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QUICK PHONE GUIDE
WELCOME

Welcome to Vanderbilt University Medical Center (VUMC). You are now part of an institution that has built a strong national and international reputation as a leader in medical education of health professionals, research in medical science and patient care. Beginning in 1925, Dr. Alfred Blalock and Dr. Tinsley Harrison were among the first house officers to be trained at VUMC. We pride ourselves on integrating house officers and clinical fellows into the fabric of the medical center, encouraging house staff to contribute to fundamental discoveries, to participate in translating those discoveries into practice, and to serve as part of the healthcare team striving to care for patients in a failsafe way. VUMC dedicates itself to your professional and personal development. Currently VUMC sponsors 95 Accreditation Council for Graduate Medical Education (ACGME) accredited programs, 1 Commission on Dental Accreditation (CODA) accredited program, and approximately 50 other fellowship programs, comprising approximately 1070 house staff.

VUMC is strongly affiliated and closely linked with the Vanderbilt University School of Medicine. 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. A national leader in medical education, the Vanderbilt School of Medicine works closely with Vanderbilt University Medical Center to provide a nationally elite medical education program.
VANDERBILT UNIVERSITY

STATEMENT OF INSTITUTIONAL COMMITMENT TO GRADUATE MEDICAL EDUCATION

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

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

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

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

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

Jeffrey F. Balser, M.D., Ph.D.
President & Chief Executive Officer,
Vanderbilt University Medical Center
Dean, School of Medicine

Mitchell Edgeworth, M.B.A.
Chief Executive Officer,
Vanderbilt University Adult Hospital & Clinics

Bonnie Miller, M.D.
Executive VP for Educational Affairs, VUMC
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Donald W. Brady, M.D.
Senior VP for Educational Affairs, VUMC
ACGME/NRMP Designated Institutional Official
Sr Associate Dean for GME & Continuing Professional Development

C. Wright Paton, M.D., M.B.A.
Deputy Chief Executive Officer, VUMC
Chief Executive Officer, Vanderbilt Health System

Chief Executive Officer, Monroe Carell Jr.
Children’s Hospital at Vanderbilt

Richard B. Johnson, Jr., M.D.
VUMC Board of Directors
Chair, Quality & Safety Committee

Rebecca E. Swan, M.D.
Assistant Dean for GME
Chair, Graduate Medical Education Committee
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6/17/16
6/21/16
6/8/16
6/13/16
VANDERBILT UNIVERSITY SCHOOL OF MEDICINE
COMPACT BETWEEN TEACHERS AND LEARNERS

VUMC acknowledges and supports VUSM’s Compact between Teachers and Learners. VUSM’s Compact states as below”:

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

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

• We acknowledge that the teacher-learner relationship is a model for the doctor-patient relationship, and will strive to know our students as individuals, answer their correspondences promptly, exercise concern for their well-being, and treat them with compassion.

• We will respect the intellectual property of others and will use online resources, such as learning management systems like VSTAR and Brightspace, in a manner that is consistent with that respect.

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

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

**Commitments of Learners**

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

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

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

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

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

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

• We will recognize our obligations as a collegial community, sharing knowledge and assisting peers in their quest to achieve professional and personal goals. We will assist our colleagues in distress.
• We will establish the habit of critical reflection, acknowledge gaps in our knowledge, recognize our limitations, and strive for constant self-improvement.

• We will respect the intellectual property of others and will use online resources, such as learning management systems like VSTAR and Brightspace, in a manner that is consistent with that respect.

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

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

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

Acknowledgements - This document draws heavily from the following sources:

1. Association of American Medical Colleges, Compact Between Teachers and Learners of Medicine

2. National Board of Medical Examiners, Center for Innovation, The Behaviors of Professionalism


‡ In compliance with federal law, including the provisions of Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendment of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990, the ADA Amendments Act of 2008, Executive Order 11246, the Vietnam Era Veterans Readjustment Assistance Act of 1074, as amended by the Jobs for Veterans Act, and the Uniformed Services Employment and Reemployment Rights Act, as amended, and the Genetic Information Nondiscrimination Act of 2008, Vanderbilt University does not discriminate against individuals on the basis of their race, sex, sexual orientation, gender identity, religion, color, national or ethnic origin, age, disability, military service, covered veteran status, or genetic information in its administration of educational policies, programs, or activities; admissions policies; scholarship and loan programs; athletic or other university-administered programs; or employment. In addition, the university does not discriminate against individuals on the basis of their gender expression consistent with the university’s nondiscrimination policy. Similarly, Vanderbilt University Medical Center (“VUMC”) is an Equal Employment Opportunity and Affirmative Action Employer. VUMC's
Equal Opportunity and Affirmative Action Policy is found here: 
https://vanderbilt政策tech.com/docview/?docid=13912 or on PolicyTech. 
Inquiries or complaints should be directed to Rochelle Johnson, Director, Employee 
and Labor Relations; 2525 West End Avenue, Ste 500, Nashville, TN 37203; Phone: 
615-343-4759; Fax: 615-343-2176; Email: employeerelations.vumc@vumc.org 

* Vanderbilt University Medical Center Dress Code may be found online, at: 
https://vanderbilt政策tech.com/dotNet/documents/?docid=8965 

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**Standards of Behavior for Interactions with Vanderbilt University School of Medicine Students**

**Statement of Standards**

All faculty and staff involved with educating Vanderbilt University School of Medicine 
students are held to high standards of professionalism and patient care. The learning 
environment is expected to facilitate students’ acquisition of the professional and collegial 
attitudes necessary for effective, caring, and compassionate health care. The development 
and nurturing of these attitudes requires mutual respect between teachers (including 
faculty, residents, and staff) and students, and between each student and his or her fellow 
students. Mutual respect between student and teacher, and between fellow students, may 
be expressed in many ways but all interactions shall include honesty, fairness, and 
evenhanded treatment. Behavior that is inimical to the development of mutual respect shall 
be prohibited. Such behavior may include but is not limited to:

1. Harassment of a sexual nature;
2. Discrimination or harassment based on race, sex, religion, color, national or ethnic 
   origin, age, disability, military service, sexual orientation, or gender identity.
3. Grading, promoting, or otherwise evaluating any student on any basis other than that 
   student’s performance or merit.

1 All Vanderbilt University policies concerning VUSM student interactions with faculty and 
   staff as set forth in the Vanderbilt University Student Handbook, the Faculty Manual, any 
   other Vanderbilt University publication remain in full force and effect.

2 By their express terms, these Standards apply only to interactions which involve one or 
   more students; however, it is hoped that these Standards will serve as a guide to all 
   members of the Vanderbilt University School of Medicine community, in all workplace 
   interactions. The reporting procedure outlined herein shall apply only to allegations of the 
   violation of these Standards in interactions involving VUSM student(s).
I. ADMINISTRATION

The ACGME Designated Institutional Official (DIO) is charged with the administrative responsibilities for house staff that includes house officers and clinical fellows. This person also holds the position of Senior Associate Dean for Graduate Medical Education and Continuing Professional Development within the Vanderbilt University School of Medicine. In this document the titles "resident" and "house staff" are synonymous and refer to all trainees in ACGME-accredited or other accredited graduate medical education programs.

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

The GME Office is located in 209 Light Hall and can be contacted at (615) 322-4916 or gme.office@vumc.org (email inquiries will be answered within 24 hours during weekdays). Business hours are 8:00 a.m. - 4:30 p.m., Monday through Friday, except for VUMC recognized holidays (https://hr.vumc.org/holiday-calendar) or as otherwise posted. Helpful information can be found at the GME Office at https://ww2.mc.vanderbilt.edu/gme/.

Interpretation of policies, verification of status, training, dissemination of information, loan deferments and application for licensure are handled by this office. The staff will assist house officers with documents requiring institutional verification or notary seal. House staff must notify the GME Office within 14 days of any change in legal name, address, and/or telephone number, and provide supporting documentation at the time of notice.

A. CONDITIONS OF EMPLOYMENT AND CONTINUED EMPLOYMENT

Failure by house staff to meet all Conditions of Employment will result in revocation of the offer of employment. Any provision of false or misleading information, or omission of information deemed relevant for employment, may result in revocation of the offer of employment (this action is not appealable) or other action, including corrective action, up to or including Immediate Dismissal (if currently employed).

1. Pre-Employment Screening and Other Requirements
All house staff new to Vanderbilt University Medical Center (VUMC) are given a conditional offer of employment. The offer is pending the successful completion of a background check, as well as other items set forth in the House Staff Manual. New house staff will not be permitted to start work until the background check has been successfully completed and the official transcript has been received. House staff must complete all necessary paperwork, including any necessary releases, to initiate the background check and request the official transcript, and provide accurate and complete information as requested. The status of and/or results of the background check will be evaluated by the ACGME Designated Institutional Official (DIO), the Program Director, and other individuals deemed appropriate. (see Section I.B. BACKGROUNDS CHECK AND DISCLOSURE POLICY)

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

b. **Office of Inspector General**
   In order to comply with federal law, VUMC 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 will be checked against the National Practitioner Data Bank (NPDB). The Data Bank is primarily a system intended to supplement a comprehensive review of the professional credentials of health care practitioners, providers, and suppliers; the information from the Data Bank is used in conjunction with, not as replacement of, information from other sources. More information can be found here: https://www.npdb.hrsa.gov/topNavigation/aboutUs.jsp.

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

e. **Immunization and Screening**
   Certain immunizations and screening tests are necessary to protect the health of house staff and patients in the Medical Center. Incoming house staff can simply provide these records to Vanderbilt Occupational Health Clinic (VOHC) at orientation if they have received these services elsewhere. If not received elsewhere or otherwise exempted in accordance with VUMC procedure, VOHC provides any additional services to meet the Medical Center requirements. This webpage explains the current requirements: https://www.vumc.org/health-wellness/all-aboard/vumc-immunization-requirements.
f. **Transcript**

An official final transcript showing the resident’s professional (M.D., D.O. or equivalent) degree conferred with his/her graduation date must be received by GME directly from the graduating institution before he/she commences training. All International Medical graduates must also submit a copy of their Educational Commission for Foreign Medical Graduates (ECFMG) Certificate, which the GME Office verifies directly with ECFMG’s database. Under extraordinary circumstances, the ACGME Designated Institutional Official (DIO) may grant a limited extension on the deadline by which the transcript is needed; in such cases, the DIO may accept an official letter from the degree-granting institution signifying completion of professional degree. This extension must be requested through the Office of Graduate Medical Education. International Medical Graduates whose graduating institutions do not issue official transcripts beyond the original issued to the graduate may bring their original official final transcript and diploma, with official translation if documents are not in English, to the GME Office to meet this transcript requirement. GME maintains a notarized copy of these documents.

Vanderbilt Office of Graduate Medical Education

209 Light Hall

2215 Garland Ave.

Nashville, TN 37232

Important: Photocopies are not acceptable, even if notarized.

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

g. **Professional Degree Designation**

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

h. **Medical License**

House officers and clinical fellows who are participating in an approved training program are exempted from licensure (applies to training program only) by the Tennessee Board of Medical Examiners. The GME Office will be responsible for the request of exemption to the Board annually.
External moonlighting (see Section I.E. EXTRACURRICULAR PROFESSIONAL ACTIVITY) and/or volunteer work as a physician requires an unrestricted license.

Clinical Fellows entering non-ACGME training programs with a primary appointment as a VUMC credentialed provider and an appointment with the University as faculty (Instructor) are required to obtain an unrestricted medical license prior to entering the fellowship.

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

Please note that individual programs or departments may require additional training beyond the requirements of hospital policy. House Staff should check with their program to confirm.

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

Residency programs that do NOT require ACLS or PALS training are: Pathology, Orthodontics, Psychiatry and Infectious Disease. BLS training IS required for house staff in these programs.

Child Neurology PGY 1-2 follows "Peds" requirements above; Child Neurology PGY 3 follows "Adult" requirements above.

Acceptable Agencies for Resuscitation Training – Only training from the following nationally recognized agencies is accepted at VUMC for Basic Life Support (BLS)/CPR, ACLS, and PALS courses:

- **American Heart Association** – Preferred for all BLS training, as well as ACLS and PALS.
- **American Red Cross** – Accepted for BLS/CPR training
- **Military Training Network** – Accepted for BLS/CPR training, as well as ACLS and PALS.

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

**NEW HOUSE STAFF:** The GME Office must have verification of training with either a copy of course completion card(s) or valid AHA eCard Code(s) from an approved agency (see information directly below figure 1 for approved agencies). House Staff will not be permitted to start Residency/Fellowship until they have completed training (didactic and hands-on) and submitted proof of completion for the required Resuscitation Training. To provide this information, new House Staff log into the House Staff Portal ([gme.mc.vanderbilt.edu/GMEPortal](http://gme.mc.vanderbilt.edu/GMEPortal)) and click the 'Resuscitation Status' link on the left side. If current certification(s) expire before September, incoming House Staff must renew prior to starting. Training is available at VUMC the week before House Staff Orientation and incoming House Staff can register at the House Staff Portal or complete training before arrival with an approved agency as noted above. TRAINING AT VUMC HAS LIMITED SPACE AND REQUIRES ARRIVING IN TOWN SEVERAL DAYS PRIOR TO ORIENTATION. SEEKING TRAINING PRIOR TO ARRIVAL IS RECOMMENDED. IMPORTANT: Incoming House Staff choosing to seek training prior to arrival should be aware that some training centers do not issue course completion cards on-site immediately upon completion of the course but instead mail the cards to the trainee at a later date. House Staff should allow time for this when selecting a training date. Failure to provide copies of course completion card(s) or valid AHA eCard Code(s) to GME and indicate status.
on the House Staff Portal (gme.mc.vanderbilt.edu/GMEPortal) at the ‘Resuscitation Status’ link WILL affect start date.

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

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

<table>
<thead>
<tr>
<th>Training/Testing</th>
<th>Available at:</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>eStar Training</td>
<td><a href="https://learningexchange.vumc.org">https://learningexchange.vumc.org</a></td>
<td>Once, prior to beginning clinical work</td>
</tr>
<tr>
<td>VUMC Managing Fatigue for Patient Safety for Providers</td>
<td><a href="https://learningexchange.vumc.org">https://learningexchange.vumc.org</a></td>
<td>Once, prior to beginning clinical work</td>
</tr>
<tr>
<td>FERPA Tutorial</td>
<td><a href="https://learningexchange.vumc.org">https://learningexchange.vumc.org</a></td>
<td>Once, prior to beginning clinical work</td>
</tr>
<tr>
<td>VUMC Guidelines for Standardized Handoffs – SBAR for Physicians</td>
<td><a href="https://learningexchange.vumc.org">https://learningexchange.vumc.org</a></td>
<td>Once, prior to beginning clinical work</td>
</tr>
<tr>
<td>VUMC Informed Consent for Physicians Training</td>
<td><a href="https://learningexchange.vumc.org">https://learningexchange.vumc.org</a></td>
<td>Once, prior to beginning clinical work</td>
</tr>
<tr>
<td>Procedural Minimal Sedation and Analgesia</td>
<td><a href="https://learningexchange.vumc.org">https://learningexchange.vumc.org</a></td>
<td>Once, prior to beginning clinical work</td>
</tr>
<tr>
<td>VUMC Patient Safety – Correct Patient, Procedure &amp; Site</td>
<td><a href="https://learningexchange.vumc.org">https://learningexchange.vumc.org</a></td>
<td>Once, prior to beginning clinical work</td>
</tr>
<tr>
<td>Physician Response to Emergencies (NIMS)</td>
<td><a href="https://learningexchange.vumc.org">https://learningexchange.vumc.org</a></td>
<td>Once, prior to beginning clinical work</td>
</tr>
<tr>
<td>VUMC Physicians: Reporting Deaths to the Medical Examiner</td>
<td><a href="https://learningexchange.vumc.org">https://learningexchange.vumc.org</a></td>
<td>Once, prior to beginning clinical work</td>
</tr>
<tr>
<td>Clinical Alarm Systems Management Policy</td>
<td><a href="https://learningexchange.vumc.org">https://learningexchange.vumc.org</a></td>
<td>Once, prior to beginning clinical work</td>
</tr>
<tr>
<td>Patient Safety 100, 101, and 106; and Improvement</td>
<td><a href="http://www.ihi.org/education/hiopensch">http://www.ihi.org/education/hiopensch</a></td>
<td>Once, during the first 6 months of training</td>
</tr>
</tbody>
</table>
### Capability/Quality Improvement
101, 102, 105

- [ool/courses/Pages/default.aspx](ool/courses/Pages/default.aspx)

### Respirator Fit Testing
Sign up annually at [https://www.vumc.org/safety/n-95](https://www.vumc.org/safety/n-95) Annually

### TB Skin Testing Annually
Occupational Health Clinic all year Annually

### Conflict of Interest Disclosure
[https://webapp.mis.vanderbilt.edu/coi/](https://webapp.mis.vanderbilt.edu/coi/) Annually

### Addressing Adverse Events and Medical Errors, Documentation, and Reporting to the Medical Examiner
[https://learningexchange.vumc.org](https://learningexchange.vumc.org) Annual

### Blood Borne Pathogens & Infection Prevention Curriculum
[https://learningexchange.vumc.org](https://learningexchange.vumc.org) Annually

### VUMC Training Curriculum
[https://learningexchange.vumc.org](https://learningexchange.vumc.org) Annually

### Central Venous Access Devices (CVAD) Lesson
[https://learningexchange.vumc.org](https://learningexchange.vumc.org) Annually

### Magnetic Resonance Imaging (MRI) Safety Lesson
[https://learningexchange.vumc.org](https://learningexchange.vumc.org) Annually

### Clinical Radiation Safety Training for VUMC House Staff
[https://learningexchange.vumc.org](https://learningexchange.vumc.org) Annually

### International Medical Graduates (IMG) (where applicable)
An ECFMG certification is required for IMGs who come to the USA for clinical training. The resident is responsible for obtaining the ECFMG certification and notifying both VUMC and ECFMG of any change in status.

### Eligibility to Work in the US
VUMC is a H-1B cap-exempt institution eligible to file for H-1B sponsorship throughout the calendar year. If you and your GME program would like to explore the possibility of H-1B sponsorship please reach out to the VUMC Immigration Services Office at immigration@vumc.org as soon as possible. It is important to note that the H-1B petition preparation process can be lengthy and USCIS regulations require sponsoring departments to cover all fees associated with the filing. The costs for the H-1B filing cannot be passed on to the foreign national beneficiary.
ECFMG is the only United States agency authorized to sponsor J-1 visas for physicians in clinical training programs. Therefore, the resident seeking J-1 visa status must be sponsored by ECFMG. The resident is solely responsible for complying with all J-1 visa requirements as noted in the EVSP Reference Guide. The resident should also note that J-1 visa sponsorship is conditioned upon providing a signed attestation that the EVSP Reference Guide has been read and understood. Therefore, VUMC expects the resident to have done so and to comply with all J-1 requirements therein.

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

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

4. **Clinical Education and Work Hours**
   All house staff are responsible for accurately and honestly reporting all clinical education and work hours, including both internal and external moonlighting hours. Please see [I.D. POLICY ON CLINICAL EDUCATION AND WORK HOURS](#) for further information. Concerns regarding clinical education and work hours may be reported to the ACGME Designated Institutional Official or through the Confidential Hotline, 1-866-783-2287 or online [https://www.tnwgrc.com/Vanderbilt/](https://www.tnwgrc.com/Vanderbilt/). Concerns may be reported anonymously.

B. **BACKGROUND CHECK AND DISCLOSURE POLICY**
   All house staff new to VUMC must successfully complete a background check, which may also include an international background check as appropriate and any offer of employment is conditional upon a determination by Vanderbilt University Medical Center that the results are acceptable. House staff must complete all necessary documentation, including any necessary releases, to initiate the background check. The status of and/or results of the background check will be evaluated by the ACGME Designated Institutional Official (DIO), the Program Director, and other individuals deemed appropriate.

   A criminal background check may be required as part of the initial background check for new employees, or during employment, in accordance with applicable policies, procedures or practices of VUMC or the institution’s clinical educational site.
There is an affirmative duty for residents and clinical fellows to notify the DIO of arrests, convictions, and the disposition of any outstanding charges after the initial background check for employment is completed. There is also an affirmative duty for house officers to report any adverse information resulting from subsequent criminal background checks obtained at any site during their employment as a resident or clinical fellow at VUMC.

**Failure by a resident or clinical fellow to disclose an arrest or a criminal conviction to the DIO within five calendar days may result in corrective action, up to and including Immediate Dismissal from his or her training program.**

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

**C. HOUSE STAFF STIPENDS POLICY**

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

**D. POLICY ON CLINICAL AND EDUCATION WORK HOURS**

The Vanderbilt GMEC is committed to compliance with the ACGME Clinical and Education Work hour guidelines. Clinical and Education Work hours are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, time spent at home doing clinical work (e.g., documentation) and scheduled activities, such as conferences. Clinical and Education Work hours do not include reading and preparation time spent away from the duty site. Effective July 1, 2017, the following requirements apply to all residency training programs at VUMC:

**General Guidelines**

1. House Staff are responsible for accurately reporting their Clinical and Education Work hours, including all time spent in Internal and External Moonlighting, per program requirements.

2. Program Directors are responsible for monitoring and enforcing compliance with Clinical and Education Work hour guidelines.

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

4. Concerns regarding Clinical and Education Work hours may be reported to the ACGME Designated Institutional Official or through the Compliance Integrity Line, 1-866-783-2287 or online [https://www.tnwgrc.com/Vanderbilt/](https://www.tnwgrc.com/Vanderbilt/). Concerns may be reported anonymously.

**Maximum Hours of Clinical and Education Work per Week**

5. Clinical and educational work hours must be limited to 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 all moonlighting.

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

**Mandatory Time Free of Clinical and Education Work**

7. Residents should have eight hours off between scheduled clinical work and education periods.

8. There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-in-seven requirements.

9. Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.

10. 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.

**Maximum Clinical and Education Work Period Length**

11. Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments.

12. Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education. Additional patient care responsibilities must not be assigned to a resident during this time.
13. VUMC encourages residents to use alertness management strategies, including strategic napping, in the context of patient care responsibilities, especially after 16 hours of continuous clinical work and education and between the hours of 10pm and 8am.

**Clinical and Education Work Hour Exceptions**

14. In rare circumstances, after handing off all other responsibilities, a resident, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient, humanistic attention to the needs of a patient or family, or to attend unique educational events. These additional hours of care or education will be counted toward the 80-hour weekly limit.

15. Any program desiring to submit a rotation-specific exception for up to 10 percent or a maximum of 88 clinical and educational work hours to a Review Committee must have that request reviewed and approved by both the ACGME Designated Institutional Official and GMEC prior to submitting such a request.

**Maximum In-House On-Call Frequency**

16. In-house call will occur no more frequently than every third night, averaged over a four-week period.

**Night Float**

17. Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements.

**At-Home Call**

18. At-home call, or “pager call,” is defined as call taken from outside the assigned site.

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

20. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
POLICY: EXCEPTIONS TO RESIDENT WEEKLY CLINICAL AND EDUCATION WORK HOUR LIMITS

Resident duty hours have been defined by the ACGME as limited to an average of 80 hours per week. Requests for exception to the weekly limit on duty hours must have valid educational rationale and should not be predicated on service needs, and must by rotation-specific. Blanket exceptions for the entire program will not be considered. In preparing a request for an exception, the program director must follow the clinical and educational work hour exception policy from the ACGME Manual of Policies and Procedures.

All requests for duty hour extension must be reviewed and approved by the GMEC before forwarding by the program director to the appropriate RRC for review. Any program director requesting a rotation-specific exception to the weekly limit on duty hours (up to 10 percent or up to a maximum of 88 hours in compliance with ACGME Policies and Procedures for duty hour exceptions) must complete the procedure request form and submit it to the GMEC for review.

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

*Moonlighting will not be permitted on any rotation for which a rotation-specific exception is granted by the relevant Resident Review Committee.*
E. EXTRACURRICULAR PROFESSIONAL ACTIVITY (MOONLIGHTING)

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

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

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

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

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

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

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

PGY-1 residents are not permitted to moonlight.

**ALL MOONLIGHTING - General Requirements:**

1. Be in “good standing” in the training program (i.e., not on Corrective Action).
2. Moonlighting cannot be used to fulfill a training requirement of the current training program.
3. Possess an unrestricted license to practice medicine in the state of Tennessee (or the appropriate state if moonlighting out of state).
4. All requests for moonlighting must be submitted to the GME Office for review and final approval. No moonlighting is permitted until this approval has been given. Moonlighting without this approval may result in Corrective Action.
5. Approval to moonlight remains in effect from the date of approval until June 30th of the academic year, unless the approval has been revoked for one of the reasons stated above. To moonlight in the following academic year (i.e., July 1st or later), the house officer must reapply for moonlighting privileges.
6. All moonlighting hours, both internal and external, must be recorded as duty hours.
7. J-1 Visa sponsorship and military support prohibit moonlighting. Restrictions may apply for other visa types or contractual arrangements. House staff members are responsible for understanding, advising the GME Office, and complying with any external restrictions on moonlighting activity related to their immigration status or other sponsoring organization.

**INTERNAL MOONLIGHTING – Definition and Additional Requirements:**

Practicing medicine for pay at VUMC outside the requirements of the training program is considered internal moonlighting. Work performed in violation of the Moonlighting Policy will not be separately compensated and will be considered as work done as part of the normal training program.

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

**GROUP ONE:**
House staff in an advanced or second residency program (i.e., board eligible/certified in another specialty) who wish to bill through the VMG for their professional services.
These individuals may practice the specialty for which they are board certified/eligible in an outpatient setting or an emergency department only. These individuals may bill third party payers for their professional services in accordance with the VMG and Medical Staff Bylaws. NOTE: Moonlighting is prohibited during regular VUMC duty hours, as defined by the Program Director and/or Chair of the house staff member’s host Department.

**Additional Requirements for Group One:**

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

1. Successful completion of an ACGME Training Program;
2. Board eligible/certified in a specialty for which they are moonlighting;
3. The individual must have a part-time Vanderbilt School of Medicine faculty appointment in the hiring department/division and obtain appointment to the Medical Staff through the usual credentialing process. However, the primary appointment will remain either “resident or clinical fellow.”
4. Professional Liability coverage will be provided through the VUMC Self Insurance Trust. The additional cost will be prorated to the hiring department.
5. Within a department and/or division, internal moonlighting opportunities should be made known to all qualified house staff at any specific level of training. **However, the house staff should not be or feel pressured to participate in moonlighting activities.**

**GROUP TWO:**

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

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

**Additional Requirements for Group Two:**

In order to qualify for internal moonlighting as a Group Two physician, the house staff must fulfill all of the following prerequisites:
1. Professional Liability coverage will be provided through the VUMC Self Insurance Trust. The additional cost will be prorated to the hiring department.

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

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

4. There must be an identified supervising attending physician.

**EXTERNAL MOONLIGHTING – Definition and Additional Requirement:**
External moonlighting is any extracurricular clinical employment outside of VUMC (VUH, VCH, PHV or the Vanderbilt Clinics).

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

Reviewed and Approved by GMEC: 3/14/08
Reviewed and Approved by Medical Center Medical Board: 05/15/08
Revisions Approved by GMEC: 03/11/11; revised 06/12/12
Revisions Approved by GMEC: 04/12/19

**F. POLICY ON EXTERNAL RESIDENTS/FELLOWS VISITING VANDERBILT UNIVERSITY MEDICAL CENTER**
VUMC values the variety of experiences that visiting house officers/fellows bring to our programs. Visiting rotations are subject to approval by the appropriate Program Director and the ACGME Designated Institutional Official.

**VUMC requires that an affiliation contract be in place between the visiting resident’s institution and VUMC.** Without exception, documents **must** be submitted to VUMC at least 90 calendar days before the start date of the desired rotation.
The GME Office **must** be advised of, approve, and process all visiting house officers/clinical fellows from other institutions who are rotating through VUMC and VUMC-affiliated programs. Visiting Resident/Clinical Fellow applications are available at the GME Office or on the GME website at [https://www.mc.vanderbilt.edu/gme/13341](https://www.mc.vanderbilt.edu/gme/13341).

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

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

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

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

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

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

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

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

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

8. **Immunization Records**
   All visiting house staff must provide documentation of immunization and testing satisfactory to Vanderbilt Occupational Health 30 calendar days prior to the desired rotation date. View the immunization and screening requirements at: [http://prd-medweb-cdn.s3.amazonaws.com/documents/gme/files/Immunization%20Form%20for%20Visiting%20Residents.pdf](http://prd-medweb-cdn.s3.amazonaws.com/documents/gme/files/Immunization%20Form%20for%20Visiting%20Residents.pdf)

**Reviewed and Approved by GMEC: 03/14/08**
G. **GUIDELINES FOR HOUSE STAFF SUPERVISION**

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

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

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

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

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

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

Interpretation of any of the above terms 1-4 should be referred to the ACGME Designated Institutional Official, the Office of Healthcare Compliance, or the Office of Legal Affairs.

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

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

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

Reviewed and Approved by GMEC: 3/11/11

H. OCCUPATIONAL EXPOSURE PREVENTION POLICY

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

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

If a medical student and/or less experienced resident has done a procedure only once or twice and is uncomfortable performing the procedure on a patient who is zero-positive that
discomfort should be respected and the individual will not be required to perform the procedure.

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

- Presenting to the Occupational Health Clinic at 640 Medical Arts Building during regular business hours of 7:00am-6:00pm Monday-Friday or

- Proceeding to the Adult Emergency Room for immediate evaluation if the injury occurs after the regular business hours listed above. The injured person should contact Occupational Health the following business day to initiate follow up care.

When a house officer is aware of a student who experiences an occupational exposure, he/she should direct that student to follow these same steps. The house officer also may direct the student to the Student Health Clinic for further counseling after following the above guidelines.

Medical students and house officers should be advised to follow all radiation safety guidelines. In the event of personal contamination with radioactive material, or loss of containment of radioactive material, the house officer / medical student should contact Vanderbilt Environmental Health and Safety at (615) 322-2057 for an immediate risk assessment and decontamination if needed. House staff working around radioactive material or x-ray devices who become pregnant should review the VEHS Declared Pregnant Worker site at: https://www.vumc.org/safety/rad/declared-pregnant-worker.

Reviewed and Approved by GMEC: 3/11/11

I. TRAINING PROGRAM REDUCTION/CLOSURE POLICY

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

If an ACGME-accredited training program at VUMC reduces its size or ceases to exist, the house officers in that program will be notified as soon as possible by the Program Director of that program.
In the event of closure or reduction, every reasonable effort will be made to allow resident(s) currently in the program(s) affected to complete their education if satisfactory progression of the resident(s) has been demonstrated.

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

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

J. CONTINUATION OF GME SUPPORT IN THE EVENT OF A DISASTER – EXTRAORDINARY CIRCUMSTANCES POLICY

For the purposes of this policy, a disaster is an event or set of events at VUMC causing significant alteration to the residency/fellowship experience at one or more VUMC residency/fellowship programs.

Policy

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

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

1. Arrange temporary transfers to other programs/institutions until such time as the residency/fellowship program can provide an adequate educational experience for each of its house officers/fellows. VUMC in collaboration with the receiving program/institutions will work to ensure continuation of salary and benefits for each house officer while they remain employed by VUMC.

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

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

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

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

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

1. To submit program reconfigurations to the ACGME and
2. To inform each program’s house officers of the decision to reconstitute the program and/or transfer the residents either temporarily or permanently.

The due dates for submission shall be no later than 30 days after the disaster unless other due dates are approved by the ACGME.

Date Approved by GMEC: 7/13/2007
Revisions approved by GMEC and Senior Associate Dean for Health Sciences Education: 1/9/2009
Revisions approved by GMEC: 04/12/2019

K. HOUSE STAFF CALLED TO ASSIST IN THE EVENT OF A DISASTER

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

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

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

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

L. CERTIFICATE OF SERVICE
The GME office will award a Certificate of Service to each resident or clinical fellow. This certificate will be provided no earlier than 4 weeks prior to completion of training/appointment at the discretion of the ACGME Designated Institutional Officer. In the event of loss or destruction of certificate, a copy of the original will be provided. Once you have finished training your name on the certificate will not be changed and will remain consistent with the name used during the period of training and the name on the original certificate.

M. HOLIDAY/VACATION/SICK TIME
The amount of time a resident can be away from residency duties and still meet Board requirements varies among the specialties. It is the resident’s responsibility to be aware of his/her specialty requirement. Time under any of the following may not be counted toward Board eligibility.

1. Holidays
All time off, including holidays, is scheduled at the discretion of the Program Director. Official Vanderbilt University Medical Center holidays are not automatically observed as time off for house staff.

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

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

Revisions approved by GMEC: 6/11/2010

N. LEAVE POLICY

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

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

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

Leave time under any of these categories will not be credited as time toward board eligibility. When the need/request for leave is foreseeable, the request should be submitted at least thirty (30) days prior to the leave. When the need for the leave is unforeseeable or the thirty days’ notice cannot be given, the request should be submitted as soon as practical.
In order to remain in a paid status during leave, the house staff member will utilize sick time first for a leave related to his/her (or a qualifying family member’s) medical condition, then vacation time, then will be placed on unpaid leave once all available paid leave time has been exhausted.

House officers on medical leave MUST obtain a Return to Work/Physician Release form and return it to Occupational Health who will notify the Program Director or his/her designee BEFORE the resident may return to work. If the resident is released with restrictions that affect his/her duties, the resident should contact the Graduate Medical Education office. In addition, if the restrictions may necessitate an accommodation, the resident should make the GME Office aware of the request for accommodation and may also need to engage VUMC Employee Relations.

1. Family and Medical Leave Act (FMLA) and Tennessee Maternity (Parental) Leave Act (TMLA)

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

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

A resident uses FMLA and/or TMLA leave (if available based on eligibility and prior usage) for the following:

- The birth of a son or daughter or placement of a son or daughter with the resident for adoption or foster care;
- To care for a spouse, son, daughter, or parent who has a serious health condition;
- For a serious health condition that makes the resident unable to perform the essential functions of his/her duties;
- For any qualifying exigency arising out of the fact that a spouse, son, daughter, or parent is a military member on covered active duty or call to covered active duty status; or
• To care for a covered service member with a serious injury or illness, when the resident is the spouse, son, daughter, parent, or next of kin of the service member. This type of leave (military caregiver leave) may be for up to 26 workweeks of leave during a single 12-month period.

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

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

The FMLA process is located here: https://ww2.mc.vanderbilt.edu/gme/33945

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

**Parental Leave/Adoption/Foster Care**

Parental leave is available to all eligible house officers for the birth or adoption (or placement into foster care) of a child under the FMLA and the Tennessee Maternity (Parental) Leave Act (TMLA). If certain conditions are met, a resident may be eligible for parental (or other) leave related to adoption, pregnancy, childbirth, and/or nursing an infant for a period of up to 16 weeks under the TMLA. Time off taken under the TMLA and the FMLA runs concurrently. Please see above section on FMLA/TMLA for more information.

During the period of parental leave, eligible House Staff will be able to be paid in accordance with the VUMC Parental Leave Policy. See policy here:

https://vanderbilt.policytech.com/docview/?docid=10874

After that method of pay expires, available, sick, then vacation time must be used prior to going into unpaid status. Contact the Office of GME for more information about qualifying conditions and the provisions for parental leave under these laws. For care of a newly adopted child, available vacation and then unpaid leave is used. This paragraph does not extend any leave available under the FMLA and/or TMLA.

2. **Medical Leave**

Medical leave which is not FMLA/TMLA eligible or which is requested after FMLA/TMLA leave is exhausted may be available at the discretion of the Program Director. For an increment of greater than 30-days, the resident should also contact the GME Administrative Director. Medical documentation is required if the resident
is away from work for more than 5 calendar days. House officers will be required to exhaust other forms of leave for which they may qualify prior to being eligible for medical leave. If paid sick or vacation time is available, it must be used prior to going into unpaid status.

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

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

4. **Military Leave Duty**
   House officers will be granted military leave as required by applicable law and consistent with the [VUMC Military Leave of Absence Policy](#). Please contact the Office of GME for specific questions about such leave.

5. **Jury Duty**
   House officers will be granted leave for jury duty as required by applicable law and consistent with the [VUMC Administrative Leave policy](#). Please contact the Office of GME for specific questions about such leave.

6. **Personal Leave**
   If a resident does not qualify for FMLA, TMLA, or medical leave, they may be allowed to take personal leave. The Program Director in consultation with the ACGME Designated Institutional Official may approve personal leave in up to 30-day intervals according to the policies established by the individual residency programs. House officers will be required to exhaust other forms of leave for which they may qualify prior to being eligible for personal leave.

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

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

8. **GME Administrative Leave**
   Administrative Leave is a general leave status, initiated by the Program Director, in consultation with the ACGME Designated Institutional Official, or by the ACGME Designated Institutional Official. Administrative Leave is paid. Examples of when a House Staff member may be placed on administrative leave include, but are not limited
to: an internal review or investigation, or for an investigation of an external event, such as an arrest.

Revisions Approved by GMEC: 03/11/2011.
Administrative revision: 06/28/2014.
Revisions Approved by GMEC: 05/17/2019.

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

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

- Graduate of medical schools in the U.S. and Canada accredited by the LCME; OR,
- Graduate of a college of osteopathic medicine in the U.S. accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation (AOACOCA); OR,
- Graduate of medical schools outside the U.S. or Canada meeting one of the following additional qualifications
  - who hold a currently valid certificate from the ECFMG prior to appointment; OR,
  - who hold a full and unrestricted license to practice medicine in Tennessee.

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

In compliance with federal law, including the provisions of Title VI of the Civil Rights Act of 1964, Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendment of 1972, Family and Medical Leave Act of 1993, Sections 503 and 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990, the ADA Amendments Act of 2008, Executive Order 11246, the Uniformed Services Employment and Reemployment Rights Act, as amended, and the Genetic Information Nondiscrimination Act of 2008, Vanderbilt University Medical Center (VUMC) does not discriminate against individuals on the basis of their race, sex, religion, color, national or ethnic origin, age, disability, military service, veteran status, or genetic information in its employment. In addition, VUMC does not
discriminate against individuals on the basis of their sexual orientation, gender identity, or gender expression consistent with the VUMC’s Anti-harassment, Non-Discrimination and Non-Retaliation policy.

All requisite prior training must be successfully completed prior to beginning any residency or fellowship program. All prerequisite post-graduate clinical education required for initial entry or transfer into ACGME-accredited residency or fellowship programs must be completed in ACGME-accredited residency programs, Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency programs located in Canada, or residency programs with ACGME International (ACGME-I) Advanced Specialty Accreditation. Residency programs. Residency and fellowship programs must receive verification of each resident or fellow’s level of competency in the required clinical field using ACGME, CanMEDS, or ACGME-I Milestones evaluations from the prior training program upon matriculation.

If allowed by the program’s ACGME Review Committee, an eligibility exception to the aforementioned pre-requisite requirement may be considered by VUMC’s GMEC and DIO for review and approval of the applicant’s exceptional qualifications following the guidelines outlined in the ACGME common program requirements. Resident and clinical fellow applicants accepted through this exception must have an evaluation of their performance by the program’s Clinical Competency Committee within 12 weeks of matriculation. The program director must submit evidence of completion of that evaluation within 14 weeks of matriculation to the GMEC for documentation that it was conducted.

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

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

A program director may not appoint more residents than approved by both VUMC and, for ACGME-accredited programs, by their respective ACGME Residency Review Committee. All complement increases must be approved by both VUMC (by and through its GME expansion process) and, for ACGME-accredited programs, by the respective ACGME Residency Review Committee.

Reviewed and Approved by GMEC: 03/14/2008

Reviewed and Approved by Medical Center Medical Board: 04/17/2008
P. EQUAL EMPLOYMENT AND AFFIRMATIVE ACTION/ANTI-HARASSMENT/NON-DISCRIMINATION/ANTI-RETALIATION

1. Equal Employment Opportunity
   VUMC Equal Opportunity and Affirmative Action Policy is reflected in the following statement: "In compliance with federal law, including the provisions of Title VI of the Civil Rights Act of 1964, Title VII of the Civil Rights Act of 1964, Title IX of Education Amendment of 1972, Family and Medical Leave Act of 1993, Sections 503 and 504 of the Rehabilitation Act of 1973, the Age Discrimination in Employment Act (ADEA) of 1967, the Americans with Disabilities Act (ADA) of 1990, the ADA Amendments Act of 2008, Executive Order 11246, the Uniformed Services Employment and Reemployment Rights Act, as amended, and the Genetic Information Nondiscrimination Act of 2008, VUMC does not discriminate against individuals on the basis of their race, sex, religion, color, national or ethnic origin, age, disability, military service, veteran status or genetic information in its employment. In addition, VUMC does not discriminate against individuals on the basis of their sexual orientation, gender identity, or gender expression. For more information, see VUMC's Equal Opportunity and Affirmative Action Policy. [Link]

2. Anti-Harassment
   VUMC's Anti-Harassment, Non-Discrimination and Anti-Retaliation Policy, [Link], explains VUMC's prohibitions against sexual and other lawful harassment, examples of prohibited conduct, how to report it, VUMC's prohibition against retaliation against anyone who makes a complaint or participates in an investigation, and how VUMC investigates and resolves complaints of its anti-harassment policy.

   The VUMC Anti-Sexual Harassment – Standard Operating Procedure (SOP), provides additional details and examples of prohibited conduct, means of reporting, and how VUMC responds to reports of sexual harassment. Although violations of VUMC's sexual harassment policy are dealt with on a case-by-case basis, the SOP explains VUMC's four levels of violations and the type of disciplinary action that may be appropriate for each level of violation. For more information, see [Link].

   VUMC also has special procedures for addressing complaints of Sexual Violence (rape, fondling, incest, statutory rape, dating violence, domestic violence, and
stalking). When an allegation of sexual harassment or sex discrimination involves Sexual Violence, VUMC will respond in accordance with the VUMC Violence Against Women Act Policy. See [link will be inserted upon completion of policy.]

3. Disability Discrimination and Accommodations

In accordance with VUMC EEO/AA policy, VUMC does not discriminate in its admissions or selection of house staff. Selection decisions are made without regard to disabilities or other protected categories. Applicants to VUMC’s residency or fellowship programs who may need reasonable accommodations at any point in the selection process, as well as incoming or current house staff who may require reasonable accommodations, should contact Employee & Labor Relations at 615-343-4759 or employeerelations.vumc@vumc.org. Requests for accommodations are evaluated on a case-by-case basis. For more information, visit Employee & Labor Relations website at https://hr.vumc.org/.

4. For More Information

Inquiries or complaints should be directed to Rochelle Johnson, Director Employee and Labor Relations.

VUMC location and Mailing Address:
2525 West End Ave, Suite 500, Nashville, TN 37203
Telephone: (615) 343-4759
Email: employeerelations.vumc@vumc.org

a. Racial and Other Harassment in the Work Environment

Harassment against individuals on the basis of their race, color, religion, or national origin is a form of unlawful discrimination and is prohibited under Title VII of the Civil Rights Act of 1964 and other applicable federal and state laws. When harassment based on an individual’s race, color, religion, or national origin has the “purpose or effect of substantially interfering with an individual’s work performance or creating an intimidating, hostile, or offensive working environment,” it rises to the level of unlawful discrimination. In addition, these principles apply to harassment on the basis of age, disability, and genetic information under the Age Discrimination in Employment Act, the Americans with Disabilities Act, and the Genetic Information Nondiscrimination Act, respectively. Finally, VUMC, through its nondiscrimination statement, applies these principles to harassment on the basis of an individual's sexual orientation, gender identity, and gender expression.

The following examples of harassment are intended to be guidelines and are not exclusive when determining whether there has been a violation of this policy:

Verbal harassment includes comments that are offensive or unwelcome regarding a person’s nationality, origin, race, color, religion, gender, sexual
orientation, age, body, disability or appearance, including epithets, slurs and negative stereotyping.

Nonverbal harassment includes distribution, display or discussion of any written or graphic material that ridicules, denigrates, insults, belittles or shows hostility, aversion or disrespect toward an individual or group because of national origin, race, color, religion, age, gender, sexual orientation, pregnancy, appearance, disability, sexual identity, marital or other protected status.

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

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

House officers who believe that they have been subjected to retaliation as a result of any of these actions should contact the Employee & Labor Relations, which will investigate complaints of retaliation.

R. COMPLIANCE PROGRAM
It is the policy of Vanderbilt University Medical Center (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. Regulatory compliance is adherence to the laws, rules, codes, standards and regulations of government healthcare and research programs and the contractual obligations entered by VUMC for healthcare operations or research. VUMC utilizes a Compliance Program Plan that has established an operational structure and processes to monitor and support compliance efforts. In accordance with the Compliance Program Plan, VUMC has appointed a Chief Compliance Officer, along with Hospital Compliance Officers who are charged with reviewing and enforcing VUMC compliance policies and addressing specific compliance
situations that may arise to provide consistency in the application of compliance policies. For more details, the Vanderbilt University Medical Center Compliance Program Plan is available at https://vanderbilt.policytech.com/docview/?docid=11458.

The compliance program consists of a number of components, one of which is training and education. Prior to entering training, all VUMC House Officers must complete a number of required compliance training modules which are accessed via the House Staff Compliance Dashboard (https://learningexchange.vumc.org).

There are specific federal, state, and payer regulations related to billing for physician services in a teaching hospital that house staff should be aware of. The general rule states “If a resident participates in a service furnished in a teaching setting, a physician fee schedule payment is made only if a teaching physician is present to perform or observe the resident perform the key portion of a service, procedures or surgery for which payment is sought.” During the course of residency training at VUMC, house staff will receive more details regarding these requirements. We recommend that you review the following VUMC policies and guidance to help gain familiarity with what is expected of you:

VUMC Code of Conduct
VUMC False Claims Act and Whistleblower Protection
VUMC Documentation Standards in the Medical Record
VUMC Documentation Standards for Clinicians
VUMC Documentation Standard Timeframes
VUMC PolicyTech: https://vanderbilt.policytech.com/
Charge Capture for Resident/Fellow Work and Teaching Physician Guidelines
CMS Guidelines for Teaching Physicians, Interns, and Residents

If a resident has questions concerning compliance issues or would like more information, contact the Compliance Office at 615-343-7266 or visit our website at Office of Healthcare Compliance. There is a confidential 24-hour Vanderbilt University Medical Center Compliance Integrity Line 1-866-783-2287 or http://www.vanderbilt.edu/integrityline won which he or she may report concerns.

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

https://vanderbilt.policytech.com/dotNet/documents/?docid=10927

T. POLICY ON RESIDENT TRANSFERS
When a VUMC Program Director wishes to consider accepting a resident with previous graduate medical education training into a position beyond the normal entry into the program, the Program Director must first contact the Program Director of the resident's current (or immediate past) program. Prior to accepting a transferring resident, the Program Director must obtain verification of the previous educational experiences and a statement regarding the performance evaluation of the transferring resident, including compliance with residency training requirements and a summative assessment of competence in the following areas:

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

Additionally, the program director must obtain Milestones evaluations from the prior program upon the transferring resident or fellow's matriculation.

The VUMC Office of Graduate Medical Education must be notified prior to accepting a transferring resident as described above. All residents and clinical fellows transferring into VUMC GME training programs must satisfy the conditions of employment as contained in this manual (Section LA, CONDITIONS OF EMPLOYMENT AND CONTINUED EMPLOYMENT). The transferring resident (either coming to VUMC or VUMC resident leaving) must sign the “Release of Information and Waiver of Liability” form before information is exchanged.
between institutions. Any other "release of information and waiver of liability forms" will be used at the discretion of the Office of Legal Affairs.

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

Approved by GMEC 09/04/2003

Updated and Approved by GMEC 04/13/2018

Updated and Approved by GMEC 04/12/2019

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

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

For a full summary of benefits, please see the Benefits Overview available on the HR website at https://hr.vumc.org/benefits. This link will connect you to more information on each of the benefits below along with decision tools, FAQs, and other important resources.

You must enroll or waive coverage within 30 days of your hire date or you will be enrolled in default coverage (Aetna Plus, employee only coverage) and may miss out on the opportunity to enroll in certain voluntary benefits.

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

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

THE FOLLOWING INFORMATION IS A SUMMARY ONLY. Plan descriptions and detailed information are available on the Human Resources web site (https://hr.vumc.org/benefits/sbc-eoc).

A. CORE COVERAGE

1. HEALTH CARE PLAN

Vanderbilt offers three health plan options:

- Plus
- Select
- HealthFund

Prescription drug coverage is included when you enroll in one of the health plan options.

Please review the benefits overview, online decision tools, summary plan description, and evidence of coverage booklets before selecting a health plan option.

2. LIFE INSURANCE
Basic life insurance coverage provided by VUMC is equal to the employee’s annual base benefits rate and includes Dependent coverage (spouse, $10,000 increments up to $250,000 or 50% of your supplemental; children, $5,000 increments up to $15,000) is also provided for eligible dependents. Additional Supplemental coverage of up to eight times the employee’s annual base benefits rate may be purchased by the employee.

3. RETIREMENT PLAN
The VUMC Retirement Plan is optional for new employees and is mandatory for eligible employees upon their one-year anniversary. When the employee has completed 12 months and 1,000 hours of service, he/she will be automatically enrolled in mandatory contributions and start receiving matching contributions. Fidelity Investments provides administrative services for plan accounts and offers a variety of investment options. If the employee does not complete their enrollment online at www.netbenefits.com/vumc prior to his/her 1-year anniversary, their contributions will default to a fund established by the Plan.

4. LONG-TERM DISABILITY (LTD)
There are 3 options for long-term disability:

- Full LTD: Automatic enrollment in this plan occurs on the employee’s hire date. Full LTD insurance provides a monthly income of 60% of the employee’s salary and includes an additional 10% monthly contribution to the employee’s retirement account, should they become totally disabled and are unable to work for more than six months.
- Core LTD: This option provides a monthly income of 60% of the employee’s salary but does not include the additional retirement contribution.
- Base LTD: This option provides a monthly income of 60% of the first $24,000 of salary and does not include the additional retirement contribution.

VUMC pays for LTD insurance covering the first $24,000 of the employee’s annual base pay. The employee pays the premium to cover the amount of his/her salary above $24,000 in the Core and Full LTD options. The employee can elect the core or base LTD coverage by logging into My VUMC Benefits if they do not want the full coverage.

B. VOLUNTARY COVERAGE

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

2. DENTAL INSURANCE
VUMC offers three voluntary dental plans:

- BCBS DentalBlue PPO
- Delta Dental PPO
- CIGNA Dental Care (DHMO)

There are different provider networks, co-pays, and deductibles for each dental option. Please review the details carefully before making an election.

3. FLEXIBLE SPENDING ACCOUNTS (FSAs)
If the employee or their family has regular, foreseeable medical or dependent care expenses, FSAs allow them to set aside a limited amount of money on a pre-tax basis (before Federal income and FICA taxes) to pay for these eligible expenses. Employees save money by paying less tax. They then file receipts (for eligible expenses along with a claim form) to benefit express for reimbursement. There are two types of FSAs available to VUMC employees:

- Health Care FSA — A health care FSA is used to pay for unreimbursed, out-of-pocket medical expenses, such as prescription copays, vision care appointments, eyeglasses/contacts, and other eligible expenses for employees and any tax dependents in their households.
- Dependent Day Care FSA — A dependent day care FSA is used to pay for expenses to place the employee’s children (under the age of 13) or other eligible dependents in day care or other custodial care to enable the employee to be gainfully employed.

4. SHORT-TERM DISABILITY
Short-Term Disability is a benefit that would pay 66 2/3% of the employee’s income (up to $2,500 a week) if he/she becomes sick or injured outside of the workplace. Newly eligible staff with less than one year of service have access to VUMC’s traditional short-term disability insurance. After 1 year of service, enhanced short-term disability provides a no-cost base coverage on the first $24,000 of annual base salary, which is paid for by VUMC, and “buy-up” coverage, which is paid for by the employee. Automatic enrollment in both the base and buy-up enhanced short-term disability plan occurs on the first of the month after your one-year anniversary.

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

6. **SUPPLEMENTAL INDIVIDUAL DISABILITY INSURANCE**

   Long-Term Disability is a benefit that protects an employee from loss of income in the event that they are unable to work for an extended period of time due to illness, injury, or accident. Employer-provided Long-Term Disability plans may not meet the full financial needs of a disabled employee and the benefits are treated as taxable income. Supplemental Individual Disability benefits will help bridge this income gap.

   VUMC’s Supplemental Individual Disability program provides significant discounts off individually owned policies.

   - Unisex rates can provide discounts of up to 40-60% depending on medical specialty. These discounts are available to all residents and fellows.
   - Coverage is available without any medical or financial underwriting
   - Benefits are paid if you can’t work in your specialty.
   - This Supplemental coverage is fully portable to any location in the US with the same discounted rates when the policyholder finishes residency or fellowship at VUMC.
   - Supplemental coverage pays benefits in addition to the group Long-Term Disability plan provided through VUMC.

   This exclusive plan is administered by Marsh & McLennan Agency (MMA). For more information and individualized quotes please contact Marc Flur - marc.flur@marshmma.com or (919) 418-8630.

7. **ACCESS TO INTERIM HEALTH INSURANCE PRIOR TO YOUR START DATE**

   Your health insurance coverage at Vanderbilt University Medical Center will begin on your start date. The Office of Graduate Medical Education is providing access to information regarding interim coverage you can purchase if desired to cover potential gaps in coverage prior to your start date at VUMC. If you need interim health insurance coverage prior to your start date at VUMC please contact Marsh and McLennan Agency at 1-844-854-9142 and indicate you are an incoming House Staff member at Vanderbilt University Medical Center and will need quotes for short-term interim health insurance coverage prior to your start date.
C. ADDITIONAL VOLUNTARY BENEFITS

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

2. PET INSURANCE
   Pet Insurance is offered through Nationwide Insurance. For more information, employees should contact Nationwide Insurance at (877) 738-7874, or online at http://www.petinsurance.com/vanderbiltumc and mention that they are a VUMC employee. No enrollment deadline.

D. TRAVEL INSURANCE
   From the date of employment, the employee is automatically covered while traveling on approved Vanderbilt business. Authorization for travel plans happens at the department level through effective planning, communication, and management. If an event occurs while traveling on Vanderbilt business, all necessary documentation should be provided to the Office of Risk and Insurance Management at (615) 936-0660.

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

   Always immediately notify your supervisor when you sustain a work related injury or illness. The department must report all injuries to the Risk Management Office via the VERITAS application: Work Injury / Illness Reporting.

   If you need medical attention, proceed to the Occupational Health Clinic (OHC) at 640 Med Arts Building, 7:30am-5:30pm, M-F. Faculty/staff with a blood exposure are given priority at OHC and are seen immediately. Appointments are not necessary for any work-related injury or illness. To reduce the risk of bloodborne infections, seek medical care within one to two hours after a blood or body fluid exposure.

   Employees who work at off-site clinics may be seen at the nearest Vanderbilt walk-in clinic.

   If your injury occurs after hours, or if you need emergency care, go to the VUMC Adult ED or to the nearest Emergency facility if you are off campus. Always notify the Occupational Health Clinic the next day at (615) 936-0955 if you are seen in the Emergency Department so that appropriate follow up care is assured.
Please check with the Workers' Compensation Administrator for a list of other authorized medical providers. If you choose to seek treatment with your personal physician, medical charges will not be paid by Workers' Compensation.

**Workers’ Compensation information related to the following. Please visit our VUMC Risk Management website at [https://www.vumc.org/risk-management/workers-compensation](https://www.vumc.org/risk-management/workers-compensation)**

- Benefits Overview
- Reporting a Claim
- HR work comp policy
- Return to work policy
- Out of State Employees
- Work Comp FAQ’s
- OSHA Log

**F. PROFESSIONAL LIABILITY COVERAGE**

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

A. FACULTY / STAFF HEALTH & WELLNESS

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

- The Occupational Health Clinic (OHC) – https://www.vumc.org/health-wellness/occupational-health; (615) 936-0955; Suite 640 Medical Arts Building; Hours: Monday-Friday, 7:30am-5:30pm (24-hour answering service)
  - Vanderbilt Faculty/Staff Express Care – Suite 112 Medical Arts Building Hours: Monday-Friday 7:30 am-2:00pm

- Health Plus – https://www.vumc.org/health-wellness/healthplus; (615) 343-8943; 2700 Children's Way; Suite 127; Hours: Monday-Friday, 7:30-am-5:30pm

- Work/Life Connections-EAP, including the Faculty and Physician Wellness Program – https://www.vumc.org/health-wellness/worklife-connections; (615) 936-1327; Suite 010 Medical Arts Building; Hours: Monday-Friday, 8:00am-5:00pm (24-hour answering service)

1. Occupational Health Clinic (OHC)

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

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

To learn more about how OHC can help keep you safe and healthy, visit us on the web at https://www.vumc.org/health-wellness/occupational-health.

2. Health Plus

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

Here is a brief list of some of our programs and services:

- **Go for the Gold:** Three-step health incentive program that begins with the Compass Health Assessment, which helps you identify health risks, and the Wellness Actions Log and the Game Plan for Your Health video that help you take action. Complete all 3 steps and earn a $240 wellness credit towards your deductible and be eligible to receive partial reimbursement per quarter for membership to the Vanderbilt Recreation and Wellness Center. See our Go for the Gold web page for details.

- **Weight Management programs:** Lifestyle Coaching, Diabetes Prevention Program

- **Nutrition programs:** CORE Nutrition, TASTE, National Nutrition Month, Vandy Cooks, Farmers’ Market

- **Physical Activity programs:** START! Physical Activity Program, Online Workouts, Vandy Walks

- **Health Care support:** Know Your Numbers, “Control is the Goal” Blood Pressure Management Program, Babies and You, Health Expos

For more information about our programs and services, contact Health Plus at (615) 343-8943 or visit our web site: https://www.vumc.org/health-wellness/healthplus

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

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

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

The Health & Wellness Information Portal is a one-stop shop where faculty and staff can access information about themselves from the Health & Wellness departments. Faculty and staff can review gender/age specific prevention recommendations; access safety compliance records, immunization records, and blood/body fluid exposure information; and schedule same-day and next-day acute care appointments (from the Occupational Health Clinic); take a confidential mental health screening (developed by Work/Life Connections-EAP); and obtain information about Go for the Gold participation status, biometric data, and activity participation (from Health Plus). Employees can log in with their VUnet ID and epassword at https://hwip.app.vumc.org/hwip/.

B. VUMC CHILD AND FAMILY SERVICES

VUMC Child and Family Services links families with resources that support balancing work and home life including child care, a bi-annual baby shower event, lactation room reservation tool, and a welcome back from parental leave packet. VUMC employees have options for backup childcare and unlimited access to a digital platform connecting you to nannies, caregivers, and other household help through Care.com. The home-grown Sitter Service portal is another resource for backup care, connecting VUMC employees with VU students available for babysitting.

For more information or how to enroll, visit the web site: https://hr.vumc.org/cfc.

C. LACTATION ROOMS

VUMC’s nursing mothers can now reserve a lactation room in advance, eliminating the guesswork of first come, first served. A free self-scheduling tool allows mothers to see real-time room availability and reserve a VUMC lactation room on-the-go or at their desk.


D. STRESS MANAGEMENT

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

Information about such support group networks is available from the Faculty and Physicians Wellness Committee at:
The following advisors have access to other resources if special problems need to be addressed:

**Graduate Medical Education**

Kyla Terhune, M.D., MBA, FACS – (615) 322-6035

Patricia Craft, M.S. – (615) 322-4916

**Faculty and Physician Wellness Committee**

Charlene Dewey, M.D. – (615) 936-3227

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

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

1. Call Room space is available on an as needed basis for residents who are too fatigued to safely return home. If the call rooms assigned to your service are not available there is a napping call room in VUH with bunk beds. The room number and code will be available through Chief Residents, Program Coordinators or can be obtained from the GME Office at (615) 322-4916. Please notify Environmental Services via the number posted in the room if the bed should be changed after your nap before the evening for the next resident/fellow.

2. For house staff too fatigued to safely transport themselves home and for whom resting in a call room is not an option, transportation home with a return trip the next day is available through Music City Taxi Company from VUMC or any affiliated site at which you are rotating. Call (615) 256-7000 for a pick-up and be specific about your location and that you are a Resident/Fellow at VUMC and the GME account should be charged. The Office of Graduate Medical Education will cover the cost of the transportation but you must indicate to the dispatcher and driver to
charge the GME Account. Please note that the cab that arrives for you may be branded any of the following: Checker Cab, Pink Cab, Kwik Cab, or Music City Taxi.

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

F. FITNESS FACILITIES

1. THE VANDERBILT DAYANI CENTER FOR HEALTH AND WELLNESS

House staff are eligible for a GME-supported membership at the Dayani Center. The facility includes an indoor pool, indoor track, stationary exercise equipment, locker rooms and a variety of land and aquatic based group fitness classes. The facility is open M-Th 6:30 AM – 6:00 PM and Friday from 6:30 AM - 5:00. The facility is closed on weekends. The application/release form is available at the Dayani Center. More information is available on their website here: http://www.vanderbilthealth.com/dayani/.

2. THE VANDERBILT RECREATION AND WELLNESS CENTER

The Vanderbilt Recreation and Wellness Center is conveniently located on the Vanderbilt campus. The large variety of programs available for meeting members’ diverse interests include: thirty club sports ranging from traditional such as Baseball, Ultimate Frisbee, and Ice Hockey to nontraditional such as Fencing, Kung Fu and Capoeira; twenty intramural sports (softball, flag football, basketball, table tennis, and soccer); an aquatics program offering swim lessons for all ages and abilities. Red Cross lifeguarding and CPR classes are also available. If being outside is more your style, you can choose from one of more than twenty adventure trips offered each semester or create your own adventure trip with tips and gear from the Outdoor Recreation staff. Classes abound! Come check out over sixty group fitness classes a week and a variety of wellness offerings from “learn to box” to healthy eating through Vandy Cooks in the teaching kitchen, Personalized Nutrition Coaching, and Nutrition Minute.

The Vanderbilt Recreation and Wellness Center is a 289,000 square foot facility that houses:

- a 25 yard, 15 lane swimming pool,
- courts for basketball, volleyball, badminton, racquetball, and squash,
- a bowling alley,
- group fitness class rooms,
- more than 14,000 square feet of weight/fitness room space,
a rock climbing wall,

a 120 yard turf field surrounded by a 300 meter track in the indoor field house,

sand volleyball court,

and more than seven acres of field space including three natural grass fields and one turf field.

Memberships are available to Vanderbilt faculty/staff and their families. Membership pricing and more information on all programs can be found at:
http://www.vanderbilt.edu/recreationandwellnesscenter/ or call (615) 343-6627.

Currently, if a resident or fellow has completed all 3 steps of the Go For the Gold program and purchases a membership to the Vanderbilt Recreation and Wellness Center, they are eligible for up to $90/quarter reimbursement to the cost of that membership if they utilize the VRWC at least 30 times during that quarter through the Platinum level benefit. For more details, please go to https://www.vumc.org/health-wellness/go-gold-incentives-vumc.

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

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

H. HOUSE STAFF ADVISORY COUNCIL (HSAC)
The Council meets monthly and is composed of house staff representatives from each clinical department and training program. Matters of hospital policy that impact the house staff are discussed and information is disseminated through monthly minutes. Any issue
pertaining to house staff experience can be referred to and discussed by the Council. House staff from HSAC also serve on various institutional committees, including but not limited to:

- Medical Center Medical Board
- Graduate Medical Education Committee
- Medical Alumni Association Board
- Ethics Committee
- Executive Policy Review Committee
- Institutional Critical Care Committee
- Physician Wellness Committee
- Pharmacy & Therapeutics Committee
- Transfusion Committee
- Inpatient Medical Director Forum
- Infection Prevention Executive Committee
- Task Force on Physician Well-Being & Empowerment

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.

For more information, please visit:
IV. GRADUATE MEDICAL EDUCATION EVALUATION AND DISCIPLINARY GUIDELINES

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

Length of Appointment

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

A. EVALUATION

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

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

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

3. Any information, materials, incident or other reports, statements, memoranda, or other data which are subject to the Tennessee Patient Safety and Quality (Medical Peer Review) statutes (T.C.A. §63-1-150 and T.C.A. §68-11-272) are privileged and are not to be copied or released without the prior authorization of the ACGME Designated Institutional Official (DIO) 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 may be reviewed by the house officer with the Program Director, the DIO, or an individual designated by the DIO upon request.

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

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

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

- Insufficient medical knowledge
- Inability to apply medical knowledge effectively, whether in patient care, research, or performance of technical skills
- Any deficiency or conduct which adversely bears on the individual’s performance, such as attitude, conduct, interpersonal or communication skills, or other misconduct
- Failure to progress or perform at the expected level of training
- Violations of professional responsibility, University or Medical Center by-laws, policies and procedures, state or federal law or any other applicable rules and regulations

1. **Initiation of Corrective Action**
There may be concerns regarding the performance or conduct of a house officer which have not been remedied or should not be addressed solely with feedback or Informal Counseling.
In those situations, one of the disciplinary actions listed below (Warning(s), Probation, Summary Suspension, Dismissal or Non-renewal) is initiated, depending on the nature and/or severity of the deficiency, actions, or conduct. In determining which level of intervention is appropriate, the Program Director should take into account the house officer’s overall performance, including previous evaluations, Informal Counseling, Warnings, and Probationary Periods.

a. **Warning**

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

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

b. **Probation**

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

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

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

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

i. Remove the house officer from probationary status.

ii. Extend the probationary period.

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

iv. Notify the house officer of his/her immediate dismissal.

c. Summary Suspension

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

The Department Chair, Program Director or DIO may also summarily suspend a house officer who exhibits performance or conduct that the Department Chair, Program Director or DIO deems too serious to warrant a Warning or Probation.
The Summary Suspension will be reported immediately in writing to the DIO and the house officer’s Program Director and Department Chair, with a copy to the house officer. The house officer will remain in paid status while on Summary Suspension.

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

i. Lifting, modifying or extending the Summary Suspension;

ii. Probation;

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

iv. Immediate Dismissal.

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

d. Immediate Dismissal

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

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

Any Medical Center equipment including, but not limited to, pagers, ID badges, keys, parking cards, laptops is revoked upon dismissal. In addition, all access to VUMC computers and email is terminated.
e. **Response of House Officer**

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

i. Accept the Dismissal without requesting a review.

ii. Request a review of the Dismissal.

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

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

House officers can request a review of a Summary Suspension or Dismissal. In the event that the house officer submits a written request for review after Summary Suspension or Dismissal, the DIO or his/her designee asks the Chair of the Graduate Medical Education Committee (GMEC) to convene a Review Committee of the GMEC (“Review Committee”) as soon as feasible after the date of the house officer’s request for review. The review generally should be completed within 30 calendar days of the request for review, unless the Chair of the GMEC determines there are valid reasons to extend this time frame. The Review Committee will review the circumstances leading to this action.

The Review Committee consists of no fewer than six members of the current GMEC, except that the Executive Vice President for Medical Affairs and the DIO are not eligible to serve. In addition to the chair of the Review Committee, the Review Committee must contain an equal number of house staff and faculty members, but no fewer than three house staff and three faculty members, none of which may be from the appealing resident’s department.

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

Any member of the Review Committee (faculty or house staff) who has a conflict or potential conflict of interest involving the appealing house officer such that he or she cannot make an impartial and unbiased decision must recuse himself or herself from the committee and a new member of the Review Committee will be appointed by the Chair of the GMEC. However, to the extent the recused member has knowledge of or was involved in the
events leading up to the corrective action, he/she may still be a witness. Likewise, if there is a conflict or potential conflict of interest between the Chair of the GMEC and the appealing house officer, the Review Committee will elect an alternate chair for the purposes of the review. Otherwise, the Chair of the GMEC will chair the Review Committee.

If there is failure to reach a quorum, due to multiple recusals or other reasons, the DIO, or Chair of the Review Committee of the GMEC, shall appoint (a) new member(s) to the Review Committee. If, due to multiple recusals or other reasons, there are insufficient program directors from GMEC to meet the number required for composition of the Review Committee, the DIO or Chair of the Review Committee will appoint (a) new program director member(s) to the Review Committee from the broader pool of active program directors, none of which may be from the appealing resident’s department. Likewise, if, due to multiple recusals or other reasons, there are insufficient residents or clinical fellows from GMEC to meet the number required for composition of the Review Committee, the DIO or Chair of the Review Committee will appoint (a) new resident/fellow member(s) to the Review Committee from the pool of chief residents at VUMC, none of which may be from the appealing resident’s department.

All relevant academic records, including both the program and the GME file, and other documentation related to the disciplinary action, 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 equal access to all documents provided to the Review Committee.

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

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

The Review Committee and the house officer’s program director also can request additional witnesses or documents. Witnesses are limited to those who were directly involved with the circumstances giving rise to the action.
or who are knowledgeable of the circumstances. In the event that there are allegations of discrimination, harassment or retaliation that have been investigated by VUMC Employee Relations, a representative of Employee Relations may appear as a witness and present their findings to the Review Committee.

The Chair of the Review Committee determines the appropriateness and number of witnesses to be called in order to provide a full and fair review of all relevant facts. In addition, a transcript of the proceedings will be made.

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

After completion of the review, the Review Committee submits a written summary of the proceedings, evidence, and recommendations to the VUMC Executive Vice President for Educational Affairs, who makes the final decision. A copy of the summary is maintained in the GME Office and by the Chair of the Review Committee. The VUMC Executive Vice President for Educational Affairs notifies in writing the house officer, the Program Director, the Department Chair/Clinical Service Chief, the DIO, 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, against a witness for participating in the process, or against anyone else participating in the process is not tolerated and will result in appropriate disciplinary action. Any potential witness who has concerns about participating in the Review process should contact the DIO or Employee and Labor Relations.

g. Non-renewal or non-promotion

Non-renewal of a house officer’s contract or non-promotion of a house officer to the next level of training may be appropriate for a number of reasons, including but not limited to, insufficient medical knowledge, incompetence in patient care, lack of professionalism, inability to effectively use resources, poor interpersonal and communication skills, and inability to participate in practice-based learning. Ordinarily, written notice of non-renewal of a house officer’s contract or non-promotion of a house officer to the next level of training generally shall be given no later than three months prior to the end of the house officer’s current contract. In the event that notice cannot be given within three months, it shall be given as soon as possible.
If a house officer receives notice of non-renewal or non-promotion and chooses to initiate a review, he/she must notify the DIO within fourteen calendar 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 calendar 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 VUMC Executive Vice President for Educational Affairs in writing), a Review Committee of the GMEC need not be convened and the request for review will be considered withdrawn. In either case, the Program Director and the DIO are advised of the outcome.

**h. Procedures for Review of Matters Involving Sexual Violence**

When a matter involves “Sexual Violence” (sexual assault, domestic violence, dating violence, or stalking) as defined by and covered by the applicable VUMC policies, the Title IX Coordinator will work with GME leadership, and if applicable, the Review Committee, to provide training on the investigation and adjudication of matters involving Sexual Violence and to modify the procedures in this manual to comply with applicable sexual misconduct policy, as applicable. Those modifications will include the following:

1. *Notice of meetings.* Both the complainant and respondent will receive timely notice of the meetings that they are permitted to attend.

2. *Advisors.* Both the complainant and the respondent will be permitted to have an advisor of their choosing present during meetings where their attendance is permitted. The advisor may accompany and confer privately with the complainant or respondent, but the advisor may not interrupt, speak on behalf of the complainant or respondent, or otherwise actively participate in any meeting. An advisor’s failure to comply with these guidelines may result in the termination of the meeting or the advisor no longer being permitted to be present. VUMC personnel employed in the offices responsible for the disciplinary proceedings described in this policy, along with those in the chain of command, personnel employed by the Office of Legal Affairs, and others whose participation could create a conflict of interest with their VUMC duties are not eligible to serve as advisors. If there is a question or concern about a possible advisor, the house officer should consult with Employee & Labor Relations. If either the complainant or respondent chooses to have an attorney present as an advisor, he or she must provide advance notice so that a member of the VUMC Office of Legal Affairs can attend any meeting at which another attorney will be present.
3. Subject to any applicable privilege, the complainant and respondent will have timely and equal access to any information related to Sexual Violence that will be used during the process.

4. The preponderance of the evidence standard will be used to determine whether the applicable policy has been violated.

5. Subject to any applicable privilege, the complainant and respondent will receive simultaneous written notification of (i) the result of any disciplinary proceeding that arises from an allegation of Sexual Violence; (ii) the ability, if any, for the respondent to appeal the result; (iii) any change to the result; and (iv) when the results become final.

6. Proceedings will not be conducted by officials who have a conflict of interest or bias for or against a complainant or respondent.

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

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

REVISION Reviewed and Approved by Medical Center Medical Board: 04/17/08

REVISION Reviewed and Approved by GMEC: 6/21/2019
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 employed by the Medical Center, a representative of the University, or other third party while in the course of their training; or has a complaint about the performance, action or inaction of a member of the staff or faculty. This process includes the Grievance by a resident of his/her placement on the Corrective Action status of Warning or Probation.

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/RETAILIATION
If the complaint involves allegations of sexual harassment and/or perceived unlawful discrimination or retaliation, refer to this House Staff Manual, Section I.P.

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 sixty (60) 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 ACGME Designated Institutional Official (DIO) within two weeks following the failure to resolve the issue at the department level. The DIO 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 DIO will make a decision.

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

APPROVED BY THE MEDICAL CENTER MEDICAL BOARD 3/26/1998
REVISIONS REVIEWED AND APPROVED BY GMEC: 03/14/2008
Revisions Reviewed and Approved by Medical Center Medical Board: 04/17/2008
Revisions Reviewed and Approved by GMEC: 04/12/2019
VI. GENERAL INFORMATION

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

For those house officers who have a full, unrestricted Tennessee medical license and their own DEA number, a copy of their valid DEA certificate should be provided to the GME Office. The valid personal DEA will be used in Vanderbilt prescription systems.

B. ESKIND BIOMEDICAL LIBRARY
The Annette and Irwin Eskind Biomedical Library (EBL) supports the education, research, and patient care mission of Vanderbilt University and the Vanderbilt University Medical Center. It occupies the lower level and first floor of the Eskind Biomedical Library and Learning Center (EBL&LC). The library’s comprehensive biomedical and health sciences collection is comprised of 15,000 print volumes and more than 20,000 electronic databases, journals, and books. Reference and Instruction Librarians act as partners with the Vanderbilt community by providing research assistance and support such as literature searching and consultations, and training on various information resources and citation management programs. Appointments for library services are scheduled through our main number, Ask Biomedical online form, or with one of the librarians. Research assistance for current students, staff, and faculty is available in-person, or electronically through Skype for Business. Subject guides have been created by reference librarians to assist users with quickly identifying selected databases, books, and journals for specific courses or clinical specialties. The Interlibrary Loan/Document Delivery service can assist with finding and acquiring items not available in the Vanderbilt Library collection.

The library is physically open for an average of 100 hours per week, Sunday through Saturday. The library facility has a seating capacity of 200, 10 study rooms, and a new training/meeting room with flexible configurations that seats up to 36 persons. Technologically speaking, the library has wireless network access throughout the facility, 12 desktop computers, six laptops available for checkout, two multi-function printers, and 3-D printing.

The Eskind Library’s Special Collections is located on the third floor of EBL&LC. It maintains a unique collection of rare books, manuscripts, photographs, archival materials, and other items documenting the history of medicine and medical education at Vanderbilt University and in the State of Tennessee.
Additional print and electronic resources are available to the entire Vanderbilt community through the other campus libraries and special collections that form the Jean and Alexander Heard Libraries.

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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 may result in disciplinary action, including dismissal.

D. **MEAL MONEY**  
The GME Office provides funds for meals during some call hours. House officers with overnight in-house call or predictable, continuing late evening patient care obligations (after 8:00 p.m.) are issued a Meal Money account for use on meals anywhere on the Medical Center campus (except the VUH Gift Shop) that accepts the Badge Bucks, accessed by presenting a VUMC ID Badge. The meal plan consists of dinner/breakfast for overnight in house call and dinner for predictable late evening patient care obligations after 8 p.m. A maximum of $20.00 for any single purchase and/or 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. Questions regarding Meal Money may be directed to the GME Office at 615-322-4916.

Meal Money may not be used to purchase non-food items, including gift cards, at any outlet. If such purchases, including but not limited to gift cards and movie tickets, are made with Meal Money, then the amount of the purchase may be deemed taxable income and subject to reimbursement to the GME office for the amount of the purchase.

Additionally, House staff may open a personal Badge Bucks account in order to add money via debit or credit card for use when on call funds are exhausted or if they want to have money on their card for other purchases. House officers can access and manage their accounts online at: [https://get.cbord.com/vumc](https://get.cbord.com/vumc) by following the instructions at the GET
link. Questions regarding Badge Bucks may be directed to the Card Services office at newcard.vumc@vumc.org or by calling 615-936-3350.

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

Policy revision effective 07/20/18

E. WHITE COAT LAUNDERING
House staff can drop off their white coats for laundering in the South Lobby of Light Hall. A drop box is available toward the VA end of the lobby for white coats only: complete a ticket and place your coats and ticket in a bag (tickets and bags are in the small cabinet at the top of the drop bin). Pick up is in the GME Office in 209 Light Hall between 8am and 4:30pm. There is no charge to house staff for white coat laundering.

F. SPORTS
All VUMC House staff are eligible for two discounted season tickets for Vanderbilt Athletics (football, men and women’s basketball and baseball). There are no discounts on single game tickets. VUMC employees are eligible for payroll deduction for season tickets, restrictions may apply with date of purchase. Contact the Vanderbilt Athletic Ticket Office at (615) 322-GOLD (4653) or visit 2601 Jess Neely Dr. Nashville, TN 37211.

G. 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.

H. DISCOUNTS
Human Resources maintains an extensive list of discounts available to VUMC employees at this link: [https://hr.vumc.org/secure/discounts-old](https://hr.vumc.org/secure/discounts-old). Discounted fitness options are listed under the “Health & Wellness” category and include Centennial Sportsplex and several others in the area.

I. VANDERBILT UNIVERSITY PUBLIC SAFETY

As one of Tennessee’s larger law enforcement agencies, Vanderbilt University Public Safety (VUP) provides comprehensive law enforcement and security services to all components of Vanderbilt University; including the academic campus, and a variety of University-owned facilities throughout the Davidson County area and Vanderbilt University Medical Center and Vanderbilt Health at One Hundred Oaks. 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 Community Service Officers are first responders to any non-medical emergency, act of violence, or criminal act that occurs within and around VUMC. Direct radio and phone communications with local police and emergency medical personnel ensure that officers can initiate and direct additional emergency responders to the area if necessary. In an emergency situation, dialing 911 from any Vanderbilt telephone or (615) 421-1911 from a cell phone will contact the Vanderbilt University Public Safety communications center. A trained dispatcher will then direct the appropriate response to the emergency. For non-emergency calls to the Vanderbilt University Public Safety, 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 [https://publicsafety.vanderbilt.edu](https://publicsafety.vanderbilt.edu).

Safe Walk/Safe Ride Services

VUP provides walking escorts to faculty, students, staff and guests walking to and from any location on campus. Call (615) 421-8888 (1-8888) from campus phones for a safe walk. Vandy Vans shuttle-bus services are also available. For more information on Vandy Vans services go to [https://www.vandyvans.com](https://www.vandyvans.com).
J.  **COMMODORE CONCIERGE**

Commodore Concierge is housed in Medical Center North.

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

- purchase RTA/Music City Star tickets, movie tickets, and stamps, take advantage of [discounts](#) on products and services from participating businesses

**Locations and Times**

- Medical Center North, D-2101 (HR Window):
  - Monday-Friday, 8 am – 1 pm and 2-4:30 pm (lunch 1 - 2 pm)
  - Note: HR Payroll, HR Benefits, W-4, and Personal Information Change forms accepted at this location.

Questions regarding Commodore Concierge can be directed to the Employee Service Center at (615) 343-7000 or [human.resources.vumc@vumc.org](mailto:human.resources.vumc@vumc.org) or visit their website: [https://hr.vumc.org/esc/](https://hr.vumc.org/esc/).

K.  **PERSONAL HEALTH AND WELLBEING – NEW PATIENT APPOINTMENTS**

In order to take the best care of one's patients, one also must attend to one's own health needs and well-being. Vanderbilt University Medical Center, both through its own services and those of the Vanderbilt Health Affiliated Network (VHAN), provides residents with numerous outlets to obtain primary health care services.

VUMC health plan members now have access to a dedicated phone number — called Appointments Direct — that gives you preferred access to appointments with VUMC providers. Call (855) 724-2454 to schedule an appointment with a Tier 1 provider. [https://hr.vumc.org/news/appointments-direct-access-line-vumc-health-plan-members-now-available](https://hr.vumc.org/news/appointments-direct-access-line-vumc-health-plan-members-now-available)

If a house officer needs a new patient appointment with a Vanderbilt physician, they may contact any of the 9 primary care clinics listed on the Vanderbilt Primary Care website: [https://www.vanderbilthealth.com/primarycare/43136](https://www.vanderbilthealth.com/primarycare/43136). For appointments with the Hillsboro Medical Group, please contact that clinic directly at (615) 936-3636; for appointments with the Vanderbilt Green Hills practice, contact that clinic directly at (615) 386-6200. In both cases, identify yourself as a Vanderbilt resident seeking a new patient appointment, and they will work with you to schedule an appointment.

For new patient appointments to all other Vanderbilt primary care practices, including Vanderbilt Adult Primary Care and Vanderbilt Internal Medicine Group at One Hundred
Oaks, please contact the access center by calling (615) 936-2187. You also may sign up for My Health at Vanderbilt (see below) and request a PCP through the portal.

For women seeking primary care through a VUMC OB/GYN practice, please contact the access center by calling (615) 343-5700 and identify yourself as a Vanderbilt resident/fellow. You also may sign up for My Health at Vanderbilt (see below) and request a PCP through the portal.

For Vanderbilt house officers seeking providers within the Vanderbilt Health Affiliated Network (VHAN) but not specifically within VUMC, please refer to the Human Resources website, https://hr.vumc.org/benefits, for instructions on finding other providers within VHAN (all being Tier 1 level providers for all 3 VUMC-offered health plans).

At times, one may want access to walk-in services for everything from flu, colds and coughs to fevers, rashes and injuries. With five convenient locations in Belle Meade, Brentwood, Cool Springs, Franklin and Spring Hill and no appointment necessary, Vanderbilt Walk-In Services are an excellent option. For more detail, see https://www.myhealthwalkin.com/?ref_id=mcww2.

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

I. PROFESSIONAL CONDUCT POLICY

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

A. VANDERBILT UNIVERSITY MEDICAL CENTER CREDO

- We provide excellence in health care, research, and education.
- We treat others as we wish to be treated.
- We continuously evaluate and improve our performance.

Credo Behaviors
- I make those I serve my highest priority
- I respect privacy and confidentiality
- I communicate effectively
- I conduct myself professionally
- I have a sense of ownership
- I am committed to my colleagues

B. VANDERBILT PATIENT AND FAMILY PROMISE

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

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

We expect everyone at Vanderbilt to keep these promises to you and your family.

C. **PROFESSIONAL CONDUCT POLICY**

VUMC Policy Number QSRP 10-10.07

I. Purpose:

To support teamwork, a positive workplace environment, and effective delivery of safe, compassionate, and quality patient care by promoting:

A. Professional conduct by all Vanderbilt University Medical Center (VUMC) faculty, staff, house staff (clinical fellows and residents), and students (collectively, “VUMC team members”); and

B. A culture of accessible and safe reporting of concerns about professional conduct and reliably addressing such concerns.

II. Policy:

Consistent with VUMC’s mission, credo, and institutional policies, all VUMC team members are expected to conduct themselves professionally, to treat patients, visitors, and each other with respect, and to foster a collaborative work environment that supports team performance.

By promoting personal and team accountability for reporting unprofessional behavior, VUMC identifies and reliably addresses single occurrences and patterns of behavior and performance that undermine a culture of safety.

III. Specific Information:

A. Behaviors that undermine a culture of safety include, but are not limited to, words, actions, or inaction that:

1. Prevent or interfere with an individual’s or group’s work, academic performance, or ability to achieve intended outcomes. Examples include:
   a. Failing to model respect;
b. Not returning phone calls or pages;

c. Not responding to questions;

d. Failing to provide clear written and/or verbal communication to facilitate care;

e. Not speaking up when one perceives a threat to safety, including not making the institution aware of threats to safety through appropriate channels;

f. Failing to perform universal protocol and timeout; and
g. Failing to perform hand hygiene.

2. Create, or have the potential to create, an intimidating, hostile, offensive, or unsafe work or academic environment. Examples include:

a. Verbal abuse;

b. Sexual or other harassment; and

c. Words reasonably interpreted as threatening or intimidating.

3. Threaten personal or group safety, including uninvited, aggressive, and/or violent physical contact; or

4. Violate institutional policies including those related to conflicts of interest, compliance, safety, quality, risk prevention, and protections against sexual harassment, discrimination, and workplace violence.

B. Constructive feedback is encouraged, but criticism that is personal in nature, abusive, and/or not intended to promote a better and safer workplace and patient-care environment, is not professional.

C. Leaders, faculty, and licensed individuals who are responsible for the oversight and supervision of team members model respect and other behaviors that promote quality outcomes of care and team performance, and they provide pertinent instruction and timely feedback.

D. All VUMC team members share responsibility for responding to observed or reported behavior or performance that undermines a safety culture:

1. For behavior that appears to be (a) an isolated occurrence inconsistent with VUMC’s Credo, mission, or institutional policies, and (b) not a behavior that suggests the need for prompt escalation to leadership or for which institutional policy mandates referral to a specific administrative venue, VUMC team members share the observation in one or more of the following ways:
a. Engage each other in timely informal co-worker/collegial feedback (“cup of coffee” conversation). Feedback is brief, respectful, and nonjudgmental. Examples include reminders to disinfect hands or utilize universal precautions or feedback on verbal expression viewed as rude or disrespectful;

b. Communicate the observation or concern to an appropriate supervisor;

c. Communicate the observation or concern to an appropriate academic advisor;

d. File a report in VUMC’s online occurrence reporting system (OP 10-10.24);

e. Contact the appropriate Human Resources Consultant for advice or referrals; and /or

f. Contact Employee and Labor Relations to determine whether an occurrence represents a potentially discriminatory or harassing action.

2. For repeated, or isolated but serious occurrences of behavior that undermine a culture of safety, VUMC team members report via one or more of the following ways:

a. File a report in VUMC’s online occurrence reporting system (OP 10-10.24);

b. Directly report to other contacts designated by institutional policies. Potential contacts include:

   i. The individual’s supervisor or other appropriate authority; and/or

   ii. The Office of Risk and Insurance Management;

   iii. Designated offices for specific types of issues:

       1) Compliance (Hotline: https://www.tnwgrc.com/Vanderbilt/);

       2) Privacy;

       3) Employee and Labor Relations;

       4) Patient Relations; and

       5) Vanderbilt Police.

   iv. The individual’s Human Resources consultant;

   v. The Department of Quality, Safety, and Risk Prevention; and
vi. The Office of Legal Affairs.

E. Supervisors, managers, or other appropriate institutional representatives and designees (including authorized peer and quality improvement committees) address occurrences and/or patterns of behavior that undermine a culture of safety through tiered interventions, in accordance with applicable institutional policies and procedures and medical staff by-laws. Examples of such policies include: Patient Complaint Monitoring Policy (PARS) and Progressive Discipline.

F. Reporter (“whistleblower”) Protection:

1. Vanderbilt prohibits retaliation against reporters (“whistleblowers”) who in good faith report behavior or performance that may undermine a culture of safety. Examples of prohibited retaliation in response to whistleblower reports include but are not limited to:
   a. Discharge;
   b. Demotion;
   c. Suspension;
   d. Harassment;
   e. Denial of promotion or transfer; and
   f. In any other manner, discriminating or threatening to discriminate against any VUMC employee in the terms and conditions of that person’s employment.

2. Vanderbilt policy specifies disciplinary processes for those who retaliate.

3. VUMC team members who believe they have been subjected to or affected by retaliatory conduct should report to the EAD or their Human Resources consultant.

G. Information entered into the VUMC online occurrence reporting system is Quality Improvement Material and is confidential and privileged to the extent permitted by Tenn. Code Ann. §§ 63-1-150 and 68-11-272 et seq. and other applicable federal and state law.

H. Nothing in this policy is intended to override or conflict with existing policies that define when corrective/disciplinary action is appropriate.

IV. Endorsement:

Quality Steering Committee August 2015
Medical Center Medical Board December 2015
V. Approval:

Marilyn Dubree MSN, RN, NE-BC  5/31/16
Executive Chief Nursing Officer

C. Wright Pinson MBA, MD  5/31/16
Deputy Vice Chancellor for Health Affairs
Senior Associate Dean for Clinical Affairs
CEO of the Vanderbilt Health System

VI. References:


Vanderbilt Faculty Manual. Disciplinary Actions and Grievances.

Vanderbilt House Staff Manual


Clinical Operations Category:

Alcohol and Drug Use

Vendor Representatives, Faculty/Staff Interactions

Clinical Practice Category:
Universal Protocol - Identification of Correct Patient, Procedure, Site/ Side (Time Out)

Compliance Category:
Code of Conduct

Human Resources Category:
HR - Anti-Harassment, Non-Discrimination and Anti-Retaliation
HR - Electronic Communications and Information Technology Resources
HR - VUMC Equal Opportunity and Affirmative Action
HR - Performance Accountability and Commitment
HR - Relationships in the Workplace
HR - Substance Abuse
HR - Workplace Violence

Infection Prevention Category:
Hand Hygiene

Quality, Safety, and Risk Prevention Category:
Service Recovery and Complaint and Grievance Resolution
Disclosure of Unanticipated Outcomes
Occurrence Reporting: Patient and Visitor
Service Recovery (policy archived February 2017)
Patient Complaint Monitoring (PARS)

Safety Category:
Management of Disruptive and Aggressive Behavior

Vanderbilt School of Medicine Compact between Teachers and Learners
II. VUMC COMPUTERS AND CLINICAL APPLICATIONS

General Information

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

To Access a VUMC Computer

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

To Receive Computer Assistance

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

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

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

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

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

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

One of the VUMC Credo Behaviors is: “I respect privacy and confidentiality”. Information that is obtained about a patient is strictly confidential and is legally protected from disclosure. It may be given to another employee or health care provider only when it is necessary to do so: (1) for the continuity of care, (2) in certain situations when required by law, or (3) when otherwise authorized by the patient. It must never be discussed with any other unauthorized person. Divulging such confidential information or any other departmental information deemed and explained by the department chair as confidential, may result in disciplinary action.
Whenever a user prints a document containing patient information, it should always be placed in a shredder bin when finished. Users should never throw patient information away in a regular trash can. Users should keep up with papers listing patient identifiable information that they possess, as the papers can easily be left in a conference room, etc., thereby putting the information at risk of being seen by other unauthorized personnel.

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

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

House Staff can direct questions or concerns about privacy to the Privacy Office at (615) 936-3594 or email: Privacy.Office@vumc.org.
IV. ELECTRONIC MESSAGING OF INDIVIDUALLY IDENTIFIABLE PATIENT AND OTHER SENSITIVE INFORMATION

VUMC Policy Number IM 10-30.15

I. Purpose:

To protect individually identifiable patient or sensitive information contained in electronic messages from interception, content alteration, or unauthorized disclosure.

II. Policy:

Electronic messages (e.g., email, text messaging, or instant messaging) may contain information that is regarded as sensitive by either the sender or the receiver. Vanderbilt University Medical Center (VUMC) policies define several categories of sensitive information including Protected Health Information (PHI); Research Health Information (RHI); and Personal Information that may contain individually identifiable information about patients, employees, students, or research participants. Individually identifiable Sensitive Information is not transmitted by Vanderbilt workforce members over electronic communication systems (such as email, the Internet, or instant messaging) without taking appropriate measures to safeguard the security of the information against message interception, content alteration, or unauthorized disclosure.

III. Definitions:

A. Electronic Messaging: is end user communication of information using an electronic network, such as the internet or cellular phone or pager; including but not limited to e-mail, instant messaging, and text messaging.

B. Sensitive Information: Includes individually identifiable PHI, RHI, or Personal Information.

See IM SOP - Defined Terms Used in Information Management Policies for the following definitions used in this policy:

C. Individually Identifiable Health Information (IIHI);

D. Personal Information;

E. Protected Health Information (PHI); and

F. Research Health Information (RHI).

IV. Specific Information:
A. Social security numbers are highly sensitive, direct identifiers that allow an individual to be uniquely identified without any additional piece of information. Use of the full nine-digit social security number in electronic messaging is prohibited unless the message or the attached file containing the information is encrypted. Approved mechanisms for electronically transmitting files containing Sensitive Information are defined in IM SOP - Approved Messaging Mechanisms.

B. Files (e.g., spreadsheets, databases, lists, tables) containing Sensitive Information may not be sent over the internet in clear text. When a legitimate business purpose exists for transmitting files containing Sensitive Information, the sender is required to implement security measures to protect the information from unauthorized access or alteration. Approved mechanisms for electronically transmitting files containing Sensitive Information are defined in IM SOP - Approved Messaging Mechanisms.

C. Electronic messages including email, text messaging, and instant messaging (i.e. Skype) containing direct identifiers with information about that individual must reflect the ‘minimum necessary’ standard. Recommended safeguards include:

   1. Accurate patient identification is critical for patient safety. Use the full medical record number or the Hospital Account Record (HAR) number along with the initials of the patient’s name as the two minimum necessary identifiers for a patient.

   2. Refer the receiver to the patient’s medical record to review any patient specific test results or other clinical information. A date of the encounter or service or date of the test/document may be included in the message for reference to minimize confusion and avoid errors in accessing the medical record.

   3. Workforce members who receive audio files or transcriptions of voicemails via e-mail should direct callers in their voicemail prompt that Sensitive Information should not be left in voicemail messages.

D. In order to prevent the accidental transfer of electronic PHI or other Sensitive Information outside of VUMC, users are prohibited from auto-forwarding emails from their Vanderbilt email account to an external email account.

E. Use of secure messaging via the messaging system within the electronic medical record is the preferred mode of electronic messaging among and between VUMC clinical staff and faculty about a specific patient. Other approved mechanisms for electronically transmitting messages containing Sensitive Information are defined in IM SOP - Approved Messaging Mechanisms.

F. Secure messaging between VUMC clinical providers and patients is provided within the My Health at Vanderbilt patient portal. Communication of PHI over the internet between the patient and a VUMC staff/faculty member requires written consent from the patient prior to
the transmission of the PHI. Such written consent must be saved or scanned into the patient’s electronic medical record.

G. Workforce members failing to comply with this policy are subject to disciplinary action as defined in VUMC policy, [Sanctions for Privacy and Information Security Violations](#).

V. Endorsement:
Information Privacy and Security Executive Committee October 2018
Health Record Executive Committee October 2018
Executive Policy Committee November 2018

VI. Approval:
Marilyn Dubree, MSN, RN, NE-BC 11/30/18
Executive Chief Nursing Officer

C. Wright Pinson, MBA, MD 12/3/18
Deputy CEO and Chief Health System Officer, VUMC

VII. References:
CMS Center for Clinical Standards and Quality/Survey & Certification Group.


**Clinical Operations Category:**
- Social Media

**Information Management Category:**
- Protection and Security of Research Health Information
- Protection and Security of Protected Health Information
- Breach Notification: Unauthorized Access, Use, or Disclosure of Individually Identifiable Patient or Other Personal Information
- IM SOP - Approved Messaging Mechanisms
- IM SOP - Defined Terms Used in Information Management Policies
V. PATIENT PHOTOGRAPHY AND VIDEO IMAGING

VUMC Policy Number IM 10-30.17

I. Purpose:

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

II. Policy:

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

III. Definitions:

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

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

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

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

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

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

A. Circumstances under which Photography of Patients is Permissible:

1. Patient Care and Identification:

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

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

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

2. Video Surveillance to Monitor Clinical Conditions:

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

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

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

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

3. Documentation of Abuse and/or Neglect:
a. In cases of actual or suspected abuse and/or neglect, video surveillance or other Photography by authorized personnel may be used for medical documentation purposes.

b. Authorization from the patient or other person(s) present in a patient’s room or other area is not required prior to such authorized surveillance or Photography.

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

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

4. Requests by External Agencies or Law Enforcement:

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

5. Clinical Research:

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

6. Education or Teaching Purposes:

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

   b. The written consent of the subject(s) of Photography is required prior to creating Photography that will include Person Identifiable Information for use in education and/or teaching.
c. If the patient/legal representative is not able or present to provide the consent at the time of creation of the Photography, such written authorization for the use of the Photography is required prior to using any existing images. See section IV. B. below.

7. Publications for External Distribution:

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

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

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

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

8. Trauma Certification and Performance Improvement Purposes

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

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

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

b. Use of Photography in telemedicine for treatment purposes does not require additional authorization by the patient.

c. The written consent of the subject(s) of Photography is required prior to the transmission and/or use of images that will include Person Identifiable Information for teleconferencing purposes other than treatment.

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

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

10. Photography by Family/Friends:

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

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

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

11. Photography of Newborns and the Delivery:

a. VUMC protects the confidentiality of the patient and newborn, while preserving and supporting the patient’s decision to record the birth process.
b. Patients and/or family members are generally allowed to photograph or video record deliveries in accordance with limitations specified by the mother and with the agreement of the attending health care providers in conjunction with the Labor & Delivery unit policy, videotaping/Photography During Childbirth.

c. The patient and family members may be asked and are expected to comply with the request to discontinue recording at any time if the attending physician, nursing or staff deems it necessary.

d. Written consent of the parent must be obtained prior to taking of photographs of newborns as a courtesy or for sale. Consent to release the newborn information to the vendor providing the service is secured using the Patient Authorization for Security Photographs form (MC3642).

12. Courtesy Photography Programs Made Available to Patients/Families

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

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

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

13. Requests for Marketing/Publicity/Media Purposes:

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

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

B. Documentation of Consent/Authorization to Photography Type:

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

b. The appropriate authorization form that has been signed and dated by the patient/legal representative or used to document verbal consent as noted below is retained in the patient’s medical record. A new authorization form is required for each new series of images taken.

i. Permission to Take and Use Photographs or Videos (MC3930): used for Photography for education/training, performance improvement, or for other non-media related acceptable purposes;

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


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

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

2. Family or Other Visitors Captured in the Photography:

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

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

c. If a family member or other visitor is to be featured in Photography as an individual, written consent from that person is necessary.
3. VUMC Workforce Members Captured in Patient Photography:

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

b. Photography of staff/faculty during the performance of patient care or procedures is not permitted, except when the Photography is being taken for educational/training purposes and the staff/faculty has been informed that performance of patient care may be filmed for this purpose.

c. Written consent from the workforce member is not required so long as the member has been notified in advance that Photography for internal use such as educational/training purposes may occur in the work area. Acceptance of a work assignment in the area where Photography is expected conveys implied consent and waiver of any ownership rights or rights to compensation associated with use of the Photography.

C. Camera and Recording Equipment Requirements:

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

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

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

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

2. Full motion video or video streaming is not uploaded to StarPanel. Video recording must be maintained in a separate system or file (e.g. PACS or a media server). Discrete video segments limited to 15-20 seconds running time may be uploaded to StarPanel after confirmation from Medical Informatics Officer that it will not derogate the performance of the electronic medical record system.
3. Still photographs and other images taken for treatment or other medical purposes are scanned into the patient’s medical record for safekeeping.

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

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

6. Regardless of the modality and equipment used to take and retain images, all such images are and remain the property of VUMC and are not the property of the workforce member making the image.

E. Use and/or Disclosure of Photography Images:

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

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

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

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

1. Personal use of Photography of patients.

2. Use of patient Photography for entertainment purposes.

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

4. Malicious use.

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

6. Use of Photography to defame VUMC.
7. Taking Photography in a way that is disruptive to patient care or the work environment.

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

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

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

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

G. Disciplinary Action:

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

V. Endorsement:

Children’s Hospital’s Practice Policy Committee  April 2009
Nursing Administrative Board  June 2009
Information Privacy and Security Executive Committee  October 2009
Health Record Executive Committee  November 2009
Medical Center Medical Board  February 2010
Kevin Churchwell MD  April 19, 2010
Executive Director and CEO, MCJCHV

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

David Posch  April 5, 2010
CEO, The Vanderbilt Clinic

VI. Approval:

Colleen Conway-Welch PhD, CNM, FAAN, FANCM  April 20, 2010
Nancy & Hilliard Travis Professor of nursing
Dean, Vanderbilt School of Nursing
Marilyn Dubree RN, MSN, NE-BC  
Executive Chief Nursing Officer  
April 23, 2010

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

David Raiford MD  
Associate Vice Chancellor for Health Affairs  
Senior Associate Dean for Faculty Affairs  
April 16, 2010

VII. References:


- **Media Access**
- **Use and Disclosure of Protected Health Information**
- **De-Identification of Protected Health Information and Use of a Limited Data Set**
- **Responding to Law Enforcement Requests for Access to Patients and Patient Information**
- **Sanctions for Privacy and Information Security Violations**
- **Protection and Security of Protected Health Information**


- **MC 3642** Patient Authorization for Security Photographs
- **MC 6690** Media Relations-Authorization to Create, Use, or Disclose Photographs or Videos for Media Releases and Public Relations


- **MC 3642** Patient Authorization for Security Photographs (Pediatrics)
- **MC 3930** Permission to Take and Use Photographs or Videos
VI. VIDEO POLICY FOR SIMULATION TRAINING

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

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

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

Please follow this link, and type “CELA” in the “Find a Course” window:

https://learningexchange.vumc.org/#/search/all/CELA
VII. SOCIAL MEDIA POLICY

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

VUMC offers support of institutional communication goals, as well as provides social media use guidelines for VUMC personnel engaging in online discourse and identifying themselves with VUMC.

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

Guidelines for Online Professional or Personal Activity

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

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

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

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

4. Remember that all content contributed on all platforms becomes immediately searchable and can be immediately shared. This content immediately leaves the contributing individual’s control forever.

5. If someone or some group offers to pay an employee for participating in an online forum in their VUMC role, and/or offers advertising for pay and/or for endorsement, this could constitute conflict of interest, and VUMC policies and guidelines apply.
6. If someone from the media or press contacts faculty or staff about posts made in online forums that relate to Vanderbilt University or VUMC in any way, employees alert their manager/leadership and contact VUMC News & Communications before responding.

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

8. Job postings follow VUMC’s Human Resources (HR) established processes. Social Media may be used to share postings with individuals’ professional networks but may not be used in place of HR processes.

9. Strategic Marketing and News and Communications provide official VUMC information that may be appended to social media sites (See References).

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

The complete VUMC Social Media Policy and the Social Media Toolkit can be found at https://ww2.mc.vanderbilt.edu/socialmediatoolkit/.
VIII. ELECTRONIC COMMUNICATIONS AND INFORMATION TECHNOLOGY RESOURCES

I. Policy

This policy is to provide guidance for the appropriate use of information technology resources\(^1\) by VUMC employees, to ensure that these systems are used in an appropriate, productive and lawful manner in accordance with all other VUMC policies. Information technology resources are provided to employees for assistance with performing one’s job responsibilities. Additionally, in some circumstances, this policy applies to communications and/or equipment not owned by VUMC.

II. Introduction

Consistent with VUMC’s Acceptable Use Policy, the guiding purpose of this policy is to ensure that VUMC’s information technology resources are used to promote the core mission of VUMC. VUMC’s information technology resources are to be used for their intended purposes and in a manner that protects their integrity and performance. In some circumstances, VUMC may monitor online activity of employees utilizing VUMC’s electronic resources.

Additionally, as with any conduct outside of VUMC, employees can be held accountable for conduct that negatively impacts VUMC’s core mission. This may include, but is not limited to, public internet and online information technology activities where employees represent themselves as VUMC employees, inappropriately share information related to VUMC, and/or make inappropriate/unprofessional statements that are not considered protected concerted activity.

This policy will, however, be interpreted to comply with the National Labor Relations Act, which provides employees with the right to act collectively for mutual aid or protection which includes the right to discuss the terms and conditions of their employment with others (protected concerted activity).

III. Employee’s Responsibilities

A. Security of Information

1. Individuals using VUMC’s electronic resources are responsible for maintaining the security of information stored on each system. For more information, see VUMC’s Acceptable Use Policy.

\(^1\) Information technology resources include, but are not limited to, computers, telephones (including v-net), fax machines, the World Wide Web, Internet-based discussion groups, electronic bulletin board systems, electronic mail (including bulk), instant messaging systems, cell phones and text messaging, voicemail, fax, or any type of wireless transmission, etc.
2. Individuals conducting Vanderbilt business may not use a personal email address. All electronic business communications must be conducted through an approved VUMC email address.

3. Employees may only use electronic resources for which access is approved. An employee has the responsibility to notify his or her supervisor if he or she has access to resources that are not necessary to perform his or her job, for which the employee’s authorization has expired, is given by mistake, or is otherwise unauthorized or excessive.

4. Confidentiality of systems’ accounts, passwords, personal identification numbers (PINS) and other types of authentication assigned to individual users must be maintained, protected, and not shared. Employees may not use authentications that are not their own. Employees may not use electronic systems or equipment while signed in under another employee’s account or password unless given express authorization under extraordinary circumstances by their supervisor/manager. Responsibility for activity which occurs under a user-assigned authentication ultimately rests with the user to whom the authentication is assigned.

5. Individuals need to be aware of computer malware, such as viruses, spyware, trojans, root kits, and other destructive programs. Individuals should contact their technical support person for minimum security recommendations to prevent damage to VUMC’s data, equipment, and systems.

6. VUMC resources must not be used by anyone to gain or attempt to gain unauthorized access to private information.

7. Deliberate or inappropriate propagation of any destructive or information gathering tools or disregard for minimum security recommendations that impact confidentiality, availability, or integrity of VUMC systems and/or data, including but not limited to, viruses, keyboard loggers, packet sniffers, etc., is prohibited.

B. Communication Beyond Individual Area of Responsibility

Distribution of bulk/broadcast/mass e-mail, voice mail or fax messages beyond an individual’s area of responsibility are only allowed with appropriate approvals prior to distribution.

1. VUMC wide communications require the Chief Communications Officer’s or designee approval.
2. Communications to all employees require Chief Human Resources Officer or designee approval.

3. Communications to all Medical Center faculty require Deputy CEO, Vanderbilt University Medical Center or designee approval.

4. Vanderbilt University Medical Center communications require Deputy CEO, Vanderbilt University Medical Center or designee approval.

5. Communications to house staff require the Senior Vice President for Educational Affairs and ACGME Designated Institutional Official or designee approval.

6. Safety/Security communications for the Medical Center may be sent with the approval of the designated Medical Center administrator.

7. Communications to the Medical Center during Emergency Operation Center activation may be necessary without normal approvals outlined above.

C. Other Electronic Activities

1. During work time, VUMC’s systems should only be used for VUMC business purposes. Employees may use VUMC email for non-business purposes so long as they do so during their non-working time (e.g. paid or unpaid breaks), and in compliance with VUMC policies such as HR – VUMC Equal Opportunity and Affirmative Action and HR – Anti-Harassment, Non-Discrimination and Anti-Retaliation. However, incidental. Other incidental personal use may be appropriate in accordance with department guidelines.

2. Each individual is responsible for knowing his/her department’s expectations for use of the VUMC’s equipment and systems.

3. No software may be downloaded or installed on VUMC equipment that does not meet the guidelines established for computer privileges and responsibilities in the VUMC’s Acceptable Use Policy. Downloading of Internet software or data is prohibited when resulting in copyright infringement or excessive use of bandwidth.

4. The following is a list of uses that are inappropriate when using VUMC’s equipment or systems, regardless of whether that use occurs on or off work time, at VUMC or away from VUMC. This list of inappropriate uses also applies to any equipment or systems brought onto VUMC property or equipment or systems while they are used in the course of VUMC business including without limitation and to the extent permissible by applicable law:
a. Supporting or opposing a candidate for public office on behalf of VUMC. This does not include authorized lobbying efforts for causes aligned with VUMC’s core mission.

b. Recording sound, pictures, or video of exchanges or information relating to VUMC business or employment practices that discuss patient health information (PHI) without appropriate authorization, including surveillance of VUMC property or recording of meetings or interactions taking place.

c. Accessing, sending, or soliciting messages or images that are sexually oriented, depict graphic violence, or which may offend or harass on the basis of race, sex, religion, color, national or ethnic origin, age, disability, leave status, veteran status, military service, sexual orientation, gender identity, gender expression or genetic information consistent with VUMC’s non-discrimination policy and Human Resources policies on HR – VUMC Equal Opportunity and Affirmative Action and HR - Anti-Harassment, Non-Discrimination and Anti-Retaliation².

d. Acting on behalf of VUMC or acting in a way that would cause others to believe that you are acting as a VUMC representative or acting for and on behalf of VUMC when not authorized to do so (e.g., contacting the media or responding to complaints or questions about VUMC business on internet discussion groups on behalf of VUMC, etc.)

e. Sending, receiving, printing or otherwise disseminating proprietary data, trade secrets or other confidential business information of VUMC in violation of Vanderbilt policy, proprietary agreements or other contractual terms. Using VUMC-owned data or work product for personal gain. Using VUMC trademarks (name, logos), or branding for commercial purposes without authorization from the Office of Trademark Licensing. For more information about the scope of VUMC’s ownership of data and work product, see the Vanderbilt Policy on Technology and Literary and Artistic Works located on the Center for Technology Transfer and Commercialization’s website.

² Exceptions to this rule are employees whose job duties include investigating matters of this nature and who must access materials as part of an investigation.
f. Operating a personal business or usurping VUMC business opportunities. For more information, see the Compliance Policy - Conflict of Interest and Commitment.

g. Soliciting money or donations for unauthorized charitable campaigns or for personal gain. For more information see the Human Resource policy HR - Solicitation.

h. Email signatures, backgrounds, or taglines that have not been approved by the employee’s department. (e.g., unapproved graphics, personalized messages, etc.) Appropriate email signature content includes name, credentials, job title, department, and contact information.

i. Inappropriately sharing confidential information related to VUMC business, such as personnel actions, internal investigations, or patient/student information.

j. Excessive use of electronic systems (“cyber slacking”) that negatively affects productivity or otherwise causes distractions to the employee or co-workers.

k. Job advertising or recruiting activity that is not coordinated through Human Resources. All job applications or interest in employment must be expressed through the Human Resources job website.

l. Long distance telephone charges to VUMC that are not related to VUMC business purposes. Using VUMC business telephones for personal calls without authorization or beyond limits set by departmental guidelines.

m. Any activity in violation of local, state, or federal law, including but not limited to gambling; hate speech; destruction of VUMC data or equipment; illegal file sharing; transportation of obscene materials across state lines; dissemination or printing of copyrighted materials, or including articles and software, in violation of copyright law; accessing or sharing information in violation of the Heath Insurance Portability and Accountability Act (HIPAA).

n. Any activity that results in a violation of any other VUMC policy.

D. Inappropriate Activity on Systems Outside VUMC

When using outside electronic communication systems that are accessible to others, including web logs (blogs), internet chat rooms or bulletin boards, or social
networking sites, staff may not engage in the following activities, to the extent they are not considered protected concerted activity:

1. Simultaneously identify oneself as a VUMC employee and send, solicit, or display materials that are offensive, including sexually oriented material, graphic depictions of violence, or material that offends or harasses on the basis of race, sex, religion, color, national or ethnic origin, age, disability, leave status, veteran status, military service, sexual orientation, gender identity, gender expression or genetic information.

2. Unprofessional communication that is intentionally false, recklessly disloyal to negatively impact VUMC's reputation or interfere with VUMC's core mission, or unprofessional/inappropriate communication that is harassing, discriminatory or can reasonably be viewed as a threat of violence.

3. Acting on behalf of VUMC or acting in a way that would cause others to believe that you are acting as a representative of VUMC when not authorized to do so (e.g., contacting the media or responding to investigations or complaints or questions about VUMC business on internet discussion groups on behalf of VUMC etc.).

4. Sending, receiving, printing or otherwise disseminating proprietary data, trade secrets or other confidential non-public information of VUMC in violation of VUMC policy, proprietary agreements or other contractual terms. Using VUMC-owned data or work product for personal gain. Using VUMC trademarks (name, logos), or branding for commercial purposes without authorization from the Office of Trademark Licensing. For more information about the scope of VUMC's ownership of data and work product, see the Vanderbilt Policy on Technology and Literary and Artistic Works located on the Center for Technology Transfer and Commercialization's website.

5. Inappropriately sharing or posting confidential information related to VUMC business, including but not limited to, research material, proprietary processes, business plans and/or patient information. This includes sharing or posting photos of a patient or partial information even when names of patients or faces are not used.

6. Any activity in violation of local, state, or federal law as it relates to the employee's employment at VUMC, including but not limited to maliciously false statements; destruction of VUMC data or equipment; or accessing or sharing information in violation of HIPAA or FERPA. This includes any activity that would cause VUMC to not be in compliance with state or federal law.
IV. Department's Responsibilities

Departments should consult with their Human Resources Business Partner and their technical support person to develop appropriate departmental policies and procedures regarding information technology resources.

A. Departments are responsible for ensuring that individuals are assigned the appropriate level of security access to systems. This includes removing access or reducing levels of access when employees are assigned to job roles that no longer require that level of access.

B. Upon transfer or end of employment, supervisors should immediately initiate request to remove or transfer access to information technology resources. Departments should also follow-up to confirm access has been removed or changed.

C. Departments should communicate with their technical support person to ensure minimum security recommendations are being met in their areas.

D. Departments must define and communicate departmental expectations on personal use of equipment and systems to all new hires and all employees at least annually.

E. When appropriate, departments should centralize access for email from outside of the department to ensure continuation of customer service and other operations. For instructions on setting up a centralized email account, please see the Information Technology website.

V. VUMC’s Right to Access Electronic Communications

Employees should not have an expectation of privacy regarding any information transmitted on VUMC systems or stored on VUMC systems. To the fullest extent permitted by state and federal law, VUMC reserves the rights to intercept, access, disclose, and use the wire and electronic communications transmitted by VUMC facilities or generated in the conduct of its business. To this end, VUMC reserves the right to:

A. Monitor computer account activities when:

1. VUMC reasonably believes it necessary to do so to protect the confidentiality, integrity, and availability, of its systems and data or to protect VUMC from liability;

2. There is concern that VUMC’s policies, state law, federal law, contractual obligations, or regulatory obligations have been, or are being, violated;

3. A user appears to be engaged in excessive activity, as defined by departmental performance expectations;

4. The law otherwise permits it; or
5. As otherwise needed or approved.

B. For employees in customer service roles, the department may monitor activity for the purpose of training, evaluation of performance and quality of service.

C. Access, preserve, copy, review or otherwise use electronic information in response to a request from the Office of Legal Affairs, Vanderbilt University Police Department, or Human Resources. Under some circumstances, departments may need to access individual user information such as email accounts, internet activity, documents, etc. for investigations. Any access of this nature is on an exception basis. All such exceptions must be obtained and coordinated through Human Resources.

VI. General

A. Users should be aware that VUMC electronic resources, including software such as electronic mail, are not necessarily secure or private.

B. Federal and State laws and regulations as well as VUMC policies define requirements for protection of patient health information and research health information. Users that access patient or research health information are responsible for knowing and following VUMC policies:

1. Access to Confidential Information
2. Authorization and Access to Electronic Systems and Applications
3. Protection and Security of Protected Health Information
4. Protection and Security of Research Health Information
5. Sanctions for Privacy and Information Security Violations
6. Electronic Messaging of Individually Identifiable Patient and Other Sensitive Information

C. Additional information is also available in the Acceptable Use Policy.

D. Violation of local, state or federal laws or any VUMC policies is inappropriate and may subject an employee to the Performance Management process, up to and including end of employment. Refer to the HR - Performance Accountability and Commitment policy and HR - Progressive Discipline policy. Employees should immediately report any violation of this policy to their supervisor/manager or their Human Resources Business Partner.

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

Traci K. Nordberg
Chief Human Resources Officer

Jeffrey Balser, M.D, Ph.D.
President & CEO, Vanderbilt Medical Center
Dean, Vanderbilt University School of Medicine

VII. References:

VUMC HR Policy FAQs and Forms
IX. FALSE CLAIMS ACT AND WHISTLEBLOWER PROTECTION

I. Purpose:

This policy is intended to protect any individual who engages in a good faith disclosure of suspected or known fraud, waste, and abuse, and is meant to encourage individuals to disclose misconduct so that prompt, corrective action can be taken by Vanderbilt University Medical Center (VUMC). More specifically, this policy informs VUMC workforce members how allegations of misconduct can be reported and how they are protected from retaliation as a result of making a disclosure or participating in an investigation, proceeding, or hearing involving a disclosure. VUMC's policy is to actively engage in efforts to prevent, detect, and mitigate losses related to fraud, waste, and abuse. VUMC takes health care fraud, waste, and abuse seriously and is committed to following all applicable laws and regulations, in particular those that address health care fraud, waste, and abuse and the proper billing of all government-funded health care programs.

II. Policy:

All VUMC workforce members are required to report all known or suspected violations of the Federal False Claims Act (FFCA), the Tennessee Medicaid (TMFCA), or the Tennessee False Claims Act (TFCA), (collectively referred to as FCA) as described below. VUMC is committed to protecting any person reporting such suspected or known violations (sometimes known as “whistleblowers”) from retaliation for making such reports in good faith. It is expected that when an individual becomes aware of active or suspected fraud, waste, and abuse, they will immediately report it to the appropriate entity.

III. Definitions:

For the purpose of this policy, the following definitions apply:

A. Workforce Member: shall have the definition used in the Privacy and Information Security Training policy. (IM 10-30.05, See References) (VUMC Glossary - Workforce Member)

And in addition, shall include: Vendor and business associates who, on behalf of VUMC, furnish, or otherwise authorize the furnishing of health care items or services, perform billing or coding functions, or are involved in monitoring of health care provided by VUMC (including new hires).

B. Fraud: the intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or to some other person. (VUMC Glossary - Fraud)

C. Abuse: the practices that are inconsistent with accepted sound fiscal, business, or medical practices, and results in an unnecessary cost or in reimbursement for
services that are not medically necessary or that fail to meet professionally recognized standards for health care. (VUMC Glossary - Abuse)

D. FFCA: Federal False Claims Act; federal statute which allows for civil and/or criminal actions to be brought against an individual or entity who:

1. Knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval to any federal healthcare program

2. Knowingly makes, uses, or causes to be made or used a false record or statement to get a false or fraudulent claims paid; or

3. Conspires to defraud the government by getting a false or fraudulent claim allowed or paid

Examples of a false claim are:

- Billing for services or procedure not performed
- Violation of another law, for example a claim was submitted appropriately but the service was the result of an illegal relationship between a clinician and the hospital (clinician received kick-backs for referrals)
- Falsifying information in the medical record
- Billing for medically unnecessary services
- Billing for non-covered items
- Billing for incorrect level of service

E. TFCA: Tennessee False Claims Act; it is a violation of state law for any person to knowingly submit, or cause another person or entity to submit, false claims for payment or approval or make or cause to be made false records 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. The TFCA allows whistleblowers to bring suit in the name of the State of Tennessee where the wrongdoer engages in conduct that defrauds the state or local government of its healthcare dollars.

F. TMFCA: Tennessee Medicaid False Claims Act; applies to false claims under the Tennessee Medicaid program and mirrors the federal law.

IV. Procedure:

Reporting a Known or Suspected Violation of FCA
All VUMC Workforce Members are expected to report any known or suspected violation of the FCA or any other misconduct to:

A. Their immediate supervisor;
B. Department head or chair;
C. The Chief Compliance Officer;
D. The VUMC 24-hour Confidential Integrity Hotline at (866) 783-2287;
E. Integrity line website at https://www.tnwgrc.com/Vanderbilt/; or
F. The OIG hotline at (800) 424-5197 or email at hotline@oig.doc.gov.

The person reporting never has to give his or her name. All persons making reports are assured that such reports will be considered confidential to the extent permitted by law.

V. Whistleblower Protection:

VUMC prohibits retaliation and will take no adverse action against persons ("whistleblower") for making such reports in good faith, even if the report turns out not to be correct. Retaliation and adverse actions include the following: discharge, demotion, suspension, harassment, denial of promotion, transfer, or in any manner discrimination or threatening to discriminate against an individual in the terms and conditions of the individual’s employment, service, or contract. Anyone who believes that they have been subjected to or affected by retaliation for reporting a known or suspected violation or for refusing to engage in activity that would be a violation should report such retaliation to the VUMC Compliance Officer. The VUMC Compliance Officer will be responsible for investigating such report.

VI. Approval:

Wright Pinson
CEO of Vanderbilt Health System
Deputy CEO of Vanderbilt University Medical Center
Chair, Compliance and Corporate Integrity Committee

May 21, 2018

VII. References:

Medicare Managed Care Manual. Chapter 21 – Compliance Program Guidelines.

Tennessee Medicaid False Claims Act.

http://www.lexisnexis.com/hottopics/tncode/
- Enter “False Claims” in the search box
- Use the “Next” and “Previous” buttons to read the relevant sections (181-185)


Information Management Category
Privacy and Information Security Training
X. **ALCOHOL AND DRUG USE POLICY**

A. **POLICY**

VUMC Policy Number OP 30-10.04. See also HR policy “Drugs and Alcohol”:
https://vanderbilt.policytech.com/docview/?docid=6549.

I. Purpose:

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

II. Policy:

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

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

III. Definitions:

A. EAP: Employee Assistance Program.

B. FPWP: Faculty and Physician Wellness Program.

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

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

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

F. NWP: Nurse Wellness Program.

G. Supervisor of Faculty: Dean or Departmental Chair.

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

IV. Specific Information:

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

B. Some situations that may require drug and/or alcohol testing are:

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

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

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

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

a. Immediately relieves the employee of assigned responsibilities; and advises the employee of the performance-related concern.

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

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

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

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

4. The impact of the problem on job performance, including interpersonal relationships affecting the workplace, is documented.

5. Refusal to be Tested:

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

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

D. Post-Test

1. Pending the test results, the faculty, house staff, or staff member is placed on administrative leave/summary suspension by their supervisor.

2. OHC reports final test results to the HR business partner for staff members, or to the appropriate supervisor of faculty or house staff.

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

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

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

F. Peer Assistance Programs/EAP/Counseling:

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

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

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

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

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

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

2. Credentialed and/or privileged members of the Medical Staff, Professional Staff with Privileges and Allied Health Practitioners, house staff, or staff member convicted of any crime involving drugs or alcohol are required to notify their supervisor in writing within 5 calendar days of conviction. The supervisor, in turn, notifies the Clinical Service Chief, 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. Endorsement:

Executive Policy Committee

May 2017

VI. Approval:

Marilyn Dubree MSN, RN, NE-BC

6/16/17

Executive Chief Nursing Officer
B. DISCLOSURE

There is an affirmative duty for house officers and clinical fellows to notify the ACGME Designated Institutional Official (DIO) of arrests, convictions, and the disposition of any outstanding charges after the initial background check for employment is completed. There is also an affirmative duty for house officers to report any adverse information resulting from subsequent criminal background checks obtained at any site during their employment as a resident or clinical fellow at Vanderbilt University Medical Center.

Failure by a resident or clinical fellow to disclose an arrest or a criminal conviction to the DIO within five calendar days may result in corrective action, up to and including Immediate Dismissal from his or her training program. The facts and circumstances of each case will determine what, if any, action is taken, up to and including Immediate Dismissal, as appropriate.
XI. NEWS AND COMMUNICATIONS

A. MEDIA REQUESTS

Selection from VUMC Policy Number OP 10-10.06

All media requests (including telephone calls for information, interviews, and requests for internal or external video production) for access to or information about the patients, staff, faculty or any other aspect of the operations of Vanderbilt University Hospital (VUH), Monroe Carell Jr. Children's Hospital at Vanderbilt (Children's Hospital), Vanderbilt Psychiatric Hospital (VPH), Vanderbilt Medical Group (VMG) including off-campus locations and practices, or the Schools of Medicine or Nursing (VUSM and VUSN, respectively), Vanderbilt Health Services and the Vanderbilt Affiliated Network are referred to the Medical Center Office of News and Communications. All inquiries from members of the news media are directed to the Office of News & Communications at (615) 322-4747 (24-hour coverage).

B. PHOTOGRAPHY

Please reference the Patient Photography and Video Imaging policy in Section V of this manual.

C. LOBBYING POLICY MAKERS

VUMC's Office of Federal Relations and Office of State Government and Community Affairs (state and local government) coordinate government relations and lobbying activities in collaboration with senior leadership. No member of the VUMC community shall contact federal, state, or local officials on behalf of VUMC for purposes of lobbying or public policy advocacy without advance approval of either VUMC Office of Federal Relations or VUMC Office of State Government and Community Affairs, as determined by the level of government contact.

This policy only addresses the official representation of VUMC. Nothing in this policy is intended to restrict protected personal expression by a VUMC faculty, house staff member, or staff member including expression on behalf of a professional society or other organization, on personal time using personal resources. Furthermore, this policy is not intended to restrict a VUMC faculty, house staff member, or staff member from identifying his/her profession or place of employment in the context of personal communication with a government official. However, a VUMC faculty, house staff member, or staff member expressing personal views must make it clear that he/she is expressing such views and is not stating an official position of VUMC, unless previously authorized to do so. The VUMC
Office of Federal Relations or VUMC Office of State Government and Community Affairs assists faculty, house staff member and staff in drafting statements that ensure that such views are placed in the correct context.

For assistance with federal lobbying efforts, contact the VUMC Senior Director of Federal Relations Alex Currie, alex.currie@vumc.org, https://www.vumc.org/federal-relations/

For assistance with state or local lobbying efforts, contact the VUMC Senior Director of the Office of State Government and Community Affairs Matthew Scanlan, matthew.j.scanlan@vumc.org, https://www.vumc.org/ogca/

Selection from VUMC Policy: Lobbying on Behalf of Vanderbilt University Medical Center
XII. GENERAL INFORMATION

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

A. ADMISSIONS AND DISCHARGES
All patients will be admitted by a physician, certified nurse midwife 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)
The Vanderbilt Home Care mission is to provide excellence in home care with the high standards that we would expect for our own family and loved ones. Our vision is to support community based home services through excellence in clinical practice and education. The values which drive our care include patient safety and quality, strong interdisciplinary collaboration, communication and partnership, evidenced based practice and clinical expertise, and technology enhanced innovation. Vanderbilt Home Care is a wholly owned subsidiary of Vanderbilt University Medical Center and offers a streamlined process for transitions of care. In addition, our long tenured nurses and staff, many with advanced degrees, are willing to work in a variety of environments and situations.
VISIT TEAM: Our clinicians are specially trained in the complex care of pediatric and adult patients and provide treatments under physician order.

SKILLED NURSING: Frequent services provided by our nurses include intravenous therapy (IV), wound care, medication management, assessment/evaluation, patient/caregiver education, and behavioral health.

REHABILITATION SERVICES: Physical, speech and occupational therapists establish and carry out rehabilitation programs.

  - **Physical Therapy** - Restore or Improve Mobility and Function, Home Safety Assessment (Falls Risk), Transfer Techniques and Use of Assistive Devices (Walker, Wheelchair), Home Exercise Program (Strengthening Exercises), Equipment Needs Assessment

  - **Occupational Therapy** - Self Care Training and Assistance for Activities of Daily Living (Bathing, Dressing, Eating, Grooming), Functional Limitations Assessment, Splint and Adaptive Equipment Construction, Low Vision Program, Medication Management Program

  - **Speech Therapy** - Evaluation and Treatment of Speech, Language, and Communication Difficulties, Evaluation and Treatment of Swallowing Difficulties, Adaptive Skills for Sensory Deficits (Attention, Memory, Reasoning)

  - **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.

Home Health Aide Services: Support with bathing, dressing, and grooming.

PRIVATE DUTY SERVICES: Vanderbilt Home Care Services also provides skilled nursing services up to 24 hours a day in the home for medically fragile children and adults. Home Health Aide services are available with varying hours to assist with personal care needs and safety issues. Companion services for individuals needing non-medical staffing in the home. Services may be covered by insurance or private pay arrangements.

CASE MANAGEMENT AND REIMBURSEMENT SPECIALISTS: Staff to assist with verification of benefits, pre-authorization of service and re-certification of continued care.

Ordering Home Care Services/Referral Process: Referrals can be sent by:

- Epic eStar Ambulatory Referral for Home Care
- Aidin
- Fax: (615) 936-2115

Documents needed for a complete referral:

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• Order signed by a Doctor of Medicine (MD), Doctor of Osteopathy (DO), or a Podiatric Medicine (DPM).
  o It is important to ensure that the order includes the discipline that the patient needs, skilled nurse to assess and instruct on disease process and medication management or physical therapy to evaluate and treat.
  o Ancillary staff can be ordered in addition to skilled nursing and physical therapy: occupational therapy, social work, speech therapy, and home health aid.
• Face to Face
  o Recent progress note or H&P signed by a physician within the past 60 days. It is important to ensure that the order includes the discipline that the patient needs (Skilled Nurses, Physical Therapy, Occupational Therapy, Social Work, Speech Therapy, and/or Home Health Aid)
• Homebound
  o Defined by CMS as someone that is normally unable to leave the home unassisted and infrequently because of an illness, injury or medical contraindication. Leaving the home must require a considerable and taxing effort by the patient. Patients only leave the home for medical purposes and/or for a short duration of time, such as going to church or to the barber.
• Intake Specialist are available to assist by phone at (615) 936-0336.

D. ORGAN AND TISSUE DONATION AFTER DEATH
Selection from VUMC Policy Number CL 30-08.27

PURPOSE
To provide guidelines for identification of potential organ/tissue donors and provide the option of donation to potential donor families.

POLICY
In accordance with Tennessee’s Uniform Anatomical Gift Act (UCGA), all deaths or pending deaths are referred to an Organ Procurement Organization (OPO), e.g., Tennessee Donor Services, for the determination of medical suitability for organ and tissue donation. Referrals are made after consultation with the attending physician or designee. OPO personnel or a designated effective requestor initiates the request for donation.
QUICK PHONE GUIDE

For these or other VU and VUMC numbers, you can also go to the online directory (https://peoplefinder.app.vumc.org/).

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

VUMC to VA communication: Calling VAMC: Dial 9-615-327-4751; if you know the extension, dial 9-615-873- ___ (4 digit extension).

- Office of Graduate Medical Education .................................................. 615-322-4916
- Emergency Services ........................................................................ 911 (or 615-421-1911 from a cell phone)
- Admitting (VCH) ................................................................................. 615-936-4338
- Admitting (VUH) ................................................................................. 615-343-0179
- Appointments Direct Access ................................................................. 855-724-2454
- Center for Professional Health .............................................................. 615-936-0678
- Federal False Claims Act Reporting hotline .............................. 800-424-5197
- Emergency Registration (VCH) ......................................................... 615-343-7663
- Emergency Registration (VUH) ............................................................ 615-322-3391
- Eskind Biomedical Library ................................................................. 615-936-1410
- Occupational Health Clinic ................................................................. 615-936-0955
- Office of Legal Affairs – Medical Center ........................................... 615-936-0323
- News and Communications ................................................................. 615-322-4747
- Employee Relations ........................................................................ 615-343-4759
- Patient Relations ............................................................................... 615-322-8008
- Faculty and Staff Health and Wellness ............................................... 615-936-0961
- Pharmacy (Central) .......................................................................... 615-322-0703
• Pharmacy (OHO).................................................................615-322-2688
• Pharmacy (MCE) ..............................................................615-936-1040
• Pharmacy (TVC Outpatient).............................................615-322-6480
• Pharmacy (VCH).................................................................615-322-0708
• Pharmacy (VCH Outpatient).............................................615-936-6337
• Risk and Insurance Management......................................615-936-0660
• Tennessee Donor Service....................................................888-234-4440
• Vanderbilt Environmental Health & Safety..........................615-322-2057
• Vanderbilt University Public Safety.................................615-322-2745
• VUPS Emergency.............................................................615-421-1911
• VUPS Walking Escorts......................................................615-322-2745
• Vanderbilt Home Care.......................................................615-936-0336
• Work/Life Connections-EAP...............................................615-936-1327