office at (615) 343-2777. There is a confidential 24-hour compliance referral line (615) 343-0135 on which you may report concerns.

K. RETALIATION
   Residents 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. Complaints of retaliation will be investigated by the Opportunity Development Center.
II. BENEFITS

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

- Health benefits, dental insurance, long-term disability, life insurance and accidental death & dismemberment (AD&D) coverage immediately;
- Personal spending accounts (PSAs) after three months;
- Short-term disability after approval;
- Retirement plan participation on first of month after hire. Participation is mandatory after one full year and 1,000 hours of service.

THE FOLLOWING INFORMATION IS A SUMMARY ONLY. Summary plan descriptions and detailed information are available on the Human Resources Web site (http://hr.vanderbilt.edu), at HR Express (2525 West End Avenue, second floor), or by calling HR Customer Service (615.322.8330).

CORE COVERAGE:

A. HEALTH BENEFITS

Vanderbilt offers three health plan options.
- BlueCross Advantage P
- Aetna Choice
- Aetna Standard

PLEASE REVIEW THE SUMMARY PLAN DESCRIPTIONS AND THE LIST OF PREFERRED PROVIDERS BEFORE SELECTING A HEALTH PLAN.

B. LIFE INSURANCE

Basic coverage provided by the University is equal to your annual salary and additional coverage of up to three times your salary may be purchased. Dependent coverage (spouse, $5,000; children, $2,500) is also provided.

C. RETIREMENT PLAN

The Vanderbilt Retirement Plan is optional for new house staff and is mandatory for employees upon their 1-year anniversary. You will be automatically enrolled upon completion of 12 months and 1,000 hours of service. Investment options are offered through AIG VALIC, Fidelity, TIAA-CREF, and Vanguard. If you do not submit all necessary forms by your 1-year anniversary, your contributions will default to a fund established by the Plan.

D. LONG-TERM DISABILITY (LTD)

Automatic enrollment in LTD occurs on your hire date. LTD insurance provides a monthly income of 60% of your salary should you become totally disabled and are unable to work for more than six months. Vanderbilt pays for LTD insurance covering the first $24,000 of your annual base pay. You pay for the coverage above $24,000. You can waive the additional LTD coverage (above the $24,000 that Vanderbilt pays) by signing a Long-term Disability Waiver Form.

VOLUNTARY COVERAGE:

A. ACCIDENTAL DEATH AND DISMEMBERMENT

Accidental death and dismemberment insurance pays a benefit if you lose your life, limbs, eyes, speech or hearing due to an accident. You can purchase coverage for yourself only, or for your family.
B. DENTAL INSURANCE
Vanderbilt offers two voluntary dental plans.
- CIGNA Dental PPO
- CIGNA Dental Care (dental HMO-type of plan)
PLEASE REVIEW THE SUMMARY PLAN DESCRIPTIONS AND THE LIST OF PREFERRED PROVIDERS BEFORE SELECTING A DENTAL PLAN.

C. LONG-TERM CARE
Long-term care insurance provides assistance to pay for an eligible nursing home or in-home health provider, if you became unable to care for yourself. You can also purchase coverage for a parent or a dependent.

D. PERSONAL SPENDING ACCOUNT (PSA)
If you have regular, foreseeable medical or dependent care expenses, the PSA allows you to set aside a limited amount of money on a pre-tax basis (before Federal Income and FICA taxes). You save money by paying less tax. You then file receipts (for eligible expenses along with a claim form) to WageWorks for reimbursement. There are two types of PSAs available to Vanderbilt employees:

- **Dependent Care PSA** - Dependent Care PSA funds are used to pay for expenses to place your children (under the age of 13) or other eligible dependents in day care or other custodial care to enable you to be gainfully employed.

- **Health Care PSA** - You would use your Health Care PSA funds for out-of-pocket medical expenses, such as prescription drug copays, vision care appointments, eyeglasses/contacts, and other eligible expenses.

E. SHORT-TERM DISABILITY
Short-term disability is an optional benefit that would pay 66 2/3% of your income (up to $2,500 a week) if you become sick or injured outside of the workplace. You may apply for short-term disability when you begin your employment at Vanderbilt. The Hartford will mail enrollment information to your home address.

F. TRAVEL INSURANCE
From the date of employment, the resident is automatically covered while traveling on approved Vanderbilt business.
- **Accidental Death and Dismemberment**
  $100,000 for accidental loss of life;
  up to $100,000 for accidental dismemberment

G. WORKERS’ COMPENSATION
1. If you do suffer a job-related injury or illness you or your supervisor must complete a Tennessee Employer's First Report of Work Injury form and submit it to Risk and Insurance Management, 610 Oxford House, as soon as possible. You should obtain any necessary medical treatment from Occupational Health Clinic, or in the case of an emergency, you should go to the emergency room. If you want 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 wage. Please call 936-0865 if you have any questions.

2. **BLOOD AND BODY FLUID EXPOSURES MUST BE REPORTED TO THE OCCUPATIONAL HEALTH CLINIC AS SOON AS POSSIBLE AFTER EXPOSURE. IN THE EVENT THAT THE OCCUPATIONAL HEALTH CLINIC IS CLOSED, INITIAL TREATMENT**
H. PROFESSIONAL LIABILITY COVERAGE

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

III. SUPPORT SERVICES

A. HEALTH AND WELLNESS

The Department of Health and Wellness offers a variety of integrated services to support house staff and is composed of four programs. These programs are:

1. Vanderbilt Occupational Health Clinic (VOHC)
   The VOHC serves as a point of evaluation and treatment of work-related and non work-related illnesses and injuries. Surveillance exams and preventive services are also provided to protect against work related hazards. Immunization and screening requirements may be found at [http://www.vanderbilt.edu/HRS/wellness/ohcstartnee.htm](http://www.vanderbilt.edu/HRS/wellness/ohcstartnee.htm)

2. Health Plus
   Health Plus is a comprehensive worksite wellness and fitness program for full-time faculty and staff. The program consists of exercise facilities, health risk assessments and numerous programs aimed at helping faculty and staff develop a healthy lifestyle. Go For The Gold is a health incentive program designed to reward faculty and staff for completing their health risk assessment, participating in healthy actions, and learning about becoming wise healthcare consumers. For more information contact Health Plus at (615) 343-8943 or visit the web site: [http://www.vanderbilt.edu/HRS/wellness/healthplus.htm](http://www.vanderbilt.edu/HRS/wellness/healthplus.htm)

3. Faculty and Physician Wellness Program (FPWP) of Work/Life Connections-EAP (formerly known as the Employee Assistance Program)
   The PWP offers a range of services to help staff and faculty address personal or work related problems. For more information of problem areas frequently addressed and services available contact FPWP/EAP at: (615) 936-1327 (24-hour answering service) or 1(800)-999-1824 (24/7
free anonymous screening for depression and/or alcohol/drug abuse for house staff and immediate family members)
Or visit the web: http://www.vanderbilt.edu/HRS/wellness/wlcfpwp.html (website also includes access to online, anonymous screening for depression, substance abuse, eating disorders, anxiety disorders, bipolar disorder, and post-traumatic-stress-disorder to faculty and staff and immediate family members)

4. Vanderbilt Child and Family Center
The Vanderbilt Child and Family Center provides programs that support the health and productivity of the Vanderbilt community by providing resource and referral services, quality childcare and early childhood education to the children of faculty, staff and students. For more information, visit the web site:
http://www.vanderbilt.edu/HRS/wellness/cfctr.html

B. STRESS MANAGEMENT
Stress management programs for house staff are available as needed for work related stress issues that include, but are not limited to, the following: women physicians, residents cited for malpractice, minority physicians, and foreign medical graduates. In addition, a "Medical Marriages" support group is available for house staff and their spouses.

Information about this support group network is available from the Physicians Wellness Committee at the:
Center for Professional Health
1107 Oxford House
Phone: (615) 936-0678

The following advisors have access to other resources if special problems need to be addressed:
Graduate Medical Education
Fred K. Kirchner, Jr., M.D.
Jane Shoun
Physician Wellness Committee - Chairman
Anderson Spickard, Jr., M.D.

C. RECOGNIZING THE IMPAIRED PHYSICIAN
There is a long tradition of concern at Vanderbilt 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 the following faculty may be consulted.

Peter R. Martin, M.D., Professor of Psychiatry and Pharmacology; Director of Vanderbilt Addiction Center
(322-3527); or
W. Anderson Spickard, Jr., M.D., Professor of Medicine and Psychiatry; Director of Center for Professional Health at Vanderbilt (936-0678)

When the physician is sufficiently distressed or symptomatic as to require individual
assessment, the following resource may be contacted:

Paul W. Ragan, MD, Associate Professor of Psychiatry, Director of the Physician’s Wellness Program within Work/Life Connections-EAP (936-1327).
(See Hospital Information, Section VI Alcohol and Drug Use Policy)

D. HOUSE STAFF ADVISORY COUNCIL
The Council meets monthly and is composed of representatives from each clinical department. Matters of hospital policy that impact the house staff are discussed and information is disseminated through monthly minutes. Any issue pertaining to your 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.

E. EMERGENCY LOAN FUND
Recognizing that residents occasionally need additional funds for unexpected, non-recurring emergent expenses, an interest-free loan is available after 90 days of employment. At the discretion of the associate dean for GME or his/her designee, loans may be advanced for any amount up to $2,000. The resident will be asked to sign a repayment form which will record the reason for the loan, the amount, and repayment schedule. Failure to meet the repayment agreement will cause the resident’s record to be identified as not in good standing and therefore, verification of training and issuance of the residency certificate will be suspended until payment is completed. The complete policy and procedure is available in the GME office.

F. 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 center is open M-F 5:30 AM – 8:30PM, and Saturday 8:00 AM – 5:00 PM (pool closes 30 min. prior to closing.) The application/release form is available at the GME office.

IV. GRADUATE MEDICAL EDUCATION EVALUATION AND DISCIPLINARY GUIDELINES

The following evaluation and disciplinary guidelines apply to house staff (residents and clinical fellows) as part of their Vanderbilt University Medical Center 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 knowledge, skills, and professionalism.
1. Each written evaluation of a house officer will address medical knowledge, competence in patient care, professionalism, system-based practice, interpersonal and communication skills, and practice-based learning and improvement. The evaluation will be compiled by the program director or designee. The program director or designee will share the evaluation with the house officer and provide feedback. This evaluation must occur at least semi-annually, will include a written review of performance, and should also include a discussion of areas of deficiency.

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

3. Any materials 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 Associate Dean for Graduate Medical Education 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 Associate Dean for Graduate Medical Education, or an individual designated by the Associate Dean for Graduate Medical Education 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.

B. Informal Counseling
   In addition to evaluations, Program Directors, attending or supervising physicians should provide and document timely feedback on an ongoing basis, which should include positive feedback as well as minor performance or conduct concerns as they occur and should be documented as such.

C. Corrective Action
   1. Corrective Action should be 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 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.

   2. 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 with feedback or Informal Counseling. In those situations, one of the actions listed below (e.g., Warning(s), Probation, Summary Suspension, Dismissal or Non-renewal) may be taken, 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 too serious to be dealt with by Informal Counseling but which do not impact the health or safety of patients or others. (Actions that may adversely impact on health or safety of patients or others should 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 or in writing, but will be documented in the house officer’s departmental file, with a copy to the GME office. The house officer should 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 immediately place the house officer on Probation, recommend nonrenewal, 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 are not appropriate, the house officer may be placed on Probation by the Departmental Chairman, Program Director, or Associate Dean of GME. The house officer will be informed in writing by the Departmental Chairman, Program Director, or Associate Dean 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 shall be determined by the Departmental Chair and/or Program Director, after consultation with the Associate Dean of GME. A copy of the written notification of Probation shall be sent to the GME office 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 shall be conveyed to the house officer by the Departmental Chair and/or Program Director, together with a copy of these guidelines. During the Probationary Period, efforts shall be 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, Summary Suspension or Immediate Dismissal.
At the end of the Probationary Period, the Departmental Chair or Program Director shall determine which of the following actions will be taken and notify the house officer:

1. Remove the house officer from probationary status.
2. Extend the probationary period.
3. Notify the house officer of non-renewal of his/her appointment.
4. Notify the house officer of his/her immediate dismissal.

The Associate Dean of GME shall also be notified of the actions in 1 through 5 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 or the Hospital Administrator on Call 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 Associate Dean of GME.

The Summary Suspension will be reported immediately in writing to the Associate Dean of GME and the resident’s Program Director and Chair with a copy to the house officer.

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

1. Lifting, modifying or extending the Summary Suspension;
2. Probation;
3. Notification of Nonrenewal of contract;
4. Immediate Dismissal.

The resident will be 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 Associate Dean of GME in writing (C/O GME Office during the business hours 8 a.m. – 4:30 p.m.) within 5 business days of the time written notification of the action was provided to the resident or sent to the resident’s home address.

d. **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, shall notify both the house officer and the Associate Dean of GME. The dismissal is effective immediately and the house officer is relieved of all clinical duties.

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.
Any medical center equipment including, but not limited to, pagers, ID badges, keys, PDAs, parking cards, laptops, email privileges, will be revoked upon dismissal. In addition, all access to VU computers will be terminated.

e. **Response of House Officer**

   The house officer shall have 5 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:

   1. Accept the Dismissal without requesting a review.
   2. Request a review of the Dismissal.

   The response of the house officer should be submitted in writing to the Associate Dean of 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 Associate Dean’s office within this time frame will be considered acceptance of the Dismissal.

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

   Residents 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 Associate Dean/Director of GME or his/her designee shall ask the Chair of the Graduate Medical Education Committee (GMEC) to convene the Review Committee of the GMEC (“Review Committee”) 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 shall consist of the members of the current GMEC, except for the following: the Dean of the Medical School, the Associate Dean of Graduate Medical Education, and the Dean’s Chief of Staff.

   The Review Committee may review this request only when a quorum is present. A quorum shall consist of at least half of the house staff members and half 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. However, to the extent the recused member has knowledge of or was involved in the events leading up to the corrective action, he or 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 Associate Dean for Graduate Medical Education, 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 nonprivileged 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 also identify witnesses to be called or documents to be considered by the review committee. 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 will not be tolerated.

The GMEC 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 review shall be 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.

The Chair of the Review Committee may appoint a recording secretary to be present during the review. After completion of the review, the Review Committee will submit a written summary of the proceedings, and recommendations to the Dean, who will make the final decision. A copy of the summary shall be maintained in the GME Office and by the Chair of the Review Committee. The Dean shall notify in writing the house officer, the Departmental Chair/Clinical Service Chief, the Associate Dean/Director of the GME office, 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 will not be tolerated and will result in appropriate disciplinary action.

g. Nonrenewal
Nonrenewal of a house officer’s contract 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 Nonrenewal of a house officer’s contract 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 Nonrenewal and chooses to initiate a review, he/she should notify the Associate Dean of Graduate Medical Education 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), the GMEC need not be convened and the request for review will be considered withdrawn.

APPROVED BY THE MEDICAL CENTER MEDICAL BOARD
February 21, 2002
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/RETLAITION

If the complaint involves allegations of sexual harassment and/or perceived unlawful discrimination or retaliation, refer to the sections in this House Staff Manual (Section I.G on Equal Employment and Affirmative Action).

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 Associate Dean/Director of GME within two weeks following the failure to resolve the issue at the department level to resolve the issue. The Associate Dean/Director of 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 Associate Dean/Director of GME will make a decision.

If the resident disagrees with the decision of the Associate Dean/Director of GME, he/she must, within 14 days after receipt of the Director of GME’s decision, notify in writing, the Director of GME, who will then direct the chair of the GMEC to convene the committee to address the appeal. The Committee will meet within 14 days after receipt of the written appeal. Any member of the committee (faculty or house staff) who has a potential conflict of interest, as determined by the Chair of the committee will not be permitted to vote. Likewise, if there is a potential conflict of interest between the chair and the appealing resident, the committee will elect a temporary chair of the committee for the purpose of the review. Neither party will have legal counsel present during the committee deliberations. The 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
March 26, 1998

VI. GENERAL INFORMATION

A. PRESCRIPTIONS/DEA

Residents are assigned the Vanderbilt Hospital DEA number plus an identifying suffix. The DEA number as well as the issued individualized prescription pads is to be used for Vanderbilt patients only. They are not to be used for patients seen at affiliated hospitals/clinics (including VA), or family members or friends who are not bona fide Vanderbilt patients under the care of the resident.
B. BIOMEDICAL LIBRARY

The Annette and Irwin Eskind Biomedical Library (EBL), a unit of Vanderbilt University Medical Center'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 Vanderbilt University Medical Center.

To enable information use at the point of need, the EBL provides an extensive digital library (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 VUNetID, 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, i.e. Ask ELIS. 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 www.mc.vanderbilt.edu/biolib.

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.

Academic Year: 1st week in January through 3rd week in May (except spring break), and 4th week in August through December (except Thanksgiving & Christmas)

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Summer Session: 3rd week in May through 3rd week in August

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**Phones:** General Information/Paging Service 936-1410; Reference Desk 936-1400
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 contrary to University policy and may result in disciplinary action, including dismissal.**

D. MEAL PLAN
   The Courtyard Cafe 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 Cafe Way. Residents with overnight in house call or predictable continuing late evening patient care obligations (after 8 p.m.) are issued a Vanderbilt Meal Plan Account for use in the Courtyard Cafe, the Children’s Cafe Way and all hospital vending machines. Presenting your own VUMC ID Badge will access this account. 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.

   Residents may also open a Flexible Vanderbilt Account and add personal money for use when on call funds are exhausted. A check with social security number made out to the Vanderbilt Card Office may be turned into the cafeteria cashier for posting to the account, which will take approximately four (4) days or you may access and manage your account online at: http://thecard.vanderbilt.edu/

E. SPORTS
   House staff are eligible to apply for half-price Vanderbilt football and basketball tickets. The supply of tickets is limited and waiting periods may be encountered. Contact the Vanderbilt Athletic Department Ticket office (322-3544).

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. POLICE DEPARTMENT
   As one of Tennessee’s larger law enforcement agencies, the Vanderbilt University Police Department provides comprehensive law enforcement and security services to all components of Vanderbilt University; including the academic campus, Vanderbilt University Medical Center, 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 Vanderbilt University Medical Center. 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 will contact the Vanderbilt Police Department communications center. A trained dispatcher will
then direct the appropriate response to your emergency. For non-emergency calls to the 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 Trip Services
VUPD provides a walking escort service for persons traveling across campus during hours of darkness. Call 421-8888 for an escort.
I. 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.

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.
- You will receive your VUMC CONFIDENTIALITY AGREEMENT at orientation.
- After signing your Agreement, you will be assigned a USER ID and initial password at your computer training class.

To Receive Computer Assistance
Call the HELP DESK – (3-HELP or 3-4357) 24 hours/day, 7 days/week. Be prepared to give them your USER ID. This is OK since your USER ID identifies you in the system. (Terminal & printer IDs may be requested when applicable.) Help Desk staff will triage your call to appropriate staff if unable to assist you.

II. SYSTEMS ACCESS AND CONFIDENTIALITY

Your user-id and password are equivalent to your signature. Your password should NEVER be shared with anyone and you should never use someone else’s user-id/password.

Always log off or lock your computer screen by pressing CTRL+ALT and DELETE and selecting “Lock Computer” anytime that you walk away from a computer. This practice helps ensure others do not use the computer under your user-id and see confidential information they may not be authorized to access.

Only information related to the care/treatment of patients for whom you have a clinical relationship, have been asked to provide a consultation, or that you have written permission from the patient may be accessed.

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

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) 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
Whenever you print a document containing patient information on it be sure to always place it in a shredder bin when finished. Never throw it away in a regular trash can. Be extra careful to keep up with papers listing patient identifiable information that are in your possession as they can easily be left in a conference room, etc. thereby putting the information at risk of being seen by other unauthorized personnel.

Any violation of confidentiality and/or the terms in the Agreement may result in disciplinary action, including termination of access to the systems, and when appropriate termination of employment.

Questions or concerns about privacy may be directed to the Privacy Office at 936-3594 or email: Privacy.Office@vanderbilt.edu.

III. FALSE CLAIMS ACT

The policy of Vanderbilt University is to require all House staff 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.

PROCEDURE

A. DEFINITION

1. 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.

2. TFCA (located at T.C.A. §4-18-103) 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.

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

1. House staff are expected to report any known or suspected violation of either the FFCA or the TFCA to the House staff officer’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 help lines have no call identification or number recognition capability.

2. House staff may also report known or suspected violations of the FFCA to the following Federal hotline, 1-800-8484, by email at HHSTips@OIG.HHS.gov.

3. 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.

C. 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 House staff in the terms and conditions of the training program. Any House staff 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.

IV. ALCOHOL AND DRUG USE POLICY

PURPOSE:
To delineate appropriate action in the event that a member of the faculty, staff, or house staff exhibits behavior consistent with alcohol or drug use in the workplace.

POLICY:
Vanderbilt University is a drug free workplace and adheres to the Drug Free Workplace Act of 1988 and the Drug Free Schools and Communities Act Amendments of 1989. Substance abuse (both drug and alcohol abuse) has been proved to be detrimental to an individual's health and may jeopardize safety in the workplace. Therefore, the 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. Being unfit for work because of alcohol and/or illegal use or possession of controlled substances or any other violation of this policy may subject an individual to disciplinary action, in accordance with the University policies and procedures, up to and including termination of employment. Drug and alcohol testing is only one factor to be considered in making a determination regarding disciplinary action.

SPECIFIC INFORMATION:
A. DEFINITIONS
1. "House staff": All interns, residents or clinical fellows.
2. "House staff Supervisor": Program Director or designee.
3. "Faculty": All those who have faculty appointments in the School of Medicine and School of Nursing and receive compensation from Vanderbilt.

4. "Supervisor of Faculty": Dean or Departmental Chair.

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

6. "EAP" - Work/Life Connections-EAP (Employee Assistance Program)

7. "PWP" - Physician Wellness Program of Work/Life Connections-EAP


B. PROCEDURE:

1. When there is reason to believe that there is unauthorized use or possession of alcohol, controlled substances, or the use or possession of illegal drugs by a faculty, house staff, or staff member, or if such behavior or work performance by such individual(s) gives rise to performance related concerns that may indicate a need for drug and alcohol testing or some other action, the following procedure shall be used. The procedure also applies to other violations of the policies as stated above.

Some situations which might require this type of intervention are:

- Unusual behavior such as slurred speech or unusual energy levels for which an explanation is not apparent.
- Unusual drug administration procedures or documentation, including those as noted by a review from the Pharmacy staff.
- Reports by co-workers of unauthorized drug and/or alcohol use or being under the influence on the job.

2. 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 which indicate a need for drug and/or alcohol testing, these procedures shall be followed:

   a. The appropriate supervisor or responsible individual who is present should immediately relieve the individual of assigned responsibilities and advise the person of the performance related concern. If a staff member is involved, the supervisor may also consult with Employee Relations regarding appropriate action to be taken. If testing is to be done, the supervisor should take the faculty, house staff, or staff member to OHC between the hours of 7:30 a.m. and 5:30 p.m. If testing is needed after regular work hours, the supervisor shall call the Emergency Department (ED) triage nurse or attending physician prior to escorting the individual to ED. The impact of the problem on job performance, including interpersonal relationships affecting the workplace, should be carefully documented. The supervisor should provide the ED triage nurse with background information regarding the individual's behavior as well as telephone number for locating the supervisor, if necessary. The individual will be examined by an ED attending physician to determine the need for screening tests according to ED protocol. Every effort will be made to maintain the confidentiality of the individual's test results and status.

   b. 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 should be placed on administrative leave or summary suspension as appropriate. After consultation with the appropriate department, the supervisor should initiate the appropriate step of disciplinary action, including termination, if warranted.
c. The supervisor should arrange safe transportation from the University Medical Center for the faculty/house staff, or staff member whose behavior results in “a” or “b” above.

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

e. The supervisor will receive test results from OHC and should take the following steps:
   i. Staff: If a staff member is involved, the Employee Relations representative should also be consulted to determine the appropriate action to be taken. The Employee Relations representative will meet 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.
   
   ii. Faculty/House staff: If faculty or house staff is involved, the appropriate Chair, Program Director, or designee will discuss the test results with the OHC and others as indicated. Upon receiving this information, the Chair, Program Director, or designee should decide what action should be taken, i.e., initiation of disciplinary action, up to and including termination and/or referral to PWP of Work/Life Connections-EAP for evaluation and treatment recommendations.
   
   iii. All bills for initial testing should be sent to Vanderbilt Occupational Health Clinic (OHC) for verification and payment.

3. Peer Assistance Programs/Work/Life Connections-EAP/Counseling

   a. Vanderbilt University Medical Center (VUMC) faculty, staff, and house staff must 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 must be referred to Work/Life Connections-EAP.

   b. VUMC faculty, house staff, or staff member may be referred or seek assistance for substance abuse counseling through the Work/Life Connections-EAP. It is the Supervisor’s responsibility to refer a faculty, house staff, or staff member to Work/Life Connections-EAP for follow-up if:
      1. Supervisor has knowledge of any faculty, house staff, or staff member who has or has had an alcohol or drug problem, or
      2. Faculty, house staff, or staff member has been through alcohol/drug treatment, but is not currently being followed by Work/Life Connections-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 should consult with Employee Relations to determine what actions, if any, should be taken.

   c. VUMC faculty, house staff, or staff members who enroll in and successfully complete a treatment program approved by Work/Life Connections-EAP and who agree to a written set of standards developed by Work/Life Connections-EAP, 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 Work/Life Connections-EAP, may be terminated.

4. VUMC faculty, house staff, or staff member convicted of any crime involving drugs or alcohol are required to notify their supervisor in writing within five (5) calendar days of conviction. The supervisor, in turn, should notify 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. NEWS AND PUBLIC AFFAIRS

A. TELEPHONE QUERIES
If a reporter telephones a Vanderbilt physician, he/she should refer the call to News and Public Affairs (ext. 2-4747). News and Public Affairs can determine the purpose of the call, ascertain what questions the media would like answered, and then advise the physician so that he/she can make an informed decision as to whether he/she should take the call.

B. PHOTOGRAPHY
Any pictures of patients (with the exception of photographs for treatment documentation or educational activities) or any video projects, to be made at the medical center must be approved by the Medical Center Office of News and Public Affairs. Patients must sign a consent form entitled "Authorization to Create, Use, Or Disclose Photographs or Videos" (mc0797) before any photographs or video may be shot.

VI. 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 residents 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 Vanderbilt University Medical Center, 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.

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: 327-2247).
QUICK PHONE GUIDE

VUMC Phone Use:
To dial on campus phones use last five digits of number

VUMC to VAMC communication:
Calling VAMC: Dial 811 followed by the 4 digit extension
Calling from VAMC: Dial 4 followed by the 5 digit campus extension

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Office of Graduate Medical Education 322-4916
Admitting (VCH) 936-4338
Admitting (VUH) 343-0179
Center for Professional Health 936-0678
Director of Emergency Department 936-1315
Emergency Department Liaisons 343-4972
Emergency Room (VCH) 343-2996
Emergency Room (VUH) 322-0160
Employee Assistance Program 936-1327
Eskind Biomedical Library 936-1401
First Report of Work Injury 936-0865
General Counsel-Medical Center Office 322-5155
News and Public Affairs 322-4747
Opportunity Development Center 322-4705
Patient Representatives 322-6154
Physician Wellness Program 936-1327
Pharmacy (VCH Outpatient) 936-3337
Pharmacy (VUH Outpatient) 322-6480
Risk and Insurance Management 936-0660
Tennessee Donor Service 327-2247
VUPD Walking Escort Service 421-8888
VUPD 322-2745
VUPD Emergency Care Services 1-1911
Vanderbilt Home Health Care 936-0336
Vanderbilt Occupational Health Clinic 936-0955
Work/Life Connections-EAP 936-1327
(formerly Employee Assistance Program)