The mission of the SIU School of Medicine’s Department of Orthopaedics is to be a leader in education, research and comprehensive patient care.

The Department of Orthopaedics participates in the overall educational mission of the SIU School of Medicine by contributing orthopaedic and rehabilitation medicine expertise to undergraduate, graduate and medical students and continuing medical education programs. We inspire and train the experts of tomorrow, through a residency program which draws the highest quality of students.

We provide opportunities and encouragement for faculty, staff, residents, and students to advance their careers in this field, while providing an environment supportive of teamwork, communication and collaboration with other individuals and organizations.

RESIDENCY GOVERNANCE:

— That to secure these rights, Governments are instituted among Men, deriving their just powers from the consent of the governed, —

Declaration of Independence

This residency is not a democracy. The program must obey federal, state, and local laws; adhere to policies of the SIU School of Medicine; meet standards set by the ACGME and ABOS; and conform to the bylaws of participating hospitals. Nevertheless, within these required boundaries very few decisions should ever seem arbitrary. All faculty are committed to transparency. Resident participation and plurality are encouraged. This handbook incorporates the guidelines that faculty and residents together have agreed will provide a framework for success in the 2015-16 academic year. Some revisions will no doubt be required along the way. Each resident will be provided the opportunity to become a truly great orthopaedic surgeon: We challenge one another for excellence!
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Mandatory Attendance For Orthopaedic Residents:

REGULARLY SCHEDULED TEACHING CONFERENCES: ALL RESIDENTS

All Monday Grand Rounds and all Monday morning conferences:

Grand Rounds, to include Mortality and Morbidity Conference - these begin PROMPTLY at 7:00 AM. Mortality and Morbidity conference will be held in the 0700-0800 time slot as indicated, but no less frequently than once each quarter.

“to follow” Monday conferences, including:
1. Subspecialty conference
2. Anatomy, during the first part of the academic year
3. Core conference
4. OITE review (July – November)

Fracture Conference on Wednesday evening at 5:00 PM

Journal Club – second Wednesday evening of month at 5:00 PM

General Surgery Conferences:
1. Resident Research Day (usually in the spring)
2. Resident Recognition Breakfast and Lecture (end of academic year)
3. Academic Visiting Professor and Teaching Awards (usually in the fall)

Attendance According to Assignment

OREC-1 Research Review, as assigned, according to regular periodic review of each resident’s research projects.

When on these rotations:

1. Adult Reconstruction/Total Joint Conference
2. Spine Academics Conference
3. Pediatric Surgical Indications
4. Grand Rounds and Departmental conferences associated with PGY-1 rotations

ORTHOPAEDIC CME PROGRAMS SPONSORED BY SIU DIVISION OF ORTHOPAEDICS.

All Visiting Professors brought to SIU Division of Orthopaedics

For senior residents: Universal Issues presented by Office of Residency Affairs. All residents are welcome to attend.

Sample Schedule: (possible topics)
- Contracts, Negotiations & Malpractice
- Sleep Deprivation & Fatigue Education module and HIPAA module (on WebCT) (all new residents must complete by date specified by ORA.)
- Scholarly Medical Practice – WebCT or Video (as determined by program)
All new residents, PGY 1 and transfer residents, must complete the Sleep Deprivation & Fatigue Education module, the Supervision module, Wellness and Woe and the Residents as Teachers (RATS) module by the date specified by the Office of Residency Affairs. These are part of the Universal Issues series, as listed above.

- All PGY 1 residents must attend one of the “Wellness and Woe” sessions presented by the Office of Residency Affairs on two occasions in the fall. This year’s dates: August 23, 2016 in the morning, 8:00 AM – 9:30 AM Simmons Cancer Institute, Room 1012. OR
- August 31, 2016 in the afternoon, 2:00 to 3:30 PM, Simmons Cancer Institute, Room 1012.

PGY 2’s – “RATS” (Residents As Teachers) – September 9, 2016 0700-Noon Mandatory.

PGY 4’s – “RATS” (Residents As Teachers) – date and time TBA - Mandatory

Outside conferences:

An attempt should be made by all available residents to attend the Orthopaedic Trauma Symposia that are presented at various times when funding available to SIU. (i.e., Chicago Trauma Symposium; Industry sponsored symposia must be specifically approved for compliance with the SIU Policy on Industrial Relations which can be viewed on the website at http://www.siumed.edu/compliance/Compliance_Industry_Relations.htm.

Every resident must complete each of the GME and Quality Improvement modules at some time during the residency. Sessions may be attended in person or the IHI modules may be completed online.

CURRENT YEAR ORTHOPAEDIC ROTATION OVERVIEW

This overview will be adjusted periodically because the number of residents in each year group is asymmetrical. The basic service rotations will remain the same, but the time duration will be adjusted yearly. The only absolute time requirement is that each resident must have 6 months of pediatric orthopaedic experience from PGY 2 through PGY 5.

PGY V
SIU Chief Resident
MMC/SJH Chief Resident
1 month – Adult Reconstruction
1 month – Pediatric Orthopaedics
1 month - Trauma
2 - 3 months – Hand / Upper extremity, Adult Reconstruction, Sports, Spine, Foot and Ankle, General Orthopaedics (Rotations selected in conjunction with Chief Resident and Program Director).

**PGY IV**
3 months – Adult Reconstruction and Oncology
2 months – Trauma
2 months – Pediatric Orthopaedics
2 months – Hand
1 month – Research
2 months - Sports

**PGY III**
2 months – Shoulder and Elbow
4 months – Sports Medicine
2 months – Night Float/Research
2 months – Trauma
2 months – Pediatric Orthopaedics

**PGY II**
2 months - Night Float
2 months - Spine
2 months – Shoulder & Elbow
2 months - Foot & Ankle
2 months – Pediatric Orthopaedics
2 months - Trauma

**PGY I**
Ortho: 6 months (Spine, Foot and Ankle, Research,)
Multisystem Trauma 1 month rotation
Vascular Surgery 1 month rotation
Plastic Surgery/Burns/ICU 1 month rotation
Emergency Medicine 1 month rotation
Anesthesia 1 month rotation
MROV: Radiology/Microskills 2 weeks (1/2 day each for two weeks)
Orthotics & Prosthetics 1 week
Required vacation 1 week
SIU SCHOOL OF MEDICINE ORTHOPAEDIC RESIDENCY POLICIES
2016-2017

PURPOSE:

With the major goals of better patient care and increased quality of resident education, the following policies will dictate participation by the residents in the care of Springfield's orthopaedic patients.

I. Description of Hospital Services

All patients have an assigned Orthopaedic Surgery Attending. All patient care delivered by Orthopaedic Surgery Residents is directed and supervised by the responsible Attending. There is no “resident service” or “hospital service” associated with the SIU Orthopaedic Residency Program.

Each hospital is designated by the State of Illinois as a “Level 1 Trauma Center.” All declared Level 1 trauma cases will be covered for all Orthopaedic Attendings at both hospitals.

Additionally, residents are should be aware of interesting and educationally valuable surgical cases at both hospitals. Resident participation in these cases is encouraged, and will greatly enhance learning opportunities through the residency. Participation is at the discretion of the attending surgeons, and preparation for such cases is expected.

Services:

- **When** assigned to a particular attending’s service, you are responsible for covering all clinics and cases except on weekends. **Be sure to always be within the 80 hour work week and observing duty hour rules.** You are also responsible for following all your in-house patients at both hospitals, consisting of patients admitted on-call, patients you operated on, and patients handed off to you when your attending was on-call. (For example, all foot patients for Dr. Idusuyi and any patients you operated on at St. John’s, you would follow.)

- If a case starts after 9 pm during the week and the person on call is free, then the service person has the option of letting the call person cover the case, but the service person will be responsible to follow the patient in the hospital during the postoperative course.

- If a service case is going later than 9 pm with no end in sight, and the call person is free, then the service person has the option of scrubbing out and letting the call person cover it.
• If you are on a service and your attending is out of town or is taking the day off, your duties will be determined by the chief on your service to assist with general cases or ED coverage.

• When you take a week of vacation during a specialty service, you are responsible for arranging for a resident to follow your in-house patients. Residents on service can only take vacation when their attending takes vacation.

• All of the above are contingent upon the service attending’s preference or approval. However, you must remain conscious of your hours so you **DO NOT EXCEED** the 80 Hour Work Week or violate the ACGME Duty Hours Policy.
Expected Service Details 2016-2017:

GOALS AND OBJECTIVES:

- There are goals and objectives for each rotation. These goals and objectives are accessible in New Innovations. Upon logging on you will be on the Welcome Page and there is a link on that page that will take you to the goals and objectives.

- Prior to beginning each rotation you are to review the goals and objectives for that rotation with the faculty member. At the conclusion of the rotation you are to meet with the faculty member again to discuss whether or not the goals of the rotation were met.

**Pediatric Orthopedics Service (Dr. Gabriel and Dr. Martinek)**

The ABOS requires that each resident receives a total of six months of Pediatric Orthopaedic training during PGY 2 through PGY 5. Any experience during Internship (PGY-1) is not considered. Peds is the only subspecialty area for which there is a specific time-in-training requirement. Each PGY V will spend 1 month, and each PGY IV will spend 2 months on the Pediatric Orthopaedic Service. The Senior resident and the junior resident are expected to attend all local clinics, attend all cases and follow all patients at St. John's and Memorial for the attending they are working with most closely. Each PGY – III resident will spend 2 months on the pediatric service. Each PGY II resident will spend 2 month on the Pediatric Orthopaedic Service.

**Adult Reconstructive Service**

Each community orthopaedic group has an Adult Recon service. Assigned residents will share duties with a Fellow through this 2016 – 2017 academic year.

**Hand Service (Dr. Greetting, Dr. Wottowa, Dr. Ma at Springfield Clinic; and Dr. Maender, Dr. Razavi at OCI)**

**Spine Service (Drs. Payne, Pineda, Rahman at Springfield Clinic; Drs. Williams and Van Fleet at OCI; Dr. Ganapathy at SIU)**
Foot and Ankle (Dr. Idusuyi, Dr. Mulshine at OCI; and Dr. Stevens at Springfield Clinic; Dr. Shoudel SIU Podiatry)

For Dr. Shoudel consults, the on-call resident will see and manage those patients: they will not be handed off to the Foot and Ankle resident.

Sports (Dr. Hillard-Sembell and Dr. Wolters at Springfield Clinic; Dr. Herrin at OCI)

Research

There will be a dedicated research month to finish and finalize manuscripts for the PGY 4. However, research will be an ongoing activity for all residents. Participation is expected during all rotations as time allows. Increased dedicated time for the resident to work on his/her research project should be available during his/her night float rotation. The resident is to meet with his/her mentor, outline the plan for the research project, complete all necessary groundwork/paperwork for SCRIHS, etc., perform literature searches and after the appropriate approvals are secured, begin the project. The goal for the research rotation is to have a project completed for presentation at a national meeting and to submit for publication. Additionally, periodic updates will be presented at OREC-1 meetings as requested. Residents will also participate in the Department of Surgery’s Resident Research Day if they choose.

The PGY V residents should be prepared to submit their research for presentation and publication during this year. At least two PGY V residents must be prepared to present their paper at the OREF Resident Research Competition and Symposium. The third PGY V resident will attend the OREF Resident Research Competition and Symposium as a Peer Reviewer. Abstracts are to be submitted to the Program Director for determination of which residents will present and which one will be the peer reviewer. The date and location for the 2016-2017 academic year is Friday, September 9, 2016 at Washington University School of Medicine in St. Louis, Eric P. Newman Education Center in St. Louis, Missouri. The deadline for abstract submission is July 18th via e-mail.

Night Float

In an effort to comply with RRC requirements, we have a Night Float system in place for call coverage. The schedule for the night float resident is 2100 to 0700 Sunday through Thursday. The night float resident is also responsible for two weekend calls consisting of two 24 hour Saturday calls. This resident will also continue to round on patients he or she admits to the hospital or operates on, excluding the patients he or she can handoff to fellow
residents who are on specialty services. This residents will still attend the Monday morning conferences from 0700-1100. The Float resident will not be permitted to take vacation or educational leave during that month (or months). The Night Float month will be assigned to each PGY-2 and PGY-3 for 2 (two) months during the respective year. With this schedule, the resident will easily stay within the 80 hour work week.

**N O T E** When you are on-call after hours and on weekends, DO NOT CALL IN ANY PAIN MEDICATION REFILLS FOR PATIENTS – instruct them to go to the Emergency Department or to call the doctor’s office during regular business hours. You do not usually know these patients and cannot make proper decisions regarding their needs and what the attending physician is prescribing.

HAND-OFFS:

As the team treatment concepts and work hour regulations evolve, the importance of hand-offs and transfer-of-care procedures cannot be overemphasized. Prompt attendance is required. This is mandatory. Chronic tardiness will be rewarded by the assignment of additional educational conference presentations.

Monday morning hand-offs will be conducted as a combined group in MMC conference room D229 at 0640, prior to Grand Rounds.

Tuesday through Friday morning hand-offs are done at each hospital at 0645 during morning x-ray rounds. At MMC this will occur in the Residents’ Room and at SJH in the radiology meeting room.

Saturday and Sunday morning hand-offs will be conducted among the residents on call at each hospital.

Monday through Thursday evening hand-offs will be conducted among the resident on call and the night float resident.

**SIU Division of Orthopaedics Patient Hand-off Policy:**

Patient safety is of the utmost importance to care providers of all levels within the division of orthopaedics. We have set forth the following guidelines to help insure superior patient care and secure patient safety during transitions in care.

New Patients:
1. All hand-off of operative inpatients will be by direct verbal communication between the attending of record and the attending surgeon whom will be taking over care.
   a. No direct attending–attending verbal or written communication is necessary for transfer of care for non-operative inpatients.
   i. Direct verbal communication between the resident currently caring for the patient and the resident of the attending whom will be assuming care will occur in place of communication between the attendings.
ii. The resident of the attending assuming care of the non-operative inpatient will report verbally to their attending about the new patient on their service.

2. The admitting resident is responsible to verbally discuss the transfer of care of the new patient with the accepting attending’s resident. This ‘hand-off’ will be in supplement to the attending-attending hand-off for all operative inpatients, and will not be in replacement of item #1.

3. Ultimate care decisions and responsibility is up to the admitting attending until formal transfer of care has been completed as outlined in paragraph #1 or #1-a.

4. The covering resident during admission of the new patient is not to and will not be expected to initially contact the new attending surgeon assuming care of an operative inpatient.

5. The admitting resident is responsible for placing a timely and accurate descriptive note on the resident rounding list for all new patients. Maintenance of the patient on the list will then become the responsibility of the resident of the attending assuming care if there is a transfer of care between attendings.

6. The resident that admitted the new patient (if for a private attending) will continue to be responsible for care of that patient until/ or if the patient is operated on. The resident that scrubbed the case will then assume care of the patient with no formal ‘hand-off’ necessary. If the case proceeded without a resident coverage then no resident will cover the patient post-op nor during the rest of the patients hospitalization.

**On-Call Coverage:**

7. **Weekdays** (Monday – Friday)
   a. The float resident will verbally checkout all new patients and pertinent patient issues at 0645 am team rounds. If the float resident is unable to physically make it to rounds (in the OR or ED) or there is not enough time to discuss all the patients between the two hospitals during am rounds then the post-call resident will verbally contact the responsible residents assuming care prior to leaving the hospital post-call.
   
   b. The float resident will get a direct verbal check-out from the post-call resident as they assume care and coverage for the post-call resident.
   
   c. At completion of his or her shift, the float resident will then verbally communicate with the responsible residents during am rounds as outlined in section 7 – a.
   
   d. During the daytime all residents are responsible for the care of their respective patients. If a resident is going to unavailable due to an away clinic or vacation they should notify the on-call resident of potential patient issues as noted in section 7 – e – i & ii. If a resident is going on vacation they should verbally checkout each of their patients to the resident assuming care and make changes to the resident list reflecting who will be assuming care.
   
   e. All residents will contact the on-call resident, for the hospital in which their patient resides, prior to leaving for the day if there are pertinent care issues pending or of concern.
      i. Patient issues to be discussed include but are not limited to:
         1. Critical lab values to follow
         2. Recent post-op patients needing to be checked or of concern
         3. Complicated management patients
         4. Follow-up on X-rays or other diagnostic tests
         5. Potential problem patients
ii. Not all patients need to be discussed directly. If a patient is a routine orthopaedic inpatient and stable no hand-off is necessary as the resident rounding list will provide necessary information to allow for care if an issue arises.

8. **Weekends**
   a. On Friday before a resident leaves the hospital for the weekend he/she should ensure all of their patients are accurately documented on the rounding list. Each resident is also responsible to directly contact the on-call resident, for the hospital in which their patient resides, to discuss any pertinent issues as outlined in section 7 – e – i & ii. Management issues including but not limited to weight-bearing status, activity limits, DVT prophylaxis, follow-up/discharge plans, and antibiotic management can be outlined in the patients chart and do not need to be verbally communicated with the on-call resident.
   b. The above stated guidelines (8 – a) should be repeated for the hand-off between the Saturday on-call resident and the post-call resident.
   c. On Sunday, when the 15 hour on-call resident has completed their shift, they will verbally communicate with the float resident about patient issues and new patients admitted during their shift at their hospital.

9. **Chief Call**
   a. The expectation has ALWAYS been that the chief should be present for any surgical case done on weekends or after regular business hours. The "default" is that the chief is present. The chief does not wait to be especially asked to be present. It is not the duty of the junior resident to protect the chief resident. The chief does not tell the junior resident to call if the attending wants a chief to assist. The chief is excused only if the attending specifically offers the chief the opportunity to stay away. If there is any question, the chief should appear in the operating room and leave only if excused.
   b. When there are multiple cases running, the chief should offer assistance according to the following hierarchy:
      1.) Patient - the complexity of the case and the need for assist in order to assure optimal patient care.
      2.) Workload - sometimes the number of consults and number of cases is overwhelming for the junior
      3.) Personal experience - it is valid for the chief to "cherry pick" to some extent, to fulfill training needs
PRESCRIPTION WRITING

Prescriptions for drugs that are not controlled substances may be written by a resident as long as such prescriptions are called for and incidental to his/her residency training.

Residents should not evaluate or treat conditions or illness in themselves or other persons, except where the other person presents as a patient in the resident’s training program or in officially approved moonlighting settings. To be authorized to treat or prescribe, a physician-patient relationship must exist and a record of the history, physical treatment and/or drug prescribed must exist and be maintained as a medical record.

Specifically, a resident shall not prescribe any medication (including controlled and non-controlled substances), pharmaceutical, or medical device or equipment for 1) him or herself, spouses, relatives or other family members; 2) for other residents and their families; 3) for other hospital staff including nursing and attending staff and their family members, unless a bonafide physician-patient relationship exists.

Failure to comply with these policies may result in discipline up to and including termination of the resident’s program.

A resident holding a permanent license should apply for his/her Illinois State Controlled Substance Number and his/her Federal DEA number. These numbers should be used instead of the hospital temporary DEA number. Forms to apply for the state and federal DEA numbers may be obtained in the Office of Residency Affairs.

The following section applies to Springfield residents only:
The Affiliated Hospitals of Southern Illinois University School of Medicine have developed a program to assign residents a temporary DEA number. The assigned DEA number is the hospital’s DEA number followed by the resident’s hospital dictating number. This number can be used only to prescribe controlled substances that are appropriate and incidental to the resident’s training in the hospital setting and only by residents who are employed by an SIU affiliated hospital.

Approved by GMEC November 16, 2012
SCHEDULE OF CONTROLLED SUBSTANCES

SCHEDULE I SUBSTANCES
The controlled substances in this schedule are those that have no accepted medical use in the United States and have a high abuse potential. Some examples are heroin, marijuana, LSD, peyote, mescaline, psilocybin, THC, MDA, ketobemidone, acetylmethadol, fenethyline, tilidine, methaqualone, dihydromorphine, and others.

SCHEDULE II SUBSTANCES
The controlled substances in this schedule have a high abuse potential with severe psychic or physical dependence liability. Schedule II controlled substances consist of certain narcotic, stimulant, and depressant drugs. Some examples of Schedule II controlled narcotic substances are: opium, morphine, codeine, hydromorphone (Dilaudid), methadone, meperidine (Demerol), cocaine, oxycodone (Percodan), and oxymorphone (Numorph). Also in Schedule II are amphetamine (Dexedrine) and methamphetamine (Desoxyn), methylphenidate (Ritalin), amobarbital, pentobarbital, secobarbital, and fentanyl (Sublimaze).

SCHEDULE III SUBSTANCES
The controlled substances in this schedule have an abuse potential less than those in Schedules I and II and include compounds containing limited quantities of certain narcotic drugs and nonnarcotic drugs such as: hydrocodone, derivatives of barbituric acid except those that are listed in another schedule, nalorphine, benzphetamine, phendimetrazine, and paregoric. Any suppository dosage form containing amobarbital, secobarbital, or pentobarbital is in this schedule.

SCHEDULE IV SUBSTANCES
The controlled substances in this schedule have an abuse potential less than those listed in Schedule III and include such drugs as: phenobarbital, chloral hydrate, meprohamate (Equanil, Miltown), paraldehyde, methohexital, diethylpropion, phentermine, chlordiazepoxide (Librium), diazepam (Valium), oxazepam (Serax), clorazepate (Tranzene), flurazepam (Dalmene), clonazepam (Clonopin), Lorazepam (Ativan), alprazolam (Xanax), temazepam (Restoril), triazolam (Halcion), dextropropoxyphene (Darvon), and pentazocine (Talwin-NX).

SCHEDULE V SUBSTANCES
The controlled substances in this schedule have an abuse potential less than those listed in Schedule IV and consist of preparations containing limited quantities of certain narcotic drugs generally for antitussive and antidiarrheal purposes.

Prescriptions for drugs that are not controlled substances may be written by a resident as long as such prescriptions are called for and incidental to his/her residency training.

1. All prescriptions, regardless of schedule, require physician signature for a pharmacy to fill. Printed scripts do not have (generated?) signatures and must be signed.
2. All prescriptions for a controlled substance require physician signature and your assigned DEA number (at St. John’s, this is AS3750242-XXXX, your four digit dictation number).
3. All prescriptions for a schedule II controlled substance such as Norco, morphine, oxycodone, etc., require your attending physician’s DEA number and co-signature. Resident physicians are not able to prescribe schedule II controlled substances on the hospital’s DEA number, regardless of the filling pharmacy.
**NOTE** When you are on-call after hours and on weekends, **DO NOT CALL IN ANY PAIN MEDICATION REFILLS FOR PATIENTS** – instruct them to go to the Emergency Department or to call the doctor’s office during regular business hours. You do not usually know these patients and cannot make proper decisions regarding their needs and what the attending physician is prescribing.

**SIU School of Medicine**

Date: October 8, 2014

To: All Springfield Residents and Fellows

From: Alisa Groesch, Director of Pharmacy, Memorial Medical Center
       Abigail Reeder, Director of Pharmacy, St. John’s Hospital

**Prescriptions for patients for being discharged from St. John’s or Memorial.**

St. John’s Hospital and Memorial Medical Center have assigned you two individual DEA numbers to use while you are employed by them and writing prescriptions at hospital sites. These numbers may be used when writing prescriptions for patients upon discharge from the respective hospital for Scheduled III - V controlled substances. Schedule II controlled substances require your attending physician’s DEA number and co-signature.

When writing prescriptions for patients on discharge, please remember, when using your assigned DEA number, you must also include your assigned 4 digit dictation number as a suffix for this number to be valid.

For Example:

When practicing at St. John’s Hospital, your assigned DEA number is AS3750242-XXXX. The XXXX suffix is your individual four-digit dictation number.

When practicing at Memorial Medical Center, your assigned DEA number is AM3586318-XXXX. Again, the XXXX suffix is your individual four-digit dictation number.

**Prescriptions written in outpatient clinics.**

It is not allowable to use your hospital assigned DEA numbers in non-hospital sites i.e. outpatient clinics. Prescriptions for controlled substances written in outpatient clinics require your attending’s DEA number and co-signature.

If you have any questions regarding the use of your assigned DEA numbers, please feel free to contact us.

Thank you.
OFF CAMPUS AND/OR REQUIRED ROTATIONS/ELECTIVES

II. REQUIRED ROTATIONS/ELECTIVES

Off campus electives must be pre-approved by the Program Director and the GMEC. Therefore, anyone interested in doing an off campus elective must make the decision and get the proper approval process started about 6 months in advance of when the elective time is being sought. There are also licensure issues as well as malpractice insurance that must be purchased. See Anita for more details.

Official SIU School of Medicine Policy is available in the SIU Resident Handbook which is available online on the Residency Affairs website.
Resident Responsibilities

III. Resident Responsibility

A. General Rules Governing Resident Behavior

1. Of utmost importance are patient care and the treatment of patients.

2. Resident priorities:
   a. Scheduled orthopaedic conferences are mandatory (School-wide Universal Issues are strongly recommended for senior residents but available for all residents)
   b. OR cases
   c. Assigned outpatient clinics
   d. ER duties
   e. Ward rounds and duties

3. The attending physicians are ultimately responsible for the management of orthopaedic patients. All management decisions must be cleared with the appropriate attending prior to instituting any treatment by any resident.

4. Resident physicians are expected to contact the attending physician prior to instituting any treatment, except perhaps in certain emergency situations, in which case the attending should be aware of the circumstances as soon as possible. Junior residents should be under the supervision of a senior resident especially if he/she is inexperienced with the situation.

5. **Resident physicians should not discuss the treatment plan or recommendations with patients or their families until the treatment plan has been discussed with the attending physician.**

6. Pre-Operative Planning: Residents should be familiar with the patient's history and physical examination, laboratory studies, and radiographic studies and have a working diagnosis prior to participation in any surgery.

7. Residents are expected to have a thorough knowledge of the anatomy as well as the surgical approach, surgical instruments, and the surgical procedure to be performed prior to participating in an assigned surgical procedure. **IT IS VERY IMPORTANT TO READ FOR THE CASES.**
8. Residents must know their limitations. The educational process is based on a gradual increase in responsibility and surgical experience based upon level of training and competence in accordance with the Milestones.

9. Residents should dress and act professionally while conducting rounds, treating, and caring for patients. ID’s are to be worn at all times and be sure to introduce yourself to the patient and their family especially if this is the first time you are seeing him/her. All patients are to be treated with respect. Dressing changes and removal of Hemovacs should be performed using atraumatic techniques and using universal precautions. Dressings, gloves, and Hemovacs should be disposed of in their proper receptacles. Hands are to be washed before and after seeing each patient even if wearing gloves.

10. Residents should, at all times, demonstrate proper professionalism and respect toward the entire health care team whether in the hospital setting or in the clinic/office areas. This includes operating room personnel, RN’s, LPN’s, MA’s, secretaries, technicians, housekeepers, etc.

11. Residents are expected to be prompt in attendance at surgical cases as well as the orthopaedic clinics. The assigned resident will be in the operating room when the patient goes to the room for anesthesia induction and stay through the completion of the case until the patient is transported and help move the patient.

12. Residents are expected to change into clean surgical scrubs and shoe covers when entering the Operating Room. Scrubs worn to the Emergency Room or On Call Room must to be changed before coming into the Operating Room. Also shoe covers and scrubs should be changed between dirty cases. Remember, if you leave the area in scrubs, you must change into clean ones before re-entering the operating room.

13. Orthopaedic residents need to use, teach, and maintain high levels of surgical sterility and caution in the Operating Room.
14. Proper Consent forms need to be completed prior to any manipulation. The attending’s and resident's names should appear on the consent form. A preoperative note documenting discussion of risks and alternatives with the patient must also be included.

15. Operative Reports should document pre-operative conservative therapy as well as operative findings. Resident should also document risks and alternatives and type of orthopaedic hardware used. **OPERATIVE REPORTS MUST BE DICTATED WITHIN 24 HOURS AFTER PERFORMING THE SURGERY.**

16. Senior and Junior residents when working with adjunct and community faculty shall choose their cases at the beginning of the week and notify the attending in a timely manner of his or her participation in the case.

17. Residents are responsible to keep attendings informed of schedule changes, patient progress and developments, etc.

**B. Rules Governing Residents on Full Time Services**

1. Residents will attend all of their full-time faculty’s rounds, cases and assigned clinics.

2. When you are dictating clinic notes in any electronic system, please remember to state your name and that you are dictating for Dr. Xxxx. For each patient state “start dictation” and “end dictation”.

3. Residents will be available to general service (i.e. OR, ER) if not occupied by rule #1.

4. The resident assigned to a faculty member's service will be expected to see daily and know the condition of his/her faculty's patients at both hospitals.

5. Faculty's resident will be responsible for discharge summary of patients on faculty's service at both hospitals. Discharge summaries must be dictated promptly.
C. **Chief Resident Responsibilities**

1. Chiefs on General Service are responsible (under supervision of the attendings), for day-to-day care of patients for whom they have participated in surgery.

2. Chiefs are responsible for supervising the residents assigned to their hospital.

3. The chiefs are to be the initial ones to address conflict resolution of resident disputes.

4. Chiefs will report to the Program Director any resident having difficulty with attendance, tardiness, patient care responsibilities, etc. and deficiencies in preparation.

5. Chiefs will participate in the Resident Performance Evaluation meetings.

6. Chiefs will be available for patient management when on backup call to give assistance if needed in the operating room, the emergency room or patient care areas.

7. The Chiefs are responsible for assigning the core conference topics for the year and contacting attendings to assist in teaching these conferences. Faculty assistance either full time or clinical adjunct faculty should be assisting in the preparation of all core conferences. The resident assigned to present a core conference topic is to contact the responsible faculty member at least 6 weeks in advance to request assistance. Reminders may be needed. They are also responsible for scheduling residents and attendings for presenting a formal Grand Rounds each month.

8. The SIU Chief is responsible for assigning the Journal Club articles and getting the assignments to Anita in a timely manner so everyone has time to prepare by reading the articles. The chief will also be responsible to contact Anita regarding the ordering of the food and beverages for Journal Club. See Anita regarding payment for the food.
D. **On Call Policies**

**On Call at Night:**

1. Call schedules will be distributed well in advance. Call will usually average out to 1 in 3-4 days over a month’s time. There will be a minimum of 1 day out of 7 that the resident must have off. Call is taken in house at both hospitals when both hospitals carry a level 1 trauma designation. The community faculty, including the Peds Ortho faculty, must be notified by the ER physician/provider about their patient. The faculty member decides whether to have the resident see the patient or not. If the resident will not be able to see the patient within **one (1) hour**, the attending must be notified. Chief residents on back up are to be notified of all operative cases, and consulted for any difficult decisions. **DO NOT HESITATE TO CALL THE CHIEF RESIDENT, THIS IS ESPECIALLY TRUE FOR JUNIOR RESIDENTS.** Attendings **must** be notified of all patients seen in the ER, since they have ultimate responsibility and liability.

2. If a patient is admitted on a Friday or Saturday and surgery is scheduled for the following day, it is the admitting resident's responsibility to **personally** notify the chief resident on back-up call and the resident on call the next day in a timely manner, preferably at admission.

3. To guarantee continuity of patient care, residents are discouraged from switching call days between hospitals.
E. ED Coverage

Weekday:

- covered by the person on call at each respective hospital
- if the call person is busy, then the most junior resident free will cover
- if no one is free, then all non-emergent cases will be referred back to the attending to take care of, or to have the patient wait until a resident is free (try to give the ED an idea of how long you will be tied up so they can relay it to the attending). Word of advice: always overestimate the amount of time you will need. And keep the patient apprised if there will be a significant delay in treatment.
- for emergent cases, the call person will free himself/herself.

Evening/Weekend:

- covered by the person on call for the weekend
- nights covered by night float (Sunday through Thursday)
- if the call person is busy, all non-emergent cases will be referred back to the attending to take care of or to have the patient wait until the resident is free (try to give the ED an idea of how long you will be tied up so they can relay it to the attending)
- for emergent cases, the call person will free himself to attend to the emergency (triaging appropriately)

F. Trauma Coverage:

- In the event of two Level 1 traumas occurring simultaneously after 9 pm, the chief resident should be notified. The chief has the option to cover the 2nd trauma themselves or call in the SJH resident on call during the previous day. Therefore, the SJH resident should keep their pager with them and be prepared to return to work from 9 pm when their in-house call shift ends until 7 am the following day. If this creates a conflict with work hours, the resident MUST BE EXCUSED from duties the following day.
G. Floor consults:

- In-hospital requests for consultation need to be answered on a timely basis, which in most cases means within that same work day, or resident work shift. Although it might be ideal for each consultation request to be answered by the attending or resident on the appropriate subspecialty service, this is not always possible after hours and on weekends. After-hours and weekend consults become the responsibility of the resident who is paged.

- Occasionally the requesting service might specify a time frame in which it is acceptable to respond. An example might be: "Consult Ortho Foot and Ankle tomorrow am, Dx chronic diabetic ulcer". If that information is included in the original consultation request, then we hope that the ward clerk or nurse will not even page the after-hours resident. If, however, the resident is inadvertently called, the patient should be seen if time allows. If not, this specific type of consult must be passed to the correct resident in a detailed, formal way during am handoffs. This handoff will be to the correct service resident Mon - Fri, and to the oncoming call resident Sat - Sun.

- Occasionally response to a consult may be delayed, or even deferred to the outpatient office. These are attending faculty decisions. The requesting service must agree. The patient must agree. These are attending faculty decisions, not to be made by the resident who has been called, regardless of year in training.

- Consults called after hours should be answered by the resident who is assigned to that shift. If ER and OR workload make it impossible to see an inpatient consult, then all the information and the responsibility for answering the consult must be correctly "handed off" to the next resident. Work hours must be respected. The handoff might be from the on-call resident to the night float resident, or from the night float resident to the appropriate service resident in the am. The chief resident must know about pending consults that are being passed along.

- Consults called during weekend work shifts should be answered during that same weekend work shift, usually by the same resident who is responsible for that work shift. If for any
reason this is not possible, then the information must be correctly "handed off" to the next resident. The chief resident must know about pending consults that are being passed along. If it seems that a full "awake" 0800 - 1600 day might pass before an inpatient can be seen, then the faculty attending needs to be notified.

- Our goals include outstanding patient care, excellent relationships with other services, and respect for each other. Emergent consults are to be handled as though they are an emergent ED case.

**Exceptions:**
Monday mornings are our **MANDATORY** educational sessions (0700-1200); ED coverage during these times are limited to orthopaedic emergencies such as open fractures, fx/dislocations with neurovascular compromise, and other injuries of a truly emergent nature. For all other patients the ED physician is to call the respective attending and disposition will be made without the resident.

**H Disaster Plan**
- The orthopaedic residents are assigned almost evenly to St. John’s Hospital and Memorial Medical Center, determined by where they take call for each particular month. In the event of an emergency, the residents will meet at the Emergency Department of the hospital where they take call. They will know to assemble at these locations upon learning of a local disaster. If the telephone systems are working, the PGY V residents will page the PGY IV residents to the number 911, indicating a major disaster. In turn, the PGY IV residents will page the PGY III residents and so on. If phones are not working, all residents are to report immediately.

**Discharge Summaries**

**I. Discharge Summary Policy**
1.) Discharge summaries on patients of full-time faculty members, will be completed by their assigned resident, in adherence to St John’s and Memorial’s policies regarding this documentation.

2.) If you operate on a patient, it is your responsibility to dictate the discharge summary.

3.) Discharge summaries should include:
   a) Admission diagnosis and Discharge diagnosis
   b) Operative procedures
   c) Complications that occurred during the hospitalization
   d) Discharge condition
   e) Brief history and physical exam (3 or 4 lines)
   f) Summary of hospital course
   g) Discharge instructions, prescriptions, follow-up visit.

4.) Patient charts should never leave medical records or the attendings office, this is a HIPAA violation and will not be tolerated.
Evaluations

III. Resident Evaluations

The Orthopaedic Surgery Residency Training Program is dedicated to comprehensive, regular and timely evaluation of the educational and professional achievement of the orthopaedic residents in accordance with the orthopaedic milestones.

At the end of each rotation an evaluation notice is sent out to the faculty for the purpose of a written evaluation of the resident’s performance during the just completed rotation. This is done through New Innovations. Strengths and weaknesses are to be addressed. When these evaluation forms have been completed, the resident is electronically notified that it is available to be seen. When you log on to New Innovations, there is a link on the welcome page to take you to view your completed evaluations. The resident has the opportunity to discuss the evaluation with the evaluator and/or the Program Director. These evaluations become part of the resident’s confidential file.

The Program Director will meet with each resident at least twice each year to discuss his/her progress. Since most of the rotations are on a two-month or four-month basis, at the end of each four months the entire faculty, full time and part time, the chief residents and the residency coordinator meet to discuss the progress of each resident with the Clinical Competency Committee. The Faculty Assessment will be shared with the resident by the Program Director. The Program Director will provide a written performance report based upon the six competencies to be filed with the residency coordinator after review of the performance report with the resident. The performance report will include compliments or complaints as they arise from hospital administration, patients, faculty, or peers. The Program Director will continue to meet with the residents on a regular basis to go over their progress during the year. One such session will usually occur after the OITE scores are available, so that adjustments can be made in assignments and recommendations shared with the resident for the remainder of the resident year.
The purpose of this evaluation system is to:

1. Identify deficits in the resident’s performance for the purpose of eliminating the deficits and ultimately providing the best quality of patient care.
2. Make decisions on promotions.
3. Provide data to the American Board of Orthopaedic Surgeons confirming the eligibility of the resident to sit for the Board examinations.
4. Provide letters of recommendation for fellowship applications, employment and credentialing.
5. Identify strengths and problem areas for modification of the curriculum.
6. Encourage the resident to make comments or suggestions on how to improve the residency program.

PROGRAM AND FACULTY EVALUATION SYSTEM:

The orthopaedic residents are given the opportunity to evaluate the faculty and the residency program on a regular basis. This is done in a totally anonymous manner through New Innovations. The residents are asked to complete evaluations of the faculty on a triennial basis through New Innovations. These evaluations are totally anonymous and are used to maintain the highest quality of our teaching faculty and in determining Department teaching awards at the end of the academic year. The faculty does not see individual evaluations rather they receive an aggregate report once a year. All residents are asked to evaluate all faculty twice a year and the larger number of completed evaluations helps to ensure resident’s anonymity. Residents are also asked to complete a general evaluation of every aspect of the program including the hospitals on an annual basis by the Office of Residency Affairs.

These evaluations are an accreditation requirement of the ACGME.

Additionally, the residents select the recipient of the annual E. Shannon Stauffer Excellence in Teaching Award. This annual award is presented to the full time or part time faculty member that the residents select.
as the outstanding teacher in orthopaedic surgery. This is presented at the Resident Recognition Dinner by the chief residents at the end of the academic year during the E. Shannon Stauffer Visiting Professor activities.

**SCHEDULE OF FEEDBACK AND EVALUATIONS**

**JULY, AUGUST, SEPTEMBER, OCTOBER ROTATIONS:**

In November, generally the first or second Monday, there will be discussion of resident performance by faculty and attendings and the chief residents. Written evaluations are also sent out at the end of each rotation through New Innovations.

**NOVEMBER, DECEMBER, JANUARY, FEBRUARY ROTATIONS:**

January: Conference with the Program Director RE: evaluations and OITE

In March, generally the first or second Monday, the second formal discussion of resident performance by faculty, attendings and chief residents is held.

**MARCH, APRIL, MAY, JUNE ROTATIONS:**

In late June or early July, generally the first or second Monday, there is evaluation by faculty, attendings, chief residents and Clinical Competency Committee and feedback for Program Director and final evaluation comments by Program Director for the preceding academic year. All evaluations are based on the orthopaedic milestones.

**Program Director:**

To provide better feedback to residents, the Program Director shall receive all communications, compliments, complaints, and scores relative to the assigned resident’s performance. The Program Director will monitor study habits and progress in development of a knowledge base and advise the residents about appropriateness of meetings the resident wishes to attend. The Program Director will discuss resident research objectives and progress. The resident will be given the opportunity for input as to concerns or comments about the residency program.

In addition to the formal evaluation meetings, the Program Director is available to meet with any resident at any time if he/she has any problems or issues they wish to discuss. Contact his secretary to schedule this.
Vacation and Educational/Non-Educational Leave

III. Vacations and Educational Leave:

A. **RESIDENTS MUST COMPLETE 46 WEEKS OF EDUCATION DURING THE 12 MONTH ACADEMIC YEAR FOR ABOS CREDIT.**

B. Each resident is allotted three (3) weeks of vacation (15 workdays/21 **calendar days**), and one (1) week of educational leave (5 workdays/7 **calendar days**). Each PGY 4 may also schedule leave for fellowship or job interviews. Common sense and good judgment are required; each resident must try to schedule so as to miss as few work days possible. The PGY 4 is to work this leave out with the chief at their hospital (6 days conforms to SIU policy).

C. Vacations and educational leave must be approved by the chief resident, and recorded on the chief resident chart in the MMC residents’ office and Google calendar under the SIU account. Forms are to be obtained from Anita and the signed forms returned to her. Requests must be submitted during the chief resident’s announced request submission period to allow for completion of the call schedules.

D. No vacations are to be scheduled from 12/24 through 1/2 so that the chief resident can divide holiday time off. Vacations are discouraged during the first two weeks of July, or the last two (2) weeks of June. All leave requests should be submitted to the Chief of the service for which the vacation is requested. No vacation will be allowed during Visiting Professors.

E. Prior to initiating an SIU service, Trauma service or Pediatric service rotation, the resident is to contact the assigned faculty to determine if he/she has any planned time off during the resident’s service.

1. IF the attending does have planned time off, then the resident is not allowed to take vacation at a time other than that which coincides with the attending’s time off.
2. IF the attending does not have any scheduled time off, then the resident is allowed to plan a vacation at a time of his or her choosing with the stipulation that the attending must be notified of any time off at a minimum of 6 weeks prior to the desired time off.
3. IF this stipulation is not met, then the attending can deny the resident’s request for leave even if the chief’s have already signed the vacation request form.

F. All delinquent medical records, duty hours, logs and evaluations must be made current before you leave on vacation as is stated in the official SIU Vacation and Other Leaves of Absence Policies.

G. Miscellaneous requirements for leaves will be as follows:

1. Leave for an educational conference will always take priority over vacation requests. Educational leave may bump approved vacation up to 3 months ahead of
this time. Resident leaving is responsible for finding coverage of their attending
and patients during educational leave.
2. If two residents are requesting concurrent conference time then seniority by year-
in-training will determine who is granted leave. Similarly, if two are requesting
concurrent vacation, then seniority determines who will receive leave.
CLARIFICATION OF POLICY OF
NUMBER OF DAYS SPENT AWAY FROM RESIDENCY DUTIES
AT SOUTHERN ILLINOIS UNIVERSITY
ORTHOPAEDIC SURGERY RESIDENCY PROGRAM

According to the General Residency policy and the contracts with the hospitals, the residents are granted permission to be away from the residency duties as follows:

1. Required Educational Conferences:
   - PGY 5: Annual Review Course for Orthopaedic Surgeons (Maine Orthopaedic Review)
   - PGY 4: AAOS Board Preparation and Review Course in Chicago, IL
   - PGY 3: AANA Junior Arthroscopy Course at the Orthopaedic Learning Center in Rosemont, IL
   - PGY 2: Annual Orthopaedic Trauma Association Residents Basic Fracture Course or the AO/ASIF Residents Basic Fracture Course. (This usually occurs toward the end of the PGY I year.)

2. Additional educational trips may be supported by the Department and/or Division if the resident is presenting a paper based on clinical or basic research performed at SIU. Availability of funds cannot be guaranteed. Days permitted to be away to present this paper must be approved by the Residency Director and may be over and above the seven days educational time described above (1). Approval will only be for one meeting for any one particular research project.

**NOTE:** If any resident requests any funds from reps in support of educational trips, this must be pre-approved by the Program Director and the SIU Compliance Officer. In general, the funds must come to the School of Medicine in the form of non-restricted educational grant funds for reimbursement to the resident upon completion of the trip and submission of receipts. Reps are not to pay for these trips outside of the school. The only reimbursable expenses are registration fees, airfare/mileage, taxi/shuttle to and from airport, lodging and per diem for meal allowance. Anita can give you more details.

II. Designated funds for books and conferences: (This information is repeated elsewhere in this handbook, related to books and education funds.)

PGY 1 residents are allowed $700 for the purchase of books of journal subscriptions.

PGY 2 residents may be allowed $900 for travel to an educational meeting upon approval by the Program Director and based upon availability of funds.

PGY 3-5 residents may be allowed $1100 for travel to an education meeting based upon approval by the Program Director and based upon availability of funds.

An SIU School of Medicine travel expense pre-authorization worksheet must be submitted before the travel occurs and all expenses must be submitted in a timely manner upon return from the trip (within 60 days) or reimbursement may be denied.
TRAVEL REIMBURSEMENT GUIDELINES

There have been new rules and guidelines for travel reimbursement. All travel for which you request reimbursement must be **pre-approved**. This includes registration fees and airfare reimbursement. **All travel must have a request form filled out with the anticipated cost of the trip at least 1 months prior to the trip.** This approval must be obtained before you order airline tickets or you may not be reimbursed for the expense. Be sure to check with Anita before you order any airline tickets because there may be a difference in the way we pay for that expense. **Original receipts** are required and all expenses should be turned in to Anita immediately upon your return.

When turning in documentation for your trip, you must submit a copy of the registration form with details about the conference as well as proof of payment, such as a copy of your check or the receipt with your name and the amount shown on it. An actual receipt for the airline ticket will also be required.

For determining per diem, Anita needs the date and time of your departure. Also needed is the date and time of your departure for home and the actual time of arrival back in Springfield.

**IF ANITA DOES NOT RECEIVE ALL THE NECESSARY DOCUMENTATION AND PRE-APPROVAL FORMS, YOU WILL NOT RECEIVE YOUR REIMBURSEMENT IN A TIMELY MANNER AND YOUR REQUEST COULD BE DENIED BY THE COMPTROLLER'S OFFICE. IN ADDITION, ALL RECEIPTS, ETC. MUST BE TURNED IN WITHIN TWO (2) MONTHS OF THE TRIP IN ORDER TO BE REIMBURSED. THE REQUEST COULD BE DENIED IF MORE TIME HAS ELAPSED.**

**ANY REIMBURSEMENT THAT IS SUBMITTED PAST THE TWO MONTH TIME PERIOD, UNLESS THERE IS A VERY GOOD REASON, WILL HAVE INCOME TAXES WITHHELD AND A TAX FORM WILL BE GENERATED AT THE END OF THE YEAR FOR TAX PURPOSES.**
LEAVE OF ABSENCE POLICIES – Full text of this and all SIU policies in the handbook are available for viewing on the SIU Intranet Residency site http://www.siumed.edu/resaffairs/policies.html

JOB SEARCH/FELLOWSHIP INTERVIEWS
Successful career placement of the Physician is a goal of the Residency Program. The SIU School of Medicine and Affiliated Hospital foster job search and allow sufficient time for this endeavor during the last two years of training. The Program Director may grant up to six calendar days during that time for this purpose, using prudent discretion. Additional interview time must be taken from vacation time.

If approved by the RRC this time may be counted as work days when tabulating days for RRC accreditation. (The Physician is reminded that vacation days can also be used for this purpose.)

All leave must be approved by the Program Director and the employing Hospital. In the event of such leave, it will be decided by the Program Director if the absence from the Program requires remedial work in order to fulfill the requirements of the residency program.

REMEMBER: You must receive 46 weeks of education in order to receive credit for a year’s education for the ABOS.

Conferences

V. Scheduled Educational Conferences
   A. Conference Attendance by Residents
      Conference attendance is mandatory for all orthopaedic residents, including the PGY I residents rotating on non-orthopaedic services. Topics of the various conferences will be distributed well in advance, which should provide adequate time for preparation. Conference attendance will be recorded by the Residency Coordinator. Conferences should be structured around didactic lectures and case presentation formats. Residents are expected to have read the basic background information before the conference, thus being able to apply that background knowledge to the cases being presented. The assigned resident should know the key articles on the topic of the conference. Published conference times and topics cannot be changed without the approval of the SIU administrative chief resident and the Program Director. Conferences may not be cancelled without the approval of the Program Director and Anita must be notified as well.

   B. Conference Attendance by Faculty/Pertaining to Faculty
      As recommended by the curriculum committee in March 1992, the following guidelines will apply:
      Every conference must be attended by at least one SIU full time faculty member. Their conferences will be assigned in their area of expertise. They will be notified in advance and expected to attend or make necessary arrangements if unable to attend.
      Each SIU full time faculty member will present one weekday conference three times per year. This will be arranged by the SIU chief resident in advance.
      Each SIU volunteer faculty member will present one Monday conference every other year and attend 30% of Grand Rounds per year. The conference they present will be scheduled by the chief resident; the conferences they attend will be recorded and the attendance at conference discussed at the November business meeting along with the resident evaluations.
One resident will be assigned to every conference. That resident will be responsible for speaking with the faculty member assigned to that conference 1 month and 1 week prior to the conference. This will serve two purposes: first to review the content of the conference and second to remind the faculty member to attend. All residents are required to attend all scheduled conferences. This will require all of the residents to be available on Monday mornings. No resident will be expected to be in a clinic or to participate in surgical procedures before 12:30 p.m. on Monday. Residents must be dismissed from surgery to attend the full curriculum of the conferences. Residents are to be dismissed from surgery to attend x-ray rounds, fracture conference and Journal Club as well on Wednesday afternoons.

The emergency room at each hospital will be covered by the on-call resident each Monday. True emergencies, such as open fractures or dislocations of joints, will be seen promptly by the resident on call. Other patients presenting to the emergency room will be handled by the emergency room physicians who can take care of the emergent problem, send them to the attending physician's office or call the attending physician for disposition. Residents cannot be expected to provide service for all patients presenting in the emergency rooms until after 12:30 p.m.

C. Conferences and Preparation

Residents assigned to conferences should structure their conferences in a Case Presentation and didactic format. The use of outlines, copies of pertinent articles, reference lists, and other handouts are encouraged for conference preparation. Residents are encouraged to enlist the help of appropriate clinicians (orthopaedic or not) to aid in giving the conference although the assigned resident still has ultimate responsibility (i.e., if the attending is detained elsewhere.)

All residents attending the Monday morning conferences are expected to be prepared for the topic of the conference by reading in basic texts and pertinent articles.

D. General Schedule

Mondays
Location: Memorial Medical Center
7:00-8:00 AM Orthopaedic Grand Rounds (Location: MMC, D229)
- PGY 2’s & 3’s alternating interesting cases or M&M’s
- PGY 4’s & 5’s – alternating interesting cases or M&M’s.
- Resident Grand Rounds Presentation
- Attending Grand Rounds Presentation
- Attending case presentations

8:00-10:00 AM Specialty Conference (Location: MMC D229)
Alternating: Spine, Pediatrics, Sports Medicine, Hand, Foot and Ankle, Arthroplasty, Tumor, Upper Extremity

10:00-12:00 AM Rotating 2-year Core Curriculum Schedule Location: MMC D229
(Fractures/Anatomy/Peds/Spine/Pathology/Foot and Ankle, etc.)

12:00-1:00 PM – OITE Review from July to November.
OREC-1 Research Update once monthly

9:00 – 10:00 July- September – Anatomy dissections and approaches. This will be in the MCLI.

* Residents presenting cases or M & M's should know the pertinent references.
* Residents should present a 5-10 minute presentation on any educational conference they have attended during case presentation times.

X-rays presented at conference should be presented electronically on the screen so everyone can see them.

All residents must be released from OR, clinics, or ward work by 7:00 a.m.

Conferences will begin promptly on the hour.

Conferences will be over at 12:00 p.m. or 1 pm, depending on the schedule- allowing residents to resume clinical obligations.

Cases scheduled by attendings on Monday mornings will not be covered
**Wednesdays**

5:00-6:00 Fracture Conference: Location: MMC D229 except for once a month when it will be in the Surgical Skills Lab

2nd Wednesday of each month is Journal Club in room D229 (food is provided)

The Float resident is excused from Wednesday conference so as to not violate the duty hour policies.

**ALL RESIDENTS** are expected to attend unless clinical responsibilities make this impossible. The purpose of this conference is to consider management of fractures and difficult reconstructive cases. Residents presenting cases will be expected to have background information relative to the problem being presented. **The second Wednesday will be reserved for Journal Club.** In order to encourage attending participation, Journal Club will start with food at 5:00 p.m. and discussion of pre-assigned articles at 5:15 p.m. Journal Club is held in Memorial Medical Center, room D229

**VISITING PROFESSORS:**

The Division of Orthopaedics has at least two Visiting Professors per year. All Visiting Professor events are “Sacred Events” and everyone is required to be in attendance – no excuses!!!

**SIU CME Events:**

The Division of Orthopaedics presents an official orthopaedic CME program each year. Since the Division of Orthopaedics sponsors these events, all residents are REQUIRED to attend. This DOES NOT MEAN SIGN IN AND LEAVE EARLY.

**ETHICS:**

The Division of Orthopaedics has incorporated ethics in the curriculum. All residents are expected to conduct themselves in an ethical manner at all times.

**UNIVERSAL ISSUES/QUALITY IMPROVEMENT:**

5 or 6 sessions are presented by the Office of Residency Affairs. Attendance at these conferences is highly recommended for chief/senior residents and encouraged for all other residents. The Universal Issues are topics that are required by the ACGME regardless of specialty.

**NEAR MISS / CRITICAL EVENT:**

At least once during the Residency, each Resident must demonstrate the understanding and the ability to report a “near miss” or “critical event.” SIU and both participating hospitals have confidential electronic reporting systems. Each Resident must log at least one event on one of the available systems (NOT all three!) at some point during the five years of the Residency. This is required of all SIU Residents – policy attached.

**ROOT CAUSE ANALYSIS (RCA):**

Each Resident must participate in at least one actual or mock RCA at some time during the Residency. This is a requirement for all SIU Residents.

**MEDICAL RECORDS**

All orthopaedic residents need to complete their medical records at both MMC and St. John’s Hospital on a regular basis (at least weekly). Since medical records are electronic, this should never be a problem to be up to date. Call the record room, if you have and questions or issues. (MMC 788-3553; SJH 544-6464 ext. 4-4687)

If you are suspended for delinquent completion of records as required by either of the hospitals, you will be suspended from all of his duties until all delinquent records are completed and the resident is taken off
suspension by the hospital. **REMEMBER:** If you are suspended, your peers will have to cover your duties for you. Any suspension is for at least 24 hours and goes on your record.

With the upgrade of medical records to electronic, you can access and complete your records from any computer. You must be sure to do your records in a timely manner. If a record is assigned to you, at MMC, you may not pass that record off to another physician if it has been on your list for more than 10 days.

**IN Voluntary Termination**

Remediation, non-renewal of contract, and involuntary termination are all governed by SIU School of Medicine policies due process is guaranteed for any resident subject to remediation or disciplinary action, also as guided by SIU School of Medicine policies. These are available either through the intranet or from the Office of Residency Affairs.

For your convenience representative copies of the conduct policy and disciplinary policy are appended to this handbook.

Following are examples of serious violations of accepted conduct and could result in involuntary termination:

1. Neglect of duties
2. Incompetence
3. Insubordination
4. Unprofessional conduct
5. Frequent tardiness or absenteeism
6. Discourtesy
7. Disregard for established organization and Department/Division procedures
8. Neglect of personal appearance, dress or hygiene
9. Alcohol, drug or substance abuse
10. Deceit
11. Fraudulent behavior
GENERAL COMPETENCIES

The general competencies were designed to emphasize educational outcome assessment in residency programs by the ACGME. These competencies are in the areas of:

- **Patient Care**: Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

- **Medical Knowledge**: Residents must demonstrate knowledge about established and evolving biomedical, clinical and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

- **Practice-Based Learning and Improvement**: Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve the patient care practices.

- **Interpersonal and Communication Skills**: Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients families, and professional associates.

- **Professionalism**: Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

- **Systems-Based Practice**: Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

You will hear a lot about the competencies during your residency training. All of the goals and objectives are tied to these competencies and the evaluation of your performance is based upon them. You need to know about these competencies and how they influence your education.

These ACGME competencies do not specifically include every requirement for successful completion of the Residency. Particularly, technical skills such as patient examination, fracture reduction, splint or cast application, and manual dexterity are all important for success as a surgeon. A Resident must be able to INDEPENDENTLY perform surgery in order to graduate. These areas of performance are judged on a daily basis by the Faculty, which consist of the aggregate group of attending orthopaedic surgeons who participate with the Residency. Satisfactory completion of the Residency requires faculty consensus of competency.
MOONLIGHTING

ORTHOPAEDIC RESIDENTS ARE NOT ALLOWED TO MOONLIGHT.
NEW INNOVATIONS

New Innovations is a software program that we are now utilizing. You are to log your duty hours in this system. The system will let you know if you are violating any of the duty hour rules.

You will receive periodic notifications via e-mail regarding completion of duty hours documentation and also of any evaluations that you need to complete. This software has been designed to protect your identity when completing evaluations about the faculty and the program and the faculty member or attending you are evaluating will never know who you are.

The faculty will also receive notifications to evaluate you at the end of each rotation. You will be notified via e-mail when you have evaluations to view. You will know who evaluates you and what that evaluation says. The faculty will be able to evaluate your performance during your rotation as well as operative procedures you perform. Be sure to review your evaluations so you know what you need to improve on.

Anita will give you your login name and password. If you forget your password, contact Anita and she will reset it for you.

This is an internet-based system and can be accessed from any computer. It is a password protected, secure site. The system is Case-sensitive. If you have any questions or need any help, please contact Anita for any assistance you might need.

WEB SITE: www.new-innov.com and the
INSTITUTION LOGON: SIU-SOM

If you forget your login and password, contact Anita and she can give it to you.
E–MAIL AND INTERNET ACCESS

The SIU School of Medicine assigns every resident an internet ID and e-mail address. The SIU School of Medicine uses the email address as an important communication tool. Residents are expected to check their SIU e-mail on a regular, preferably daily, basis. It is the resident’s responsibility to be aware of all communication from the Orthopaedic Residency Office as well as communications from the Office of Residency Affairs, Memorial Medical Center and St. John’s Hospital. According to your contract, you are required to check your SIU e-mail regularly. Private e-mails are not used by the School for notifications.

PAGERS

PGY 1 orthopaedic surgery residents are assigned a pager when they enter the program. This pager is to remain with the resident throughout the duration of his/her training period. Pagers are issued through the hospital paying the resident’s stipend. For malfunctioning pagers, at St. John’s Hospital, contact the telephone operator and at Memorial Medical Center, contact Pam Brown at 788-3495. New batteries can be obtained from the Division of Orthopaedic Surgery academic office area supply cabinet.

PHOTO IDbadges

All residents are given a photo ID badge for both Memorial Medical Center and St. John’s Hospital during orientation. If you should need a replacement ID badge, contact security at the appropriate hospital. ID badges are to be worn at all times.

BOOKS AND EDUCATION FUNDS

**REQUIRED BOOKS FOR ORTHOPAEDIC RESIDENTS:**

All residents are required to have their own copy of the following:

- Rockwood and Green
- Hoppenfeld’s Surgical Approaches
- JBJS – American (provided free to all residents)
- Journal of the American Academy of Orthopaedic Surgeons (free to all residents)

If you are interested in purchasing books, contact Anita for information from reps to obtain a discounted rate.

As has already been detailed previously in this handbook:
PGY 1 residents are allowed $700 for the purchase of books of journal subscriptions.

PGY 2 residents may be allowed $900 for travel to an educational meeting upon approval by the Program Director and based upon availability of funds.

PGY 3-5 residents may be allowed $1100 for travel to an education meeting based upon approval by the Program Director and based upon availability of funds.

An SIU School of Medicine travel expense pre-authorization worksheet must be submitted before the travel occurs and all expenses must be submitted in a timely manner upon return from the trip (within 60 days) or reimbursement may be denied.

**EDUCATIONAL ACTIVITIES**

All residents are released from regular clinical duties to attend:

- Monday morning Grand Rounds, Core Curriculum and Specialty Conference (7AM-12PM or 1PM)
- 2nd Wednesday 5-6 PM – Orthopaedic Journal Club
- All other Wednesdays – 5-6PM – Fracture Conference with one session being sawbones in the Surgical Skills Lab. Dates TBA
- Anatomy Dissection Sessions – Monday morning from July thru September in the Anatomy Lab
- Surgical Education Grand Rounds – usually in October and followed by presentation of the Teaching Awards to faculty and residents.
- Orthopaedic In-Training Examination
- All SIU orthopaedic Visiting Professor Programs
  - Mimi Cameo Covert Memorial Lectureship
  - Trauma Visiting Professor – TBA
  - E. Shannon Stauffer Spring Visiting Professor
- Arthroscopy Association of North America Junior Resident Arthroscopy Course – January/February (PGY 3’s)
- OTA or AO Residents Basic Fracture Course – PGY 2’s (at beginning of PGY 2 year or end of PGY 1 year)
- AAOS Annual Meeting – PGY 5’s
- AAOS Board Review and Preparation Course – PGY 4’s
- Maine Orthopaedic Review Course – PGY 5’s

Department of Surgery Resident Research Day – 7AM – Noon – Spring Date TBD
Orthopaedic CME Course
Residents As Teachers (RATS)

Residents may be excused by the Program Director for other special events that occur throughout the year.
HOLIDAYS

Residents are released from service on holidays depending on the SIU holiday schedule and at the discretion of the site/rotation director.

INSURANCE

Residents receive their insurance through the hospital paying their stipend. Health, dental and life insurance for the resident are supplied under the usual insurance structure of the Affiliated Hospital employing the resident. The resident shall have the option to include his/her immediate family members under said hospitalization insurance coverage at the resident’s own expense.

Contact Human Resources at the appropriate hospital for specific details.

INSURANCE, PROFESSIONAL LIABILITY

Residents receive professional liability insurance coverage through Memorial Medical Center and St. John’s Hospital. The residents are paid a stipend from either Memorial Medical Center or St. John’s Hospital. Malpractice insurance is supplied under the usual insurance structure of the Affiliated Hospital employing the resident. The Affiliated Hospitals have approved the extension of malpractice coverage for SIU School of Medicine orthopaedic surgical residents participating in Springfield Clinic’s Ambulatory Surgical Treatment Center. This coverage continues as long as such resident participation is approved by and a requirement of the SIU School of Medicine Residency Program. Anita has copies of the insurance coverage should you need or want a copy.

LAB COATS

Scrubs are appropriate for designated areas, i.e. Operating Room and postoperative care. At all other times a white lab coat is to be worn. Lab coats must be kept clean in all clinical settings.

Residents are given 5 lab coats at the beginning of their training.

LAUNDRY SERVICE

Residents are expected to launder their own coats on a regular basis and keep them in good repair.

MEAL TICKETS/FOOD SERVICES

Residents are provided with access to food services 24 hours a day at both Memorial Medical Center and St. John’s Hospital for use when they are on call. $50 per month credited to your
ID badge for use at the MMC cafeteria. There is also food available 24/7 in the physician lounge at Memorial Medical Center and SJH. You are not to use this food at either hospital for family members or others.

PROFESSIONAL DEMEANOR AND APPEARANCE

It is expected that the demeanor and personal appearance of the resident will reflect quality professionalism and pride in all the roles in which the resident finds himself. In addition to the resident’s clinical skills and technical abilities, the way he/she dresses “presents” himself/herself to other people is a crucial element in earning the confidence and respect that is so important to successful patient and professional relationships.

1. A clean, lab coat (and tie for the men) must be worn at all times, especially in clinics, including weekends, with the exception of night call.
2. Everyone the resident comes in contact with is to be treated courteously and with respect.
3. When you are speaking with someone not in private, always be aware that you never know who might overhear your conversation.
4. Name badges are to be worn in plain view at all times.

If your lab coats are torn or dirty beyond being able to come clean, see Anita about a replacement. Residents are given 5 lab coats upon beginning their residency training.

DRESS AND DECORUM

The “best interest of the patient…” is the most fundamental consideration for the establishment of policies and procedures at SIU, and Dress and Decorum is no exception. The appearance and attitude of the people at SIU have a tremendous impact on the perception of our patients and, consequently, their impression of SIU and their willingness to return. These guidelines have been established to provide appropriate direction to SIU staffs. Residents and fellows are expected to use their best judgment in maintaining SIU’s conservative, professional image in the perception of our patients and visitors.

<table>
<thead>
<tr>
<th>ATTIRE</th>
<th>ACCEPTABLE</th>
<th>UNACCEPTABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Attire</td>
<td>• Suits, dresses, blouses, skirts, jackets, pants trousers, blazers, fitted jackets, sweaters</td>
<td>• Jeans, spandex, gauze, sheer lacy or leather material</td>
</tr>
<tr>
<td></td>
<td>• Suits or jackets for men require a tie and a dress shirt</td>
<td>• Casual attire</td>
</tr>
<tr>
<td></td>
<td>• Sweaters</td>
<td>• Torn or ripped</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Sleeveless, spaghetti straps,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• backless, low cut, tight fitting</td>
</tr>
<tr>
<td>Tops and Jackets</td>
<td>• Blouses, tops, turtlenecks</td>
<td>• Scrub tops, crop tops, sweat shirts</td>
</tr>
<tr>
<td></td>
<td>• Fitted jackets/blazers</td>
<td>• Tee shirts with emblems</td>
</tr>
<tr>
<td></td>
<td>• Sweaters</td>
<td></td>
</tr>
</tbody>
</table>
### Clothes

<table>
<thead>
<tr>
<th>Group</th>
<th>Required Options</th>
<th>Optional Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pants and Jumpsuits</td>
<td>• Mid-ankle length or longer</td>
<td>• Parachute pants, crop pants, harem pants, Leggings</td>
</tr>
<tr>
<td></td>
<td>• Tailored stirrup pants</td>
<td></td>
</tr>
<tr>
<td>Skirts and Dresses</td>
<td>• Split skirts</td>
<td>• Sundresses</td>
</tr>
<tr>
<td></td>
<td>• Skirts</td>
<td>• Shorts</td>
</tr>
<tr>
<td>Shoes</td>
<td>• Clean and polished</td>
<td>• Sport sandals</td>
</tr>
<tr>
<td></td>
<td>• Dress shoes or boots</td>
<td>• Canvas</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Colored emblems</td>
</tr>
<tr>
<td>Hosiery/Socks</td>
<td>• Required</td>
<td>• Lacy or appliquéd hose</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Bare feet/sockless</td>
</tr>
<tr>
<td>Undergarments</td>
<td>• Required; Discreet</td>
<td>• Bright and/or noticeable</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• colors, patterns or lines</td>
</tr>
<tr>
<td>Accessories</td>
<td>• Conservative jewelry with moderation</td>
<td></td>
</tr>
<tr>
<td>Lab Coats</td>
<td>• Protective garment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• May be worn over surgical scrubs or business attire</td>
<td></td>
</tr>
<tr>
<td>Grooming</td>
<td>• Clean and neat</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Hair neatly cut and styled</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Conservative use of cosmetics, nail polish, colognes and perfumes</td>
<td></td>
</tr>
<tr>
<td>Name Tags</td>
<td>• Worn at all times</td>
<td>• Damaged or peeling</td>
</tr>
<tr>
<td></td>
<td>• Worn on upper torso</td>
<td>• Multiple decorative stickers</td>
</tr>
</tbody>
</table>

### Parking

**PARKING – MEMORIAL MEDICAL CENTER**
Residents are required to have a hang tag that will be issued by Memorial after they complete an application card. Residents should park in the physician ramp located on Rutledge Street on level 3 and above. Residents/fellows that park in unauthorized areas will have their vehicle ticketed.

**PARKING – ST. JOHN’S HOSPITAL**
Residents are required to have a hang tag that will be issued by St. John’s security. Residents should park on the top level of the 9th Street Parking Ramp, which can be accessed from Carpenter Street or 9th Street. The top level of the Mason Street Parking Ramp can also be accessed by residents.

### Security
Memorial Medical Center, St. John’s Hospital, and SIU have security personnel on duty 24 hours a day. They have general responsibility for the personal safety of patients and staff members and the protection of property. Please contact the appropriate department at any time.

- SIU Security 217-545-7777
- SJH Security, emergency within the hospital - dial 111
- SJH Security, non-emergency 217-544-6464 ext 44020
- MMC Security, non-emergency 217-788-4900

If you need an escort to a parking ramp or parking lot after hours or during hours of darkness, or if you have concerns for your personal safety in or around the medical areas, please call Security for assistance.

You are advised not to store or leave personal valuables unattended. While theft is relatively rare, occasional losses do occur. If you are the victim of a theft, contact Security immediately.

**SHUTTLE SERVICE**

There is a shuttle service available for residents and fellows that travels between Memorial Medical Center and St. John's Hospital. The operating hours of the shuttle are Monday - Friday from 6:00 a.m. to 6:00 p.m. The shuttle pick up/drop off at Memorial is located by the lower level of the physician parking garage. The shuttle pick up/drop off at St. John’s Hospital is the main hospital entrance and the main entrance of the Carol Jo Vecchie Women’s & Children’s Center.

The shuttle service is not available on weekends or after hours. Resident and fellows must provide their own transportation between hospitals during these times. Security personnel are only able to provide transportation in cases of emergencies. Emergencies in this situation are considered a patient related or medical emergency only.

**PAYCHECKS**

Residents are encouraged to use direct-deposit for their paychecks. This is much faster and more reliable than the regular mail delivery. Questions regarding payroll can be directed to Human Resources at the hospital providing your stipend.

**PERSONAL TIME OFF**

Personal time off includes vacation, job and fellowship interviews and non-department sponsored courses. It is based on a five-day work week, with call coverage to be arranged by the resident. Unused personal time off cannot be rolled over into the next academic year.

An absence form must be signed by two of the chief residents and approved by your rotation director. The resident is responsible for making sure his/her duties are covered during an absence and that call coverage is properly arranged.

Personal time off requests are accommodated on a first-come, first-served basis.

Personal time off may not be taken when a resident’s absence would result in another resident having to take call more than every third night in a hospital.
SLEEP ROOMS

There are designated resident sleep rooms at Memorial Medical Center and St. John’s Hospital. Contact your program coordinator or the Office of Residency Affairs for a list of room locations and the access codes.

STIPEND DEPOSITS

Your stipend is deposited electronically at the bank of your choice. Both hospitals pay biweekly.

Resident stipends are determined on an annual basis.

Stipends for 2016-2017

<table>
<thead>
<tr>
<th>PGY</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGY I</td>
<td>$51,949</td>
</tr>
<tr>
<td>PGY II</td>
<td>$53,663</td>
</tr>
<tr>
<td>PGY III</td>
<td>$55,355</td>
</tr>
<tr>
<td>PGY IV</td>
<td>$57,120</td>
</tr>
<tr>
<td>PGY V</td>
<td>$59,337</td>
</tr>
<tr>
<td>PGY VI</td>
<td>$61,628</td>
</tr>
<tr>
<td>PGY VII</td>
<td>$63,617</td>
</tr>
</tbody>
</table>
The GMEC ensures that the institution and individual training programs remain in compliance with all ACGME Common Program Requirements and Residency Review Committee (RRC) Duty Hour Requirements:

1. Resident work hours must not be excessive. The structuring of duty hours and schedules must focus on the needs of the patient, continuity of care and the educational needs of the residents. Duty hours will be consistent at all times with ACGME requirements. The Program Director is responsible for monitoring resident activities to ensure that resident fatigue does not contribute to diminished learning or detract from patient safety.

2. The educational goals and objectives of the program and the resident learning objectives must not be compromised by excessive reliance on residents to fulfill non-physician service obligations. (Non-physician service obligations are defined by the ACGME as those duties which in most institutions are performed by technologists, aides, transporters, nurses or other categories of health care workers.)

3. GMEC will oversee the education of all faculty members and residents to recognize the signs of fatigue and sleep deprivation, alertness management and fatigue mitigation processes and ensure that programs adopt fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning, including a process to ensure continuity of patient care in the event that a resident may be unable to perform his/her patient care duties. Adequate sleep facilities and/or safe transportation options will be made available for residents who may be too fatigued to safely return home.

4. All incoming residents will be provided with written information on ACGME duty hour rules.

5. This policy shall apply to residents and fellows in both accredited and non-accredited training programs.

6. Compliance with this Duty Hour Policy will be monitored in the following ways:
   a. New Innovations Duty Hour Violation Reports can be generated at any time by each program to assist in monitoring resident and fellow duty hours. The Office of Residency Affairs will regularly generate reports for all residents and fellows for review by the GMEC.
   b. Residents may report concerns related to duty hours by completing and submitting a confidential duty hour complaint via the Residency Affairs web site, or by contacting the Designated Institutional Officer (DIO) or their delegate on the House Staff Board of Directors.
   c. Any reports of concerns related to duty hours or excessive institutional service obligations (scut work) will be promptly addressed with the program so that compliance can be assured at all times.
   d. Internal Reviews of the programs will always address work hour issues.
   e. End of year evaluation will address work hour issues.
   f. The DIO will report annually on compliance with ACGME duty hour requirements to the medical staff and governing body of each major participating JCAHO accredited hospital.

Approved by GMEC May 20, 2011
Procedures for the Collection Of Resident Time Records

To achieve timely completion and submission of resident duty hour information, the Graduate Medical Education Committee at SIU School of Medicine has approved the following policy.

Twice each month, as specified in diagram 1 below, a review of all resident New Innovations duty hour records will be made by the Office of Residency Affairs to identify those residents whose duty hour records may be delinquent. Residents who have not entered, approved and signed off on their New Innovations duty hours for the specified interval will be suspended with loss of clinical/hospital privileges and clinical credit toward training requirements, for a minimum of 24 hours, or longer if the delinquency is not resolved within 24 hours. The suspension will begin at 8:00 am the next business day. Vacation or other leave time cannot be used to make this time up.

When a suspended resident has fulfilled his/her duty hour logging obligation, the Office of Residency Affairs will notify the Program Director and the Program Coordinator.

This suspension counts towards the cumulative number of suspension days as specified in the Delinquent Medical Records and Duty Hour Records policy which can be reviewed online at http://www.siumed.edu/resaffairs/policies.html
Diagram 1:

Approved by the GMEC effective July 1, 2001
Amended by the GMEC September 14, 2001
Revised and Adopted by the GMEC on December 15, 2006
Revised and Adopted by the GMEC on November 16, 2007
Revised and presented to GMEC on October 16, 2015
RESEARCH POLICY
RESIDENT RESEARCH POLICY

- In Medicine, one must pay attention not to plausible theorizing but to experience and reason together…. I agree that theorizing is to be approved, provided that it is based on facts, and systematically makes its deductions from what is observed…. But conclusions drawn from unaided reason can hardly be serviceable; only those drawn from observed fact
  - Hippocrates, Precepts

I. Overview

The conduct of research is critically important to the mission of SIU School of Medicine and the Division of Orthopaedic Surgery. The primary purpose for resident involvement in research is to provide the resident with practical research experiences that enhance their understanding of scientific methodology and improve their critical thinking and analytical skills. Research activities support the delivery of high quality care and provide patients with alternative treatment options not widely available while ensuring the highest quality of education available to our students, residents, and faculty.

II. Resident Research Requirements

Each resident must complete at least one primary clinical, translational, quality, or basic science research project during their residency program. A clinical research project is defined as research that involves patient-oriented research, in which the researcher interacts with human subjects directly. Translational research projects involve patient-oriented research that encourages and embraces technological and biomedical innovation through application of findings from lab to clinic to community. Quality projects are defined as research that seeks to immediately improve patient safety or care through development of standard of care or benchmark. Finally, a basic science project is defined as research that is conducted at the cellular or molecular level.

A completed manuscript, based upon the primary resident research project, must be submitted to a peer-reviewed journal prior to completion of the resident’s final academic year. A case study does NOT fulfill this requirement. In addition, each resident is expected to collaboratively participate and be named as a co-author on additional research studies presented regionally or nationally during their residency training. It is strongly encouraged that the junior residents collaborate with the more senior residents for co-authorship purposes.

Each academic year, the resident is expected to present his/her progress on research project(s) every 6 months to the Orthopaedic Research Executive Committee (OREC-1). OREC-1 is comprised of core group of one Resident from each PGY, and invited faculty from Orthopaedics other disciplines that collaborate with this Program and research staff. Other than the core group of Residents, temporary OREC-1 members will be recruited on an ad hoc basis, according to the studies that need to be reviewed. The mission of OREC-1 is to provide an encouraging and supportive research environment for residents, fellows, and faculty members.
III. Primary Resident Research Project

Formulation of a Research Protocol

- A Faculty mentor is required for each research project.
- A topic is selected by the resident after a discussion with his/her Faculty Mentor and the Research Coordinator or her designated staff by May 1st of the PGY1.
- The resident must work with the Research Coordinator to complete the necessary IRB forms, if applicable. The IRB forms include a detailed literature review and appropriate references. The final draft must be submitted to the Research Coordinator by September 1st of the PGY2 year.
  - All Resident Research Projects involving human subjects must be approved by an Institutional Review Board. The SIU SOM IRB committee is called the Springfield Committee for Research Involving Human Subjects (SCRIHS). This committee is charged with the responsibility of ensuring that any research effort involving humans as subjects is in compliance with the policies defined by Department of Health and Human Services and the Food and Drug Administration. There are three types of IRB approvals: exempt (used for de-identified databases that are publicly available; projects that present little or no risk to human subjects), expedited (most research projects; projects that involve low/minimal risk to subjects), full board (projects involving greater than minimal risk to subjects). The Research Coordinator, Orthopaedic research staff, and the Center for Clinical Research (CCR) are available as resources for guidance.
    - SCRIHS requires that the IRB documents be submitted through the iRIS online system. The Research Coordinator submits the appropriate documents that the resident and Faculty Mentor complete.
  - Projects that deal with the use of animals approval from the Laboratory Animal Care and Use Committee (LACUC) which has the responsibility to oversee Southern Illinois University School of Medicine's animal program and animal research activities. Forms for these committees are available by download from the SIU School of Medicine website and must be completed and approved prior to commencement of any part of a research project.
- Data will be analyzed and statistical analysis performed in conjunction with the biostatistician, as needed.
IV. Overview of Resident Research Timelines

a. Project Timeline

- Primary Resident Research Project
- Prospective study: These are studies that ask a question and look forward. The study is designed before information is collected.

a) PGY 1
   - Information gathering from Research Coordinator, Division Faculty, and Senior Residents regarding research activities and potential opportunities
   1. May 1st
      i. Topic selection of PGY1
      ii. One literature review article finished before starting final IRB study (this is not mandatory)

b) PGY 2
   i. August 1st
      i. Submission of final IRB documents to the Research Coordinator (please see IRB protocol form attached)

c) PGY 2-4
   1. Data collection
   2. Statistical analysis

d) PGY 5
   1. October 1st
      i. Completed, typed manuscript due to Faculty Mentor and Program Director for submission to journal.
      ii. Research Coordinator will submit manuscript to appropriate journal.
   2. November – May
      i. If manuscript is rejected from journal
         a) Resident must reformat manuscript for submission to another journal.
      ii. If manuscript requires revisions
         a) Resident must work with Faculty mentor and co-authors to address the revisionary comments from the journal reviewers. For administrative guidance on resubmission, the resident is expected to work with the Research Coordinator.

b. Retrospective study: This study type poses a question and looks back on information that has been collected for reasons other than research.
   i. PGY 1
      1. Information gathering from Research Coordinator, Division Faculty, and Senior Residents regarding research activities and potential opportunities
      2. May 1st
         i. Topic selection of PGY1
ii. One literature review article finished before starting final IRB study (this is not mandatory)

ii. PGY 2

1. August 1<sup>st</sup>
   i. Submission of final IRB documents to the Research Coordinator (please see IRB protocol form attached)

iii. PGY 2

1. November 1<sup>st</sup>
   i. Data collection

2. February 1<sup>st</sup>
   i. Statistical analysis

iv. PGY 3

1. August 1<sup>st</sup>
   i. Completed, typed manuscript due to Faculty Mentor, Research Coordinator, and Program Director

c. Annual Presentation and Meeting Timeline

- February
  - SIU Department of Surgery Resident Research Day abstracts due to Research Coordinator
  - SIU Annual Trainee Research Symposium abstracts due to Research Coordinator
- April
  - SIU Department of Surgery Resident Research Day PowerPoint due to Research Coordinator
  - SIU Annual Trainee Research Symposium PowerPoint due to Research Coordinator
  - Attendance to SIU Department of Surgery Resident Research Day is mandatory for all residents.

V. Presentation of Study Results

The most academic mechanism to disseminate scientific knowledge to the medical community is through publication in a reputable journal or presentation at a regional or national conference.

a) Manuscript Preparation

A completed, typed manuscript suitable for submission to a journal will be due by October 1<sup>st</sup> of the senior year (PGY5). Follow the "Instructions for Authors for Submission of Papers" for the specific journal as discussed with the Research Director and the Faculty Mentor. The manuscript will include:

1. Title page
2. Abstract
3. Introduction (including an historical review of the topic/problem and purpose of the study).
4. Materials and Methods
5. Results (including statistics and Tables & Figures of publishable quality).
6. Discussion (including interpretation of the results in the context of existing literature).
7. Bibliography with references annotated in the text
8. Acknowledgments

b) **Scientific Meetings**
Residents are encouraged to present their scientific work at local, regional and national meetings. The process for abstract submission at regional and national meetings is below:

- **Source of funds:**
  Some orthopaedic surgery educational funds are made available for various extramural educational courses and scientific meetings for the residents. These funds come primarily through an SIU Foundation account, supported by voluntary contributions that are donated as unrestricted educational grants. The exact amounts available are varied and somewhat unpredictable from year to year, and even from quarter to quarter.

  Recommendations for expenditures from that Foundation account are vetted through the Orthopaedic Residency Education Committee (OREC-2).

- **Principles for financial support for meetings:**
  Concerning extramural meetings, dollars must be equitably divided among residents; and between (a.) those CME courses regularly supported by the Division, and (b.) meetings chosen for presentation of research projects.

  For the 2016-2017 academic year, there may also be ad hoc funding requests for those fellows participating in the Fellowships supported by the Division to attend educational meetings. Because there are no specific SIU Foundation accounts designated for the Fellowships, this process statement will be adapted through OREC-2 as needed for the fellows.

- **Educational meetings 2016-17 academic year:**
  With funding as expected for the current 2015-16 academic year, four extramural CME courses are supported by the Division as essential for resident training: OTA or AO basic fracture course (near the end of PGY1 or early in PGY2 depending on course availability), AANA Basic Arthroscopy Course (PGY3), the AAOS Board Review Course (PGY4) and Maine Orthopaedic Review (PGY5). Again depending on finances, the next priority for academic year 2016-17 will be the Annual Meeting of the AAOS for the PGY5 residents.

  Residents may be sponsored to attend additional research meetings based on available funding. Because funding has become more constrained for the residency program, OREC-2 has determined that the funds, if available, for the AAOS Board Preparation and Review Course as a PGY4, can instead be used to fund travel and expenses for a research meeting within that year. Appropriate approval from the Residency Director and Division Chairman must be obtained in order to substitute attendance at the AAOS Board Preparation Review Course for a research meeting.
- **Research meetings 2016-17 academic year:**

  If a study from the SIU SOM Division of Orthopaedic Surgery & Rehabilitation is to be considered for presentation at a research or educational meeting, it is necessary to both assure that the quality of the presentation meets Divisional standards and to determine the approval for financial support of the presentation. The overall goals of these oversight processes are to enhance the quality of SIU SOM Orthopaedic Surgery research, empower residents to present quality research, and maintain the primary focus of resident education.

  - OREC-1 has been tasked with quality control of the study and appropriate choice of forum. As there are typically several contributors to every project, the OREC-1 may be asked to determine the “fairness” of presentation if a question arises regarding authorship.
  
  - OREC-2 has been tasked with determining availability of funding and applicability for the designated resident. While any particular study might be presented at a number of meetings, any one Resident author will receive funding to present that work at only one meeting. OREC-2 may be asked to determine the equitable use of availability of funds and the “fairness” of supported travel to meetings, so that each Resident who actively participates in research projects will have equal opportunity for supported travel at some point during his/her Residency.

  If funding is unavailable for a given resident to present his/her abstract at a meeting, the abstract may still be submitted if: (1) a faculty member or other resident is attending the meeting and (2) an agreement is made between the SIU SOM faculty member or resident attending the meeting and the primary author that the faculty member or resident will present the abstract. For the benefit of the SIU-SOM and of the Division, one person may occasionally be required to present several posters or papers at any given meeting.

  The pathway for approvals via OREC-1 and OREC-2 deliberations is outlined in the diagram on the following page:
STUDY SUBMISSION PATHWAY:

1. Study authors would like to present research project for presentation.

2. Working drafts of abstract, manuscript, and literature review submitted to the Research Coordinator for distribution to Committee members.

3. OREC-1
   - Proposed meeting review: academic reputation, "impact", institutional relevance, other
   - Manuscript review: quality, completeness

4. OREC-2
   - Budgetary concerns and realities
   - Previous meeting attendance and educational relevance to the specific

5. Research Coordinator submits the abstract to the particular meeting for consideration.
VI. **Guidelines for Meeting Preparation**

- **Guidelines for Meeting Presentation**
  Residents should use the approved templates from the Research Coordinator. The primary author is responsible for the timely completion of all presentation materials. Each slide should follow these guidelines:
  - Simple is better
  - Do not overwhelm the viewer with data, less is better
  - Minimize amount of text per slide
  - Fonts and figures should be in a size easily read
  - Slides should typically have a darker background with lighter content colors.
  - Highlight major points with figures and illustrations
  - Highlight minor points and findings with tables

- **Guidelines for Abstract Poster Presentation**
  Residents should use the approved templates from the Research Coordinator. Posters for regional and national meetings will be laminated for display in the SIU SOM Administrative hallway/suite. As such, whoever is the poster presenter at the meeting is expected to bring back the posters in display condition. The primary author is responsible for the timely completion of all posters.
  - Keep material simple and concise.
  - Use only pertinent information to convey your message.
  - Be selective when showing results.
    - Present only those that illustrate the main findings of the project.
  - Titles and headings should appear larger than other text, but not too large.
    - Consistently use underlined text, bold face, or italics to emphasize words and phrases.
    - Section headings should appear in the same position and size.
  - Graphs/Tables
    - Choose graph types and tables that are appropriate to the information.
    - Graphs/captions should be of the same size and scale.
  - Poster sections should be arranged to follow a project storyline.
  - Review
    - Print draft versions of your poster and review for mistakes, legibility and inconsistency in style
    - Ask Faculty Mentor and co-authors for their critical input, opinions, and review
# Research Protocol Format (Ortho – Surgery)

## Applicant Information

1. Application date: 
2. Name of applicant: 
3. Contact information (email, cell phone, other): 
4. Name of faculty mentor (for SCRHRIS purposes, is the P.I.): 
5. Title of proposed research study (tentative): 

## Abstract (this is used in the SCRIHS application)

Include the following elements:

- Objective
- Research design and description of data collection procedures
- Projected number and general description of research participants, including setting
- Hypotheses and/or discussion of independent and dependent variables
- Significance of study/relevance to clinical practice

**TYPE ABSTRACT IN THIS BOX.**

## Introduction

6. Objective/purpose of the study

7. Brief background of topic based on literature review, with citations to references

8. Significance of study/relevance to clinical practice

## Research Design

9. Description of the population to be studied (age, sex, diagnoses, etc.)

10. Inclusion/exclusion criteria

11. Clinical setting/specific study location (hospital, outpatient, etc.)
12. Approximate number of subjects, charts to be reviewed, or samples to be collected

13. Identification of primary and secondary outcome measures (dependent variables, the variable you are trying to explain or evaluate)

14. In addition to primary and secondary outcome measures, identify other variables to be collected (such as age, race, sex, history and physical findings, etc.)

15. Description of data collection procedures (attach a sample of questionnaire or the proposed data collection instrument)

16. Detailed plan for data analysis (tentative statistical analysis, software to be used if any)

17. Does your study require ongoing contact with subjects?

18. In studies involving medical records, will you be recording any identifying information?

19. In studies involving retrospective chart review, specify the beginning and ending dates for data collection (MM/DD/YY TO MM/DD/YY).

Other Information

20. Attach letters of agreement from external organizations, if necessary

21. Proposed timeline for completing this research (indicate tasks and length of time needed to complete each task)

Subject Privacy and Confidentiality

NOTE: If informed consent is needed, the SCRHIS Informed Consent Template must be COMPLETED and ATTACHED to this proposal.

22. If consent is needed, how will it be obtained and by whom?
23. Description of risks to subjects

24. Description of procedures for protecting the privacy of the subjects and maintaining confidentiality of the data and/or specimens, including the following:
   - How will data and/or specimens be collected and stored?
   - Where will data and/or specimens be stored?
   - Who will have access to the data/specimens?
   - How long will data/specimens be stored?
   - Will there be any cost or compensation to subjects?

25. Will you be recording any identifying information? What are plans for disposition of the specimens and/or any identifiable information upon completion of the study?

Reference List (or you can use superscript numbering system within narrative and place references in footnotes)

As of March 2014, by department policy, all SCRIHS submissions for research are to be completed through the department’s Research Associate, who will also be named in the study based on the involvement in the research project.

Signatures

___________________________________________  __________________
Signature of applicant                              Date

___________________________________________  __________________
Signature of faculty mentor                        Date
HARASSMENT POLICY

It is the policy of the School of Medicine and the Affiliated Hospital to maintain an environment which is free from all forms of harassment based on a person’s legally protected status and sexual harassment (herein after referred to as harassment), improprieties and intimidation. The physician is entitled to the protections afforded by these policies while serving as a resident hereunder. The physician agrees to abide by the School of Medicine and the Affiliated Hospital’s respective policies regarding equal employment, sexual harassment and harassment on the basis of other protected status. The physician acknowledges that failure to abide by the policies may result in immediate termination. Allegations of discrimination and/or harassment will be addressed in accordance with the applicable policies of the School of Medicine or the Affiliated Hospital. More specifically:

1. Any allegation of harassment made by the physician against any employee of the Affiliated Hospital shall be addressed by the Affiliated Hospital;
2. Any allegation of harassment made by the physician against any student, full-time faculty member or employee of the School of Medicine shall be addressed by the School of Medicine;
3. Any allegation of harassment made by any patient or employee of the Affiliated Hospital against the physician shall be addressed by the Affiliated Hospital; and
4. Any allegation of harassment made by any patient, student, full-time faculty member or employee of the School of Medicine against the physician shall be addressed by the School of Medicine.

Amended and approved by the GMEC February 12, 1999
Amended and approved by the GMEC October 19, 2007
EMPLOYEE ASSISTANCE PROGRAM

An employee assistance program is provided for all residents and fellows by their employing hospital. This program provides professional, confidential assistance to anyone who is having difficulties with marital or family situations, depression, drugs or alcohol, job stress, aging parents, chronic physical disability or other personal problems. Trained employee assistance coordinators offer information, assessment and short-term counseling, as well as referral for special situations on longer-term needs.

This service is free, and no record of contact with the employee assistance coordinator is placed in your medical records, Health Service records or personnel file. All contact is kept confidential, except as required by law or in situations deemed potentially life-threatening by the EAP coordinator.

| Memorial Medical Center Employee Assistance Program | Toll Free (800)817-8989 |
| St. John’s Hospital HSHS Employee Assistance Program | (217) 744-2255 or (800) 879-7005 |
ACGME
Resident Case Log System for Operative Log Reporting

Case logs MUST be entered in a timely manner. The RRC reviews these twice a year as part of the Next Accreditation System (NAS). Residents should make it a practice to log their cases in a timely manner – at least once a month. All logs must be completed by December 31, 2016 and again by June 25, 2017. New residents will receive their login information from the ACGME via e-mail.

ABOS
2017 Rules & Regulations

The 2017 ABOS Rules and Regulations can be found on the ABOS website: www.abos.org
This details the requirements for being eligible to sit for the Board Exam at the completion of your residency training.
Compact Between Resident Physicians and Their Teachers

January 2006

www.aamc.org/residentcompact
The *Compact Between Resident Physicians and Their Teachers* is a declaration of the fundamental principles of graduate medical education (GME) and the major commitments of both residents and faculty to the educational process, to each other and to the patients they serve. The Compact’s purpose is to provide institutional GME sponsors, program directors and residents with a model statement that will foster more open communication, clarify expectations and re-energize the commitment to the primary educational mission of training tomorrow’s doctors.

The Compact was originated by the AAMC and its principles are supported by the following organizations:

- Accreditation Council for Graduate Medical Education
- American Academy of Allergy, Asthma and Immunology
- American Academy of Dermatology
- American Academy of Family Physicians
- American Academy of Physical Medicine and Rehabilitation
- American Association for Thoracic Surgery
- American Board of Medical Specialties
- American College of Obstetricians and Gynecologists
- American College of Physicians
- American Gastroenterological Association
- American Hospital Association, Committee on Health Professions
- American Medical Women’s Association
- American Orthopaedic Association
- American Osteopathic Association
- American Pediatric Society
- American Society for Reproductive Medicine
- Association of Academic Health Centers
- Association of Academic Physiatrists
- Association of American Medical Colleges
- Association of Departments of Family Medicine
- Association of Medical School Pediatric Department Chairs
- Association of Professors of Dermatology
- Association of Professors of Gynecology and Obstetrics
- Association of University Anesthesiologists
- Association of University Professors of Ophthalmology
- Association of University Radiologists
- Council of Medical Specialty Societies
- Federation of State Medical Boards
- National Board of Medical Examiners
- National Resident Matching Program
- Society of Chairmen of Academic Radiology Departments
- Society of Teachers of Family Medicine
- Society of University Otolaryngologists-Head and Neck Surgeons
Compact Between Resident Physicians and Their Teachers

Residency is an integral component of the formal education of physicians. In order to practice medicine independently, physicians must receive a medical degree and complete a supervised period of residency training in a specialty area. To meet their educational goals, resident physicians must participate actively in the care of patients and must assume progressively more responsibility for that care as they advance through their training. In supervising resident education, faculty must ensure that trainees acquire the knowledge and special skills of their respective disciplines while adhering to the highest standards of quality and safety in the delivery of patient care services. In addition, faculty are charged with nurturing those values and behaviors that strengthen the doctor-patient relationship and that sustain the profession of medicine as an ethical enterprise.

Core Tenets of Residency Education

Excellence in Medical Education

Institutional sponsors of residency programs and program faculty must be committed to maintaining high standards of educational quality. Resident physicians are first and foremost learners. Accordingly, a resident’s educational needs should be the primary determinant of any assigned patient care services. Residents must, however, remain mindful of their oath as physicians and recognize that their responsibilities to their patients always take priority over purely educational considerations.

Highest Quality Patient Care and Safety

Preparing future physicians to meet patients’ expectations for optimal care requires that they learn in clinical settings epitomizing the highest standards of medical practice. Indeed, the primary obligation of institutions and individuals providing resident education is the provision of high quality, safe patient care. By allowing resident physicians to participate in the care of their patients, faculty accept an obligation to ensure high quality medical care in all learning environments.

Respect for Residents’ Well-Being

Fundamental to the ethic of medicine is respect for every individual. In keeping with their status as trainees, resident physicians are especially vulnerable and their well-being must be accorded the highest priority. Given the uncommon stresses inherent in fulfilling the demands of their training program, residents must be allowed sufficient opportunities to meet personal and family obligations, to pursue recreational activities, and to obtain adequate rest.
Commitments of Faculty

1. As role models for our residents, we will maintain the highest standards of care, respect the needs and expectations of patients, and embrace the contributions of all members of the healthcare team.

2. We pledge our utmost effort to ensure that all components of the educational program for resident physicians are of high quality, including our own contributions as teachers.

3. In fulfilling our responsibility to nurture both the intellectual and the personal development of residents, we commit to fostering academic excellence, exemplary professionalism, cultural sensitivity, and a commitment to maintaining competence through life-long learning.

4. We will demonstrate respect for all residents as individuals, without regard to gender, race, national origin, religion, disability or sexual orientation; and we will cultivate a culture of tolerance among the entire staff.

5. We will do our utmost to ensure that resident physicians have opportunities to participate in patient care activities of sufficient variety and with sufficient frequency to achieve the competencies required by their chosen discipline. We also will do our utmost to ensure that residents are not assigned excessive clinical responsibilities and are not overburdened with services of little or no educational value.

6. We will provide resident physicians with opportunities to exercise graded, progressive responsibility for the care of patients, so that they can learn how to practice their specialty and recognize when, and under what circumstances, they should seek assistance from colleagues. We will do our utmost to prepare residents to function effectively as members of healthcare teams.

7. In fulfilling the essential responsibility we have to our patients, we will ensure that residents receive appropriate supervision for all of the care they provide during their training.

8. We will evaluate each resident’s performance on a regular basis, provide appropriate verbal and written feedback, and document achievement of the competencies required to meet all educational objectives.

9. We will ensure that resident physicians have opportunities to partake in required conferences, seminars and other non-patient care learning experiences and that they have sufficient time to pursue the independent, self-directed learning essential for acquiring the knowledge, skills, attitudes, and behaviors required for practice.

10. We will nurture and support residents in their role as teachers of other residents and of medical students.
Commitments of Residents

1. We acknowledge our fundamental obligation as physicians—to place our patients’ welfare uppermost; quality health care and patient safety will always be our prime objectives.

2. We pledge our utmost effort to acquire the knowledge, clinical skills, attitudes and behaviors required to fulfill all objectives of the educational program and to achieve the competencies deemed appropriate for our chosen discipline.

3. We embrace the professional values of honesty, compassion, integrity, and dependability.

4. We will adhere to the highest standards of the medical profession and pledge to conduct ourselves accordingly in all of our interactions. We will demonstrate respect for all patients and members of the health care team without regard to gender, race, national origin, religion, economic status, disability or sexual orientation.

5. As physicians in training, we learn most from being involved in the direct care of patients and from the guidance of faculty and other members of the healthcare team. We understand the need for faculty to supervise all of our interactions with patients.

6. We accept our obligation to secure direct assistance from faculty or appropriately experienced residents whenever we are confronted with high-risk situations or with clinical decisions that exceed our confidence or skill to handle alone.

7. We welcome candid and constructive feedback from faculty and all others who observe our performance, recognizing that objective assessments are indispensable guides to improving our skills as physicians.

8. We also will provide candid and constructive feedback on the performance of our fellow residents, of students, and of faculty, recognizing our life-long obligation as physicians to participate in peer evaluation and quality improvement.

9. We recognize the rapid pace of change in medical knowledge and the consequent need to prepare ourselves to maintain our expertise and competency throughout our professional lifetimes.

10. In fulfilling our own obligations as professionals, we pledge to assist both medical students and fellow residents in meeting their professional obligations by serving as their teachers and role models.

*This compact serves both as a pledge and as a reminder to resident physicians and their teachers that their conduct in fulfilling their obligations to one another is the medium through which the profession perpetuates its standards and inculcates its ethical values.*

For more information about the Compact, go to [www.aamc.org/residentcompact](http://www.aamc.org/residentcompact)