

The Resident's Orientation Handbook

Fourth Edition

Updated to
reflect the NEW
Common
Program
Requirements!

Vicki Hamm

The Resident's Orientation Handbook:

A Guide to the ACGME
Requirements

Fourth Edition

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About the Author



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Vicki Hamm is the graduate medical education (GME) program administrator at the University of Nebraska Medical Center in Omaha, Nebraska. Hamm began her career in GME in 1976 and has remained in her present position for more than 40 years.

She helps maintain institutional oversight of 46 training programs and 500 house officers. She works closely with the 42 program coordinators in all facets of administering the residency and fellowship programs at the University of Nebraska Medical Center.

Hamm has been active in the Association for Hospital Medical Education and in the Association of American Medical Colleges' Group on Resident Affairs.

She is the author/coauthor of several HCPro publications, including all four editions of *The Resident's Orientation Handbook*, *The Graduate Medical Education Committee Handbook*, and *Program Information Form Made Simple*.

Introduction



Welcome to your graduate medical education training program!

Residency is one of the most important phases of your professional career. Because you will be pressed for time during your training, the purpose of this handbook is to present as much of the information you will need about the general policies and procedures of the Accreditation Council for Graduate Medical Education (ACGME) and your training program.

Many residents do not realize the extremely important role that they play in helping their residency programs maintain accreditation and achieve excellence and recognition from the ACGME.

This handbook discusses important aspects of your training program such as evaluation, due process, clinical and educational work hours, and documentation to name a few. We hope that you will find it helpful throughout your training.

Section 1



The ACGME

The Accreditation Council for Graduate Medical Education (ACGME) is the private, not-for-profit organization that has developed the standards by which your program is evaluated and given accreditation. Specifically, your specialty has a residency review committee that is made up of specialists in your field who evaluate all the programs in your discipline on a periodic basis. Along with the specialty-specific requirements created by the ACGME, the ACGME also created Common Program Requirements, which must be followed by every single specialty. When you open your specialty requirements, you will notice that much of the text is in bold-face. Those are the Common Program Requirements.

You should make it your personal responsibility to review your program requirements as laid out by the ACGME. Go to www.acgme.org and click on “specialties” in the right hand corner. Then find your specialty and open your program requirements. These requirements are what an accredited program in your specialty should or must accomplish so that you can become an independent physician.

Accreditation

The process of accreditation of all graduate medical education (GME) programs in the United States, and now internationally, has changed

Section 2



The ACGME Resident Survey

The Accreditation Council for Graduate Medical Education (ACGME) designed the resident survey as a method for gathering resident feedback to monitor your program's compliance with the Common Program Requirements.

The resident survey includes questions on:

- Clinical and educational work hours (including information regarding fatigue and sleep deprivation)
- Faculty
- Evaluation
- Educational content
- Resources
- Patient safety
- Teamwork

It is important that you understand the purpose of the survey and the value of your feedback. The ACGME survey is one of the tools that the ACGME uses to evaluate your program on an annual basis and provide feedback to your program director. Although you should provide honest answers and feedback to the survey's questions, the resident survey is not a forum to complain about your program or document a complaint that you have never brought up to your program's supervisors or directors.

Section 5



Clinical and Educational Work Hours

Under increasing pressure from the Occupational Safety and Health Administration (OSHA) and the general public, in July 2003, the Accreditation Council for Graduate Medical Education (ACGME) implemented work hour standards for all accredited training programs in the United States. The ACGME reassessed those work hour standards in 2011 and again in 2017. Let's discuss the standards that are in place today.

Maximum Hours

The first standard relates to the maximum hours a resident can work. According to the ACGME, clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and moonlighting.

All clinical, research, and academic activities related to your program must be counted against your work hour limit. This includes the following activities:

- Patient care
- In-house call
- Night/day float

Mandatory Free Time

The next requirement concerns mandatory free time. The ACGME states that residents should have eight hours off between scheduled clinical work and education periods. Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call. Residents must be scheduled for a minimum of one day in seven free of clinical work and required education, when averaged over four weeks. At-home call cannot be assigned on these free days.

Your program should be concerned about your well-being and helping you create a work-life balance. The mandatory free time rules should help you attain that balance.

Moonlighting

You will probably hear the term moonlighting as you get further into your residency. This refers to residents who work a “second job” as independent physicians, outside of their training program. Residents moonlight in order to make additional income or to gain additional clinical experience. Training programs have rules regarding whether or not residents can moonlight.

If you are granted the privilege of moonlighting while in training, any internal moonlighting within one of your training institutions or external moonlighting must be included in your 80-hour maximum weekly limit. Your program does not want moonlighting to interfere with your ability to be fit for duty while at work or interfere with your ability to take advantage of educational offerings such as grand rounds.

Night Float

Next, let’s review the requirement regarding in-house night float. Night float refers to residents covering the night shift, usually from 7 p.m. to 7 a.m., who are responsible for admitting patients or providing

Section 6



Title IX: Know Your Rights!

It's possible that during your training, you may be confronted with a situation that makes you uncomfortable. Maybe a coworker or superior is making sexual innuendos, calling you sexually charged names, or touching you inappropriately. Or maybe it's not as overt, but you feel you are being bullied or harassed.

Title IX is a federal civil rights law that prohibits discrimination on the basis of gender in education programs and activities. All universities receiving any federal funds must comply with Title IX. Under Title IX, discrimination on the basis of gender can include sexual harassment or sexual violence, such as rape, sexual assault, sexual battery, and sexual coercion. Title IX should provide protection to you as a graduate medical education trainee. If a university knows or reasonably should know about sexual harassment or sexual violence that creates a hostile environment, the university must take immediate action to eliminate the sexual harassment or sexual violence, prevent its recurrence, and address its effects.

You should be provided with your university or hospital policy against sexual discrimination when you commence your training. The university must also have a Title IX coordinator, someone you can contact if you fall victim to any of these acts of sexual harassment or sexual violence.

Section 7



Privacy and Information Security

We live in a generation of advanced technology and sometimes it is tempting to use that technology in a way that is not in conformance with Health Insurance Portability & Accountability Act (HIPAA) standards. Don't be the resident who gets their car broken into and computer stolen, compromising all the protected health information of the patient records stored there.

Here are some useful tips about privacy and information security:

- Store your data on a computer network drive affiliated with your university/hospital or an encrypted local hard drive. Do not create electronic storage areas (i.e., cloud computing) because such storage does not meet minimum HIPAA standards.
- Password-protect and encrypt your smartphone, tablet, laptop, and other mobile devices. Encryption is in addition to password protection and is the process of transforming information using an algorithm to make it unreadable to anyone except those possessing the key.
- Always log off or lock a computer when walking away from it (even for a few minutes).

Section 8



Documentation

As a physician-in-training, you will be asked to document all of the patient care in which you are involved. You probably have some experience already with documentation requirements.

In addition to learning your institution's rules and regulations regarding correct and timely documentation, you must also know and meet the requirements of your state, the Accreditation Council for Graduate Medical Education (ACGME), your hospital's accreditor, and your specialty board or licensing body, if applicable. Also, you must learn about The Joint Commission's National Patient Safety Goals. All of this is a lot to think about, considering you will most likely be pressed for time, short on sleep, and trying to juggle a multitude of tasks.

History and Physical

Physicians must provide an adequately completed medical history and physical (H&P) examination.

Generally, a physician must complete the H&P within 24 hours after an admission and always before surgery. However, your program may require you to put a H&P in the chart or electronic medical record on the same day that you see a patient.

An H&P is made up of the following elements:

- The patient's chief complaint.
- History of present illness.
- Allergies.
- Medication history (e.g., name, dose, frequency, duration, reason for taking, compliance, and availability).
- Past medical history (e.g., general health, childhood illnesses, adult illnesses, accidents/injuries, hospitalizations, immunizations, and screening tests).
- Past surgical history (e.g., operation date, type, reason, outcome, blood transfusions, and complications).
- Social history (e.g., birthplace, education, employment, relationships, hobbies, diet, exercise, and use of drugs, alcohol, and tobacco).
- OB history, if appropriate.
- Sexual history.
- Family history (e.g., age, health/death of parents, siblings, significant other, and children). Check for:
 - Heart disease
 - Pulmonary disease
 - Kidney disease
 - Bleeding disorders
 - Cancer
 - Mental illness or past history of suicide attempts
- Review of systems (e.g., neurological, respiratory, psychiatric, cardiovascular, and genitourinary).
- Comprehensive physical exam.
- Test results.
- Assessment.

Acronym List



AAMC	Association of American Medical Colleges
ABMS	American Board of Medical Specialties
ABPS	American Board of Physician Specialties
ACGME	Accreditation Council for Graduate Medical Education
ACLS	advanced cardiac life support
AMA	American Medical Association
AOA	American Osteopathic Association
ATLS	advanced trauma life support
BLS	basic life support
CLER	clinical learning environment review
CME	continuing medical education
CMS	Centers for Medicare & Medicaid Services
COMLEX	Comprehensive Osteopathic Medical Licensing Examination
CV	curriculum vitae
DEA	Drug Enforcement Administration

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Fourth Edition

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Entering a residency program can be a daunting task. Managing and seeing those residents through their educational journeys can be equally as daunting for residency program directors and coordinators. Coupled with the task of educating residents on the specific rules and regulation of their individual programs, universal guidelines that apply to all programs need to be addressed as well.

The Resident's Orientation Handbook, 4th edition, allows program directors and coordinators to put those important, and sometimes overlooked, guidelines right into the hands of their residents for reference from the start of their program. The handbook's information is universal to all ACGME-accredited residency programs, across all types of hospitals and specialties, providing tired residents need-to-know information in a quick and easy-to-access format. This resource will help residents adhere to guidelines related to clinical and educational work hours, milestone completion, HIPAA compliance, as well as new areas of focus such as resident wellbeing, CLER, and program evaluation committees.

About Simplify Compliance

Simplify Compliance, with its three pillars of thought leadership, expertise, and application, provides critical insight, analysis, tools, and training to healthcare organizations nationwide. It empowers healthcare professionals with solution-focused information and intelligence to help their facilities and systems achieve compliance, financial performance, leadership, and organizational excellence. In addition, Simplify Compliance nurtures and provides access to productive C-suite relationships and engaged professional networks, deploys subject matter expertise deep into key functional areas, and enhances the utility of proprietary decision-support knowledge.

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