



**Lifespan**

# **Rhode Island Hospital Gastrointestinal/Hepatic Pathology Fellowship**

## **Program Manual**

**Program Director:**

**Murray Resnick, M.D., Ph.D.**

[mresnick@lifespan.org](mailto:mresnick@lifespan.org)

**401-444-4380**

**Program Coordinator:**

**Robin T. Kiernan**

[rkiernan@lifespan.org](mailto:rkiernan@lifespan.org)

**401-444-5057**

**Rhode Island Hospital  
Gastrointestinal/Hepatic Pathology Fellowship  
Manual**

<b>Program Description</b>	<b>3</b>
<b>Mission</b>	<b>3</b>
<b>Goals and Objectives</b>	<b>4</b>
<b>Curriculum Core Competencies</b>	<b>4-7</b>
<b>Curriculum</b>	<b>8</b>
<b>Conferences</b>	<b>8</b>
<b>Rotation Block Schedule</b>	<b>9</b>
<b>Activities and Responsibilities</b>	<b>10</b>
<b>Core Faculty</b>	<b>10</b>
<b>Graduate Medical Education Policies/Documents</b>	
<b>Eligibility, Selection, Evaluation, Advancement, Supervision and</b>	
<b>Due Process of House Officers</b>	<b>11-23</b>
<b>Duty Hours</b>	<b>24-25</b>
<b>Moonlighting</b>	<b>26-28</b>
<b>GI Pathology Fellows Supervision Policy</b>	<b>29-32</b>
<b>Protocol for Handover of Patient Care</b>	<b>33</b>

**RHODE ISLAND HOSPITAL**  
**GI & HEPATIC PATHOLOGY FELLOWSHIP**

**Program Description**

The GI/Liver pathology fellowship program is a 1 year comprehensive program offered by the Rhode Island Hospital Department of Pathology beginning July 1. The fellowship provides the opportunity for advanced training and experience in GI/Liver pathology practice and investigative pathology research. The goal of this program is to train academic pathologists with GI/Liver expertise. The fellow will be involved in case sign out, resident and medical student teaching, clinical conferences, and scholarly activities. The program can be tailored to the fellow's individual interests to include GI/Liver-related research. Molecular biology, immunohistochemistry, image analysis as well as other anatomic pathology facilities and research laboratories are available for the study of GI/Liver pathology. Lecture series, comprehensive teaching conferences and computerized library and record retrieval are available for the fellowship program.

**Mission of Gastrointestinal/Hepatic Training**

1. The mission of this training program is:
2. To teach the fellow the proper means of examining a comprehensive spectrum of GI, liver and pancreatic surgical specimens ranging from small biopsies to radical resections.
3. To understand the necessity of clinicopathological correlation in GI and liver pathology.
4. To gain confidence in performing operating room consultations.
5. To improve presentation skills.
6. To be aware of new techniques and methodologies allowing better diagnosis, patient management and prognosis.

## **RHODE ISLAND HOSPITAL**

### **GI & HEPATIC PATHOLOGY FELLOWSHIP**

#### **Goals, Objectives, and Curriculum Core Competencies**

##### **Goals**

The overall goal of the GI and Hepatic Pathology Fellowship is to provide an organized educational experience that will expose the fellow to both the theoretical and practical applications of pathology of the tubular GI tract, pancreas, biliary tree and liver. The secondary goal is to strengthen the trainee's approach as an adult learner, to enhance the trainee's ability to analyze personal strengths and areas of high competency and to identify areas of weakness, thus setting the framework for the trainee to develop individualized goals and objectives to enhance knowledge and skills both in training and after completion of the program, for lifelong learning and maintenance of competency.

##### **Objectives**

A number of specific objectives assist in meeting the overall goals. These objectives are presented below, organized along the general competencies defined by the Accreditation Council for Graduate Medical Education (ACGME) as expected of all residents and fellows.

##### **Curriculum Core Competencies**

**1. Patient Care** The fellow will demonstrate ability to:

- a. Assess the accuracy and relevance of clinical histories that accompany GI, pancreas, and liver specimens, and assess whether additional information is needed to complete the pathologic review.
- b. Gather appropriate and accurate clinical information.
- c. Interpret diagnostic information and test results within the clinical context for accurate diagnosis and case management.
- d. Use clinical decision-making concepts and techniques in interpreting results.
- e. Advise clinicians on the choice of clinically appropriate, cost-effective tests.
- f. Advise clinicians on appropriate follow-up for unexpected test results.

**2. Medical Knowledge** The fellow will demonstrate:

- a. Knowledge of common clinical and diagnostic procedures, including endoscopy, percutaneous and transjugular liver biopsy, endoscopic ultrasound, radiofrequency ablation, pancreatic transplantation, gastrointestinal resections, endoscopic fine needle aspiration biopsy, four-phase

computerized tomography of the liver, and abdominal MRI, and their medical application and correlation with pathology specimens.

- b. Knowledge of specialized diagnostic procedures including special staining techniques, electron microscopy, immunofluorescence and immunohistochemistry, flow cytometry, molecular diagnosis including hepatitis virus quantitation and genotyping, serologic tests for viral and autoimmune hepatitis and PBC, and FNA interpretation, as well as common special stains pertinent to GI and liver pathology, including PAS, PAS-D, reticulin, trichrome, H&E, alcian blue, and liver stains, and stains for microorganisms.
- c. Knowledge of major hereditary disorders of the GI and liver system, including appropriate tests.
- d. Knowledge of molecular biology as it pertains to mutational analyses of GI related solid tumor.
- e. Ability to collect and evaluate medical evidence in the workup and diagnosis of GI and hepatic conditions, including common abnormal liver enzyme patterns.
- f. Ability to develop a differential diagnosis for polyps, neoplasms, metabolic and inflammatory conditions, including appropriate grading and staging systems.
- g. Ability to use a variety of resources to investigate clinical questions.
- h. Development of a personal strategy to maintain and update medical knowledge, including routine use of primary references and appropriate monographs in preparation of diagnostic reports, with citations, when appropriate, including use of references in preparation for weekly interdepartmental conferences.
- i. Regular participation and presentation in weekly upper and lower GI tumor boards, liver conference and medical GI conference.

**3. Practice-Based Learning and Improvement** The fellow will demonstrate:

- a. Ongoing identification and remediation of gaps in personal medical knowledge.
- b. Understanding of and ability to apply the principles of quality control and quality assurance.
- c. Ability to identify process improvements that may minimize opportunities for medical errors.
- d. Accurate documentation of quality issues that are discovered in preparation of cases for sign-out and for interdepartmental and intradepartmental conferences, and ability to transmit and to report the issues to the appropriate laboratory supervisor or managing pathologist.
- e. Ability to respond to clinical questions raised at interdepartmental conferences by transmitting the information to the appropriate laboratory directors to assist in developing enhanced diagnostic testing and/or refinement in application of diagnostic categories and clinical staging systems.

**4. Interpersonal and Communication Skills** The fellow will demonstrate:

- a. Ability to formulate succinct and accurate written diagnoses using accepted terminology and staging systems, where appropriate.

- b. Ability to write clear microscopic descriptions, using correct English sentence structure and spelling.
- c. Consistent legible handwriting, when not using word processor or typewriter.
- d. Ability to write Comments to Final Diagnoses, where appropriate, conveying qualifications or nuances that may enhance the information conveyed in the Diagnosis.
- e. Ability to communicate verbally and in writing with clinicians and pathologists who send case material as consultations and referrals; the Fellow will demonstrate ability to gather additional clinical history, as needed, and to convey preliminary opinions in a clear, appropriate and timely manner.
- f. Ability to make verbal presentations regarding pathology case material at intradepartmental and interdepartmental conferences, with clearly articulated and enunciated English sentence construction, with poised, focused and polished summary of key diagnostic points related to histopathologic features and special studies.
- g. Ability to function effectively as a member of the clinical care team with clinicians, nursing and laboratory staff, and administrative personnel.
- h. Ability to use appropriate modes of communication (direct, telephone, e-mail, written) in a timely manner with attention to appropriate documentation and protection of patient confidentiality.
- i. Ability to discuss diagnostic disagreements, or problems related to quality, with the appropriate and responsible personnel, with attention to quality assurance and to quality improvement.

**5. Professionalism** The fellow will demonstrate:

- a. Integrity in all aspects of work product, including forthright acknowledgment of any errors, of absence of knowledge, or of personal factors that might hamper timely delivery of high quality care.
- b. Awareness of personal role in health care delivery team, communicating to other members of the team in a timely fashion regarding issues or concerns regarding specific cases, laboratory procedures, personnel matters, or personal issues that may affect care or that may require alternate coverage arrangements.
- c. Knowledge and understanding of ethical and confidential issues affecting patient care, including behavior that demonstrates consistent stewardship of patient confidentiality.
- d. Knowledge of issues concerning cultural diversity in the patient population, including absence of bias in timeliness or care delivery, as well as attention to epidemiologic differences that might assist in developing an appropriate differential diagnosis.
- e. Respectful behavior towards all patients and medical personnel, including punctuality and courtesy.
- f. A professional demeanor in appearance and in interactions with others, including acceptance of responsibility, responding effectively to feedback.

- g. Ability to provide respectful feedback to medical students, residents, clinicians, laboratory personnel and attending pathologists with attention to quality improvement and to provision of timely patient care.

**6. Systems-based Practice** The fellow will demonstrate:

- a. Understanding of the role of the diagnostic clinician in the health care system, and the importance of reliable, cost-effective and timely results in clinical decision-making.
- b. Ability to work with clinicians, administrators and lab personnel to determine the role of diagnostic testing in specific situations to optimize patient outcomes.
- c. Understanding of CLIA, CAP, JCAHO and HIPAA requirements for practice management, with annual involvement in internal inspections of the GI Histology laboratory as part of continuous readiness and preparation for CAP inspections.
- d. Understanding of basic reimbursement mechanisms and regulatory requirements, including regulations regarding kickbacks and compliance with Medicare/Medicaid "fraud and abuse" avoidance requirements.
- e. Demonstration of specific elements of billing compliance by attention to careful and accurate documentation of technical and professional effort in pathology reports, including timely preparation of addendum reports, as appropriate, when inconsistencies are detected.
- f. Understanding and participation in QI/QA (quality improvement/quality assurance) activities.
- g. Understanding of laboratory workflow and contribution to rapid turnaround times.
- h. The ability to practice cost-effective laboratory utilization that does not compromise quality care.
- i. Participates in multidisciplinary tumor boards.

**RHODE ISLAND HOSPITAL**  
**GI & HEPATIC PATHOLOGY FELLOWSHIP**

**CURRICULUM**

The clinical and research activities will follow a consistent schedule for the 12 months of the fellowship.

**Conferences**

Monday	Tuesday	Wednesday	Thursday	Friday
8:00-5:00 frozen section coverage	8:00-2:00 s Diagnostic GI and liver sign-out or frozen section coverage	9:00-2:00 Diagnostic GI and liver sign-out	7:00-8:00 Upper or lower GI TB 9:00-10:00 GI Journal club 8:00-2:00 Diagnostic GI and liver sign-out	8:00-11:00 Diagnostic GI and liver sign-out 9:00-10:00 Medical GI conf
2:00-3:00 Consensus Conference	2:00-3:00 Consensus Conference	2:00-3:00 Consensus Conference	2:00-3:00 Consensus Conference	2:00-3:00 Consensus Conference
3:00-4:00pm Diagnostic GI and liver sign-out	3:00-4:00pm Diagnostic GI and liver sign-out	3:00-4:00pm Diagnostic GI and liver sign-out	3:00-4:00pm Diagnostic GI and liver sign-out	3:00-4:00pm Diagnostic GI and liver sign-out
4:00-5:00 Pediatric GI Conference				

**Teaching and Conference presentation**

The fellows will participate in presenting didactic one-hour lectures to the residents and the staff according to a teaching schedule prepared by the Chief Resident (usually two to three per year). The fellow will also be expected to participate in the teaching of residents and fellows in the Department and in teaching of Pathology and Laboratory Medicine courses.

The fellow will present at weekly tumor boards alternating between breast, upper GI and lower GI conferences.



## **GI /Liver Pathology Block Schedule – 2013-14**

<b>PGY-5</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>June</b>
Institution	RIH	RIH	RIH	RIH	RIH	RIH	RIH	RIH	RIH	RIH	RIH	RIH
Rotation	GI	GI	GI	Surgical	GI	GI	GI	Surgical	GI	GI	Surgical	GI
% outpatient	0	0	0	0	0	0	0	0	0	0	0	0
% research	*TBD	*TBD	*TBD	*TBD	*TBD	*TBD	*TBD	*TBD	*TBD	*TBD	*TBD	*TBD

**The GI/Liver pathology fellowship program is a 1 year comprehensive program offered by the Rhode Island Hospital Department of Pathology beginning July 1. The fellowship provides the opportunity for advanced training and experience in GI/Liver pathology practice and investigative pathology research. The goal of this program is to train academic pathologists with GI/Liver expertise. The fellow will be involved in case sign out, resident and medical student teaching, clinical conferences, and scholarly activities. The program can be tailored to the fellow's individual interests to include GI/Liver-related research. Molecular biology, immunohistochemistry, image analysis as well as other anatomic pathology facilities and research laboratories are available for the study of GI/Liver pathology.**

**Includes 4 weeks of vacation time which is scheduled as requested.**

**\*TBD - to be determined**

**RHODE ISLAND HOSPITAL**

**GI & HEPATIC PATHOLOGY FELLOWSHIP**

**Activities and Responsibilities**

1. Daily participation in diagnostic sign-outs with pathologist Attending.
2. Mentoring residents in the grossing of GI, liver and pancreatic specimens.
3. Weekly coverage of frozen section service.
4. Self-study and subsequent review of departmental teaching sets.
5. Participation in journal club in a rotational schedule with attendings.
6. Attendance at weekly departmental grand rounds and other divisional academic meetings.
7. Design and development of independent clinicopathologic research studies related to GI and liver pathology, including submission of abstracts to professional meetings and preparation of completed manuscripts for publication. Basic techniques to be emphasized: tissue microarrays, immunohistochemistry, molecular biology, image analysis.
8. Teaching and mentoring of residents, rotating medical students and clinical gastroenterological fellows.
9. The fellows will participate in presenting didactic one-hour lectures to the residents and the staff according to a teaching schedule prepared by the Chief Resident (usually two to three per year).

**Core Faculty**

Murray Resnick MD/PhD, Director of GI Pathology

Mark LeGolvan, Surgical and GI Pathology

Shamlal Mangray MD, Surgical and GI Pathology, Pediatric Pathology

Ross Taliano, MD, Surgical and GI Pathology

Yihong Wang, MD, Surgical and GI Pathology

Evgeny Yakirevich, Surgical and GI Pathology

**PROTOCOL FOR HANDOVER OF PATIENT CARE**  
**GASTROINTESTINAL/LIVER PATHOLOGY FELLOWSHIP**

The goal of formal handover of patient care is to ensure that there is effective documentation by the fellow and supervising GI pathology faculty in handling, processing and preliminary reporting of a patient's sample that is conveyed to the fellow and/or supervising faculty that assumes the final assessment of the sample.

In the Surgical Pathology Suite this occurs in the setting of intra-operative consultations which is done by the fellow under the direct supervision of faculty. The intra-operative consultation form serves as the documentation of the relevant communication between pathology staff and clinical staff. The copy of this form along with the copy of the requisition form accompanies the specimen for processing. In instances where a formal intra-operative consultation is not done, but pertinent information needs to be transmitted to the GI pathology staff, this must be done on the copy of the requisition form. A note indicating how to be reached for clarification must be placed on either of these forms by the fellow handing over the case. An alternative to the attached note is sending an e-mail to the fellow on the surgical pathology rotation.

Murray B. Resnick, M.D., Ph.D.  
Director, Gastrointestinal/Liver Pathology Fellowship

Date:

**SECTION:** Graduate Medical Education Policies

**ISSUED:** September 14, 1992

**REVISED:** November 30, 1999

**SUBJECT:** Policy on Eligibility, Selection, Evaluation,  
Advancement, Supervision and  
Due Process for House Officers

**REVISED:** December 21, 2000

**REVISED:** March 15, 2001

**REVISED:** April 22, 2003

**REVISED: September 18, 2003**

**REVISED:** October 16, 2003

**REVISED:** January 17, 2008

**REVISED:** September 11, 2008

**REVISED: May 17, 2012**

## **I. Eligibility**

Resident/fellow eligibility: Applicants with one of the following qualifications are eligible for appointment to RIH sponsored training programs as "Trainees":

### **A. Physicians in Training**

1. Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
2. Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).
3. Graduates of medical schools outside of the United States and Canada who meet one of the following qualifications:
  - a. Have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates prior to appointment, or,
  - b. Have a full and unrestricted license to practice medicine in a US licensing jurisdiction in which they are training.
4. Graduates of medical schools outside the United States who have completed a Fifth Pathway program provided by an LCME-accredited medical school.

### **B. Other health professionals in Training**

1. Graduates of approved health professions schools in the United States and Canada accredited by the relevant US/Canadian organization.

## **II. Selection**

- A. Rhode Island Hospital considers all candidates for graduate medical education regardless of a candidate's race or color, religion, sex, sexual orientation, gender identity or expression, disability, age, or country of ancestral origin. Performance in medical/graduate school, personal letters of recommendation, official letters of recommendation, achievements, humanistic qualities, and qualities thought important to the desired specialty will be used in the selection process. It is strongly suggested that RIH-sponsored programs participate in an organized matching program, such as the National Resident Matching Program (NRMP), if available.
- B. The RIH GME office will monitor program compliance with Eligibility and Selection policies via the appointment and reappointment procedures each academic year, at the time of GMEC Internal Reviews and through the annual program evaluation metrics process.

## **III. Evaluation and Advancement of House Officers**

There is a clearly stated process for the evaluation and advancement of house officers at Rhode Island Hospital.

### **A. Evaluation of House Officers**

1. Each house officer is evaluated by the program director and/or designee at least semi-annually for evidence of satisfactory progressive scholarship and professional growth, including demonstrated ability to assume graded and increasing responsibility for patient care. The evaluations must be accurately documented, dated and signed by both the evaluator and the house officer.
2. The evaluations will be based in part on written or electronic evaluations of performance provided by faculty members and other appropriate evaluators at the end of each rotation or experience. Continuity clinic experiences will be evaluated at least annually.
3. The evaluation of performance is discussed with the house officer. When weaknesses or deficiencies are identified, steps are taken promptly to improve performance and counsel the house officer where appropriate.
4. The evaluations are based on the following elements:
  - Patient Care – Gathering essential and accurate information, performing a complete H&P, making informed diagnostic and treatment decisions, developing and carrying out appropriate care plans.
  - Medical Knowledge – Knowing, critically evaluating and using current medical information and scientific evidence for patient care.
  - Practice-Based Learning and Improvement – Investigating and evaluating patient care practices, appraising and assimilating scientific evidence to improve patient management, demonstrating a willingness to learn from error.
  - Interpersonal and Communication Skills – Demonstrating interpersonal and communications skills that result in effective information exchange and collaboration with patients, their families and professional associates.

- Professionalism – Demonstrating a commitment to carry out professional responsibilities, adherence to ethical principles, and sensitivity to diversity.
  - Systems-Based Practice – Practicing quality health care that is cost-effective and advocating for patients within the health care system.
5. The house officers are evaluated according to the same criteria (A.4 above) when assigned to facilities outside of RIH as part of their residency or fellowship training.

#### B. Advancement of House Officers

Advancement of house officers to the next level of the program depends upon the house officer's performance and qualifications.

1. All residents must pass Step 3 of the USMLE in order to be promoted to the PGY3 level. Documentation of passage must be submitted to the GME office by June 1<sup>st</sup> prior to the PGY3 year.
2. All residents and fellows who are recruited into RIH programs from other institutions at the PG2 level or above, and who have not passed Step 3, will have one year to pass Step 3 in order to be promoted. Documentation of passage must be submitted to the GME office by June 1<sup>st</sup> prior to the second year of employment.
3. All residents and fellows must be allowed administrative time to sit for the exam. Vacation time and scheduled days off will not be decreased in order to take the exam.
4. Each program has additional criteria and goals which are expected to be met by a house officer before he or she is advanced to the next level of training in the program. These criteria and goals are reviewed annually by the program and the program director and are made known to the house officers and faculty.

#### C. Dates of Notification

Decisions about advancement or reappointment are concluded by the program director and communicated to the house officer in writing no later than four months prior to the end of the house officer's current contract.

### **IV. Supervision**

Faculty are ultimately responsible for the clinical care given to patients. Supervision of residents may be provided by a combination of upper level residents, fellows and faculty. Supervision of fellows may be provided by upper level fellows and faculty. Each department within the hospital identifies supervisory faculty for given periods. The Program Director is responsible for insuring that the supervision of trainees is adequate.

### **V. Assurance of Due Process for House Officers**

#### A. Application of Policy

The procedures described below are applicable to all trainees enrolled in a Rhode Island Hospital or Miriam Hospital (henceforth, "Hospital") graduate medical education program. The term "Trainees" shall include physicians, or other graduates of a doctoral or advanced training program who are enrolled in a Hospital-sponsored training program as residents or clinical fellows (hereinafter, "Trainees"). Although Trainees may also be appointed to the Medical Staff and/or may be employed by the Hospital or its affiliated physician foundations, the procedures described below, and not the review and appeal procedures described in the Medical Staff bylaws for other Medical Staff members or the grievance or similar procedures afforded to Hospital or foundation employees through the Human Resource Department of the employer, constitute the exclusive process by which any adverse action affecting a Trainee's program appointment, employment, medical staff appointment or clinical privileges will be reviewed.

## B. Grievances

Trainees who feel they have been treated unfairly under the interpretation or application of a policy, rule or procedure may file a grievance. Trainees who believe that they may have a complaint involving sexual harassment are advised to follow the procedure set forth in the hospital's policy on "Sexual Harassment". Reasonable efforts should be made within each department and residency program to resolve grievances on an informal basis. Trainees may also seek out the Director of Graduate Medical Education/DIO for assistance with informal resolution of a grievance. The grievance process shall be conducted without the presence of legal counsel. This grievance procedure is not applicable to any decision regarding probation, suspension, non-renewal of contract, or termination. Trainee appeals of these actions must be filed under the appeals process set forth in the "Right to Review" sections of this policy.

A request for formal resolution of a grievance shall be submitted in writing by the Trainee to the Program Director or DIO within thirty (30) days following the date when the Trainee first had knowledge of the incident that gave rise to the grievance. The Program Director shall notify the Director of Graduate Medical Education/DIO (or vice-versa) if a request for formal resolution of a grievance is filed. Together, the Program Director and the Director of Graduate Medical Education/DIO will decide who will respond and resolve or adjudicate the grievance. Responses can be from the Program Director, the Director of Graduate Medical Education/DIO, or from a committee of three members of the GMEC, in which one member may be selected by the Trainee. The Program Director, Director of Graduate Medical Education/DIO or the three-member committee may review any records and interview any persons whom they consider helpful for resolution of the grievance. A decision on the grievance will be made within thirty (30) days, and will be provided in writing to the Trainee, Program Director and DIO.

Trainees who believe that they may have a complaint involving their training program, Program Director or faculty may submit the grievance in writing to the Director of Graduate Medical Education/DIO. The Director of Graduate Medical Education/DIO may elect to respond to the grievance or may elect to convene a committee of three members of the GMEC; one member may be selected by the Trainee. The Director of Graduate Medical Education/DIO or the three-member committee may review any records and interview any persons whom they consider helpful for resolution of the grievance. The committee will provide a decision

of the grievance to the Director of Graduate Medical Education/DIO if convened. The Director of Graduate Medical Education/DIO shall advise the Trainee in writing of the proposed resolution of the grievance within thirty (30) business days after receiving the notification of the grievance.

C. Procedures Prior to Initiating Formal Disciplinary Action

Program Directors are encouraged to address and resolve minor instances of unsatisfactory performance or misconduct prior to invoking the formal disciplinary actions set forth below.

Remediation

Any Trainee whose performance is assessed to be less than satisfactory by the Program Director or by the GMEC may be placed on remedial training status for a specified period of time, not to exceed six months. In such cases, the Program Director/GMEC shall inform the Trainee in writing of the deficiencies noted in academic, clinical and/or professional performance, and shall outline a program of remediation, as well as criteria for successful completion of the program. The Trainee shall be requested to acknowledge being advised of his/her remediation status by signing the notification; refusal to do so shall be noted by the Program Director/GMEC, documenting the reasons for refusal if stated by the Trainee. At the time a decision is made to place a Trainee on a remedial training status, the Director of Graduate Medical Education/DIO and Program Director shall also be notified in writing of the Trainee's remedial status, the reasons for the decision, and the plan for remediation.

If the Trainee is successful in completing the remedial program, the Trainee will be removed from remedial status. The Trainee and the Director of Graduate Medical Education/DIO and Program Director will be notified in writing of the successful completion of the remedial program. Remedial status is not a formal disciplinary action and not subject to disclosure to any external inquiries. Documentation of the remedial training process will be incorporated into the Trainee's evaluation and will be disclosed only upon written authorization of the Trainee or legal process. In the case where deficiencies in the Trainee's clinical performance are identified, the Trainee may receive reduced or limited credit for the relevant portion of the training program pursuant to Section 7 below. The Trainee shall be informed in writing of such reduction in credit as part of the remedial training process.

If the remedial training efforts are unsuccessful or where performance or misconduct is of a serious nature, the Program Director (in consultation with the Director of Graduate Medical Education/DIO) may initiate formal disciplinary action as described below.

D. Formal Disciplinary Action



Disciplinary action may be taken for due cause, including but not limited to any of the following:

1. failure to satisfy the academic or clinical requirements of the training program;
2. professional incompetence, misconduct or conduct that might be inconsistent with or harmful to patient care or safety;
3. consistently substandard performance;
4. conduct which calls into question the professional qualifications, ethics, or judgment of the Trainee;
5. failure to function in a cooperative and reasonable manner with other trainees, faculty, employees, patients, volunteers and/or visitors of the Hospital;
6. violation of the bylaws, rules, regulations, policies, or procedures of the GMEC, medical staff, Hospital, or applicable department, division or training program, including, without limitation, any violation of the Hospital sexual harassment policy;
7. scientific misconduct.

#### E. Specific Procedures

Formal disciplinary action may include, but is not limited to, probation, suspension, or termination of the Trainee from the training program during an academic year. Except under circumstances requiring an immediate emergency disciplinary action to preserve acceptable standards of care, safety, integrity or ethics at the Hospital, the following procedures will be followed.

##### 1. Probation

###### a. General

- i. Academic probation (or "probation") means a temporary modification of the Trainee's training program participation or responsibilities, designed to facilitate the Trainee's accomplishment of program requirements. Generally, a Trainee will continue to fulfill training program requirements while on probation, subject to the specific terms of the probation.
- ii. After consultation with the Director of Graduate Medical Education/DIO, The Program Director, shall have authority to place the Trainee on probation (with pay) and to determine the terms of the probation. The Director of Graduate Medical Education/DIO will have the authority to review the Program Director's actions.

- iii. Probation may include, but is not limited to, special requirements or alterations in scheduling a Trainee's responsibilities, increased supervision, additional reading requirements, and/or a reduction or limitation in clinical responsibilities. The Program Director cannot mandate psychiatric or other counseling as a condition of probation.
  - iv. After consultation with the Director of Graduate Medical Education/DIO, the Program Director shall meet with the Trainee and provide him/her with a written notice of the probation, the reasons for the decision, the required alterations in responsibility and duties, the method in which progress will be evaluated, and the timetable for correction, with the date upon which the decision will be re-evaluated. The letter shall be presented to the Trainee in person by the Program Director and any questions answered and/or clarified. The Trainee shall be requested to acknowledge being advised of his/her probation status by signing the notification; refusal to do so shall be noted by the Program Director, documenting the reasons for refusal if stated by the Trainee. A copy of the fully executed letter shall be forwarded to the Director of Graduate Medical Education/DIO immediately after the meeting.
  - v. Within thirty (30) days of receiving this notice, the Director of Graduate Medical Education/DIO will meet with the Trainee for counseling and appropriate guidance after consultation with the Program Director.
  - vi. The Program Director shall evaluate, in writing, the Trainee at not less than 30-day intervals from the date of sending notification to the Trainee. These evaluations must be signed by the Program Director and reviewed and discussed with the Trainee in person. The Trainee shall also sign the evaluation; refusal to do so shall be noted by the Program Director, documenting the reasons for refusal if stated by the Trainee.
  - vii. Each such evaluation will be sent to the Director of Graduate Medical Education/DIO, who shall meet with the Program Director and/or Trainee as deemed appropriate.
  - viii. No Trainee shall remain on probation for more than six months in total over the course of his/her training. If the Trainee's performance remains unsatisfactory or other reasons for the probation have not been resolved, he/she may not continue as a Trainee in a training program. The Trainee will be informed in writing of his/her termination from the program pursuant to this provision. The decision to terminate a Trainee presently on probation does not require four months prior notice.
- b. Right to Review
- i. The Trainee shall have the right to a review of the probation decision and shall be informed of this right when placed on probation. To initiate such a review, a Trainee must submit a written request for a review of the probation to the Director of Graduate Medical Education/DIO within five (5) business days of the Trainee's receipt of the notification of the probation decision. Failure to make a timely request for a review will constitute a waiver of the Trainee's right to a review.
  - ii. If the Trainee requests review of the probation status, the Director of Graduate Medical Education/DIO shall meet with the Trainee within ten (10) business days and afford the Trainee an opportunity to provide any information in his or her defense. While the Trainee may consult his/her counsel for advice (at his/her own expense)

counsels are not allowed to participate in these meetings. Following consultations with the Program Director, Department Chief and other appropriate individuals, if any, the Director of Graduate Medical Education/DIO or his/her designee (s) will render a final decision.

- iii. The Trainee shall receive written notification of the decision of the Director of Graduate Medical Education/DIO and the reasons for and consequences of the decision.
- iv. Probation is a part of the Trainee's permanent record.
- v. There is no further appeal from a decision by the Director of Graduate Medical Education/DIO to place a Trainee on probation.

## 2. Suspension

### a. General

- i. When a Trainee demonstrates seriously deficient performance or seriously inappropriate behavior, the Program Director, after consultation with the Director of Graduate Medical Education/DIO, may temporarily remove the Trainee from training program duties by placing him or her on an involuntary unpaid personal leave of absence.. The Program Director and Director of Graduate Medical Education/DIO shall also consult with the Senior Vice President of Medical Affairs at the Hospital and the Chief of the Department before imposing a suspension. A voluntary leave of absence that is approved by the Program Director in advance shall not be considered a suspension or other form of disciplinary action.
- ii. After consultation as described above, the Program Director shall meet with the Trainee as soon as possible, but no more than 5 working days after being removed from duty, and provide him/her with a written notice of the suspension that includes the reasons for the decision, the specific requirements, and the timetable for correction, with the date upon which the decision will be re-evaluated. The letter shall be presented to the Trainee in person by the Program Director and any questions answered and/or clarified. The Trainee shall be requested to acknowledge being advised of his/her suspension by signing the notification; refusal to do so shall be noted by the Program Director, documenting the reasons for refusal if stated by the Trainee. The written notification shall include a statement that a suspension is reportable to the Rhode Island Board of Medical Licensure and Discipline. The written notification should also advise the Trainee of his or her right to request a review of the suspension in accordance with the procedures outlined below. This notice shall precede the effective date of the suspension, unless a serious risk to patient care or the health or safety of an employee warrants immediate suspension, in which case the notice shall be provided at the time of the suspension. A copy of the fully executed letter shall be forwarded to the Director of Graduate Medical Education/DIO immediately after the meeting.

### b. Right to Review

- i. The Trainee shall have the right to a review of the decision to suspend him/her. To initiate such a review, the Trainee must submit a written request for a review of the suspension to the Director of Graduate Medical Education/DIO within five (5) business days of the Trainee's receipt of the notification. Failure to make a timely request for a review will constitute a waiver of the Trainee's right to a review.
- ii. If the Trainee requests review of the suspension, the Director of Graduate Medical Education/DIO or his/her designee(s) shall meet with the Trainee within ten (10) business days and afford the Trainee an opportunity to provide any information in his or her defense. While the Trainee may consult his/her counsel for advice (at his/her own expense) counsels are not allowed to participate in these meetings. After this meeting, the Director of Graduate Medical Education/DIO or his/her designee(s), following consultations with the Program Director, Department Chief and other appropriate individuals, if any, will render a final decision.
- iii. The Trainee shall receive written notification of the decision of the Director of Graduate Medical Education/DIO and the reasons for and consequences of the decision.
- iv. There is no further appeal from a decision by the Director of Graduate Medical Education/DIO to suspend a Trainee.
- v. No Trainee shall remain on suspension for more than three months in total over the course of his/her training. If the reasons for the suspension have not been resolved at the end of the three month period, he/she may not continue as a Trainee in a training program. The Trainee will be informed in writing of his/her termination from the program pursuant to this provision. The decision to terminate a Trainee presently on suspension does not require four months prior notice..
- vi. Suspension is a sanction reportable to the Rhode Island Board of Medical Licensure and Discipline and is part of the Trainee's permanent record.

### 3. Involuntary Termination

#### a. General

- i. The Program Director, after consultation with the Director of Graduate Medical Education/DIO, shall have authority to terminate a Trainee from a training program, for reasonable cause, including but not limited to a failure to satisfactorily fulfill the requirements of the training program. Prior to the recommendation for termination of any Trainee, the Program Director and Director of Graduate Medical Education/DIO shall consult with the Vice President of Medical Affairs for the Hospital and the Chief of the Department. Dismissal of a Trainee during an academic year shall constitute a termination. Failure to continue a Trainee in a program beyond the academic year or failure to certify successful completion of a training program does not constitute a disciplinary action, as discussed more fully in Sections 6 and 7 below.
- ii. Written notice of a recommendation of termination from a program, including the

reasons for the decision and the effective date, shall be provided by the Program Director to the Trainee, with a copy of the notice provided to the Director of Graduate Medical Education/DIO. The written notice shall be presented to the Trainee in person by the Program Director. The Trainee shall be requested to acknowledge being advised of his/her involuntary termination by signing the notification; refusal to do so shall be noted by the Program Director, documenting the reasons for refusal if stated by the Trainee. The notice shall include a statement that a termination is reportable to the Rhode Island Board of Medical Licensure and Discipline, and that an explanatory statement may also be submitted to the Accreditation Council of Graduate Medical Education, or the American Board of Medical Specialties. The notice shall also state that the Trainee may request a formal review of the termination in accordance with the procedures described below.

b. Right to Review

- i. The Trainee shall have the right to a review of the decision to terminate him/her. To initiate such a review, the Trainee must submit a written request for a review of the termination to the Director of Graduate Medical Education/DIO within five (5) business days of receiving notification. The written request must specify the reasons the Trainee believes his/her case warrants review and special consideration. Failure to make a timely request for a review will constitute a waiver of the Trainee's right to a review.
- ii. If the request for a review is timely, the Director of Graduate Medical Education/DIO will arrange a hearing before a committee composed of the Director of Graduate Medical Education/DIO (who shall serve as chairperson), three faculty members of the Hospital medical staff and two Hospital house officers. The hearing committee members shall be selected by the Director of Graduate Medical Education/DIO. The Director of Graduate Medical Education/DIO shall not serve on the committee if he or she made the recommendation to terminate or if he or she desires to be, or is to be, called as a witness at the hearing. In such event, or in the Director of Graduate Medical Education/DIO's absence or inability to serve, the Director of Graduate Medical Education/DIO shall appoint one other GMEC faculty committee member to the committee, which shall select a chairperson. The committee will conduct the hearing as soon as practicable, but in no instance more than 30 days from the date of receipt of the Trainee's request for a review. By mutual agreement of the parties, this time may be further extended.
- iii. The hearing committee's sole function shall be to ascertain whether or not (a) there was any reasonable basis to recommend termination, and (b) the provisions of this Policy were substantially adhered to. It shall not be the function of the committee to recommend alternative disciplinary action.
- iv. The Trainee, at his/her own expense, may be represented by counsel at the hearing with whom he/she may confer. If the Trainee is represented by counsel, counsel shall represent the Hospital GME Program (the "Program"). Other interested parties, as determined by the hearing committee, shall be entitled to attend. Such counsel shall be entitled to participate as may be determined in advance by the Committee. Furthermore, a written record shall be kept of the hearing.

- v. Prior to the hearing, the Trainee and the Program (or their counsels) will exchange pertinent information concerning their respective presentations, including a list of witnesses. Prior to the hearing, the Trainee and the Program (or their counsels) will be given copies of, or be permitted to review, documents that will be submitted at the hearing. In addition, counsels may seek additional documentation they believe to be important to their respective presentations. Both sides shall exchange all documents prepared for presentation. Both the Trainee and the Program are responsible for contacting their respective witnesses, scheduling the order of their presentations at the hearing and coordinating the witnesses' appearance with the committee chairperson. The committee may prepare specific procedure guidelines for use at the hearing.
- vi. The Program Director (or its counsel) will present the Program's decision to terminate and the evidentiary basis (documentary and witness testimony) for that decision. The Trainee (or his/her counsel) will present the arguments and evidence (documentary and witness testimony) that indicate the Program's decision was inappropriate. The Trainee bears the burden of proof and must show through a preponderance of the evidence that the Program decision should be overturned. Both parties will be permitted to question the other party and its witnesses and rebuttal statements may be made by either party on evidence presented by the other party.
- vii. The committee will render a written recommendation which shall be forwarded to the Trainee and the Program Director within 14 days after completion of the hearing. Based on the committee's recommendation, the Program Director may reconsider the proposed disciplinary action. If the Program Director's recommendation is for termination, this recommendation and the committee's decision shall be forwarded to the Graduate Medical Education Committee for review. If the Graduate Medical Education Committee disagrees with the recommendation to terminate, then it shall, after discussion with the hearing committee and the Program Director, decide upon an alternative action, which action shall be communicated to the Trainee and the Program Director for implementation.
- viii. The Trainee's stipend and benefits will continue during the period of the hearing process until action by the Board of Trustees, except that the stipend and benefits will cease at the end of the current contract period should the hearing process continue beyond that period.
- ix. Actions taken by the Program against a Trainee are deemed reportable to the Board of Medical Licensing and Discipline within thirty (30) days of the final determinations following the conclusion of any appeal and/or hearing by the Trainee of said action.

#### 4. Independent Evaluation

If an evaluation of the Trainee's performance by the Program Director and/or designee suggests a situation (such as, but not limited to: medical/mental health, behavioral and/or substance abuse problems) which places the Trainee or his/her patients at risk, the Director of Graduate Medical Education/DIO may require an independent evaluation by the Physician's Health Committee of the Rhode Island Medical Society. The purpose of this independent evaluation is to determine the Trainee's ability to perform his/her clinical duties and responsibilities. This independent evaluation may be required on its own or in addition to other formal disciplinary action described above.

## 5. Other Disciplinary Actions

A Trainee who is aggrieved by a formal disciplinary action other than probation, suspension or termination, may request a review of the action under the procedures described in Section D.1(B) above.

## 6. Nonrenewal of Contract

Failure in performance to progress academically or professionally may be cause for a Program Director, after consultation with the Director of Graduate Medical Education/DIO, to choose not to renew a Trainee's contract. The Trainee must be provided with a written notice from the Program Director of intent not to renew the Trainee's contract no later than four months prior to the end of the Trainee's current contract. The Trainee shall be requested to acknowledge being advised of the program's intent to not renew the Trainee's contract by signing the notification; refusal to do so shall be noted by the Program Director, documenting the reasons for refusal if stated by the Trainee. The notice shall also state that the Trainee may request a formal review of the intent not to renew in accordance with the procedures described below. If the primary reason(s) for the non-renewal occur(s) within the four months prior to the end of the contract, the program director must provide the Trainee with as much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the end of the contract.

Evaluation by the teaching faculty must be considered when a Program Director decides to not renew a Trainee's contract for academic reasons. If the Trainee is not already on probation or suspended when the decision to not renew is made, then the Trainee should be informed and/or be placed in a remedial program prior to the decision to not renew his/her contract. When the decision to not-renew the contract is made, if the Trainee is in remedial status, the remedial status may be extended to cover the remainder of the employment period. The Director of Graduate Medical Education/DIO must be notified of any decision by a Program Director of any non-renewal of contract prior to the notification of the Trainee.

A failure to continue a Trainee in a program beyond the current academic year does not constitute a disciplinary action.

### a. Right to Review

- i. The Trainee shall have the right to a review of the intent not to renew decision and shall be informed of this right. To initiate such a review, a Trainee must submit a written request for a review of the intent not to renew to the Director of Graduate Medical Education/DIO within five (5) business days of the Trainee's receipt of the notification of the intent not to renew decision. Failure to make a timely request for a review will constitute a waiver of the Trainee's right to a review.
- ii. If the Trainee requests review of the intent not to renew, the Director of Graduate Medical Education/DIO shall meet with the Trainee within ten (10) business days and afford the Trainee an opportunity to provide any information on his or her behalf.

While the Trainee may consult his/her counsel for advice (at his/her own expense) counsels are not allowed to participate in these meetings. After this meeting, the Director of Graduate Medical Education/DIO, following consultation with the Program Director, Department Chief and other appropriate individuals, if any, will render a final decision.

- iii. The Trainee shall receive written notification of the decision of the Director of Graduate Medical Education/DIO and the reasons for and consequences of the decision.
- iv. There is no further appeal from a decision by the Director of Graduate Medical Education/DIO to not renew a Trainee's contract.

7. Failure to Promote to Next Level of Training.

The decision to re-appoint and promote a Trainee to the next level of post-graduate training shall be based on the amount of academic credit received for the year as determined by the Program Director upon review of the Trainee's performance. The Program Director shall consider all evaluations of the Trainee's performance and any other criteria deemed appropriate by the Program Director. Any Trainee who is, in the opinion of the Program Director, subject to not being promoted due to academic performance should be placed in a remedial training program and should be notified at the earliest opportunity of any decision to reduce or restrict the credit given for one or more rotations during a given academic year. If the Trainee continues in the program but his/her performance continues to be unsatisfactory, he/she may be placed on the next level of discipline (i.e., probation). In the event a Trainee is in a remedial training program at the time of the contract renewal, the Program Director may choose to (i) extend the existing contract for the length of time necessary to complete the remediation process, not to exceed six months; (ii) promote the Trainee to the next level; or (iii) non-renew the contract pursuant to Section 6 above.

A failure to provide full credit for a rotation or academic year or a failure to certify successful completion of a training program does not constitute a disciplinary action, and the Trainee shall have no right to appeal such actions.



## *Graduate Medical Education Training Program in Gastrointestinal pathology*

### *Duty Hour Policy*

#### PURPOSE:

To establish a formal written program duty hours policy under the aegis of the Graduate Medical Education Committee governing resident/fellow duty hours that fosters education and facilitates the care of patients. The program policy must be consistent with the institutional policy and requirements as outlined in the ACGME's Common Program Requirements that apply to each program.

#### POLICY:

Duty Hours are defined as time spent on all clinical academic activities related to the residency program, including patient care at all duty sites (inpatient, outpatient, in the operating room and in the Emergency Department), administrative duties related to patient care, the provision for transfer of patient care, and include time spent in the hospital during on-call activities, as well as program scheduled activities such as conferences and on site meetings. Duty hours do not include reading and preparation time spent away from the duty site.

#### Effective July 1, 2011

1. Duty hours must be limited to 80 hours per week, averaged over a four week period, inclusive of all in-house call activities and all moonlighting unless the ACGME and the GMCEC have granted an exception to that policy.
2. Residents/fellows must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At-home call cannot be assigned on these free days.
3. Duty periods of PGY-1 residents must not exceed 16 hours in duration. Transitions of care for patient (e.g., signout) must be completed within that 16 hour time frame.
4. Duty periods of PGY-2 house staff and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital.
5. Residents/fellows must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty. It is essential, however, for patient safety and resident/fellow education that effective transitions in care occur. PG2 and above residents/fellows may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours.
6. In unusual circumstances (and where allowed by the supervising ACGME Review Committee), residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family. Under those circumstances, the resident must:
  - a. Appropriately hand over the care of all other patients to the team responsible for their continuing care
  - b. Document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director.
  - c. The program director must review each submission of additional service, and track both individual resident and program-wide episodes of additional duty.

7. PGY-1 residents should have 10 hours, and must have eight hours, free of duty between scheduled duty periods.
8. Intermediate-level residents/fellows [as defined by each Review Committee] should have 10 hours free of duty, and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.
9. Residents/fellows in the final years of education [as defined by each Review Committee] must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods.
  - a. This preparation must occur within the context of the 80-hour, maximum duty period length, and one-day-off-in seven standards. While it is desirable that residents in the final year of education have eight hours free of duty between scheduled duty periods, there may be circumstances when these residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty.
  - b. Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by residents in the final years of education must be monitored by the program director.
10. Residents/Fellows must not be scheduled for more than six consecutive nights of night float.
11. PGY-2 residents/fellows and above must be scheduled for in-house call no more frequently than every-third-night when averaged over a four-week period.
12. Time spent in the hospital by residents/fellows on at-home call must count towards the 80-hour maximum weekly hour limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks.
  - a. Residents/fellows are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new "off-duty period".
13. The Gastrointestinal pathology program will monitor duty hours separately from semi-annual GMEC surveys. The process for monitoring duty hours will include: Yearly E\*Value Duty Hours Reporting and weekly reporting by the fellow to the program director. The one-month period, Daily Duty Hours Report is also on E\*Value, which is completed by the fellow one time each year.
14. Moonlighting is permitted in accordance with the Institutional Policy on Moonlighting Activities.



\_\_\_\_\_  
 Murray Resnick MD/PhD  
 Gastrointestinal Pathology Program Director

7/25/11

\_\_\_\_\_  
 Date

Reviewed and approved by the Graduate Medical Education Committee on 7/21/11.



\_\_\_\_\_  
 Staci Fischer, M.D.  
 Director, Graduate Medical Education  
 Designated Institutional Official  
 Chair, Graduate Medical Education Committee

7/24/11

\_\_\_\_\_  
 Date

**SECTION:** Graduate Medical Education Policies

**ISSUED:** November 1995

**SUBJECT:** Institutional Policy for Moonlighting Activities

**REVISED:** April 15, 1999

**REVISED:** January 18, 2001

**REVISED:** December 20, 2001

**REVISED:** April 22, 2003

**REVISED:** October 18, 2007

**ACGME Definition: The circumstance of working as a physician outside of one's authorized training program is call "moonlighting".**

1. Residents must not be required to engage in "paid on-call" or "moonlighting."
2. J1 VISA holders are excluded from participating in moonlighting activities in accordance with the Federal Regulations Governing Exchange Visitor Physician: "Visa sponsorship authorizes a specific training activity and associated financial compensation. Federal Regulations do not permit activity and/or financial compensation outside of the defined parameters of the training program."
3. H1B visa holders may engage in moonlighting activities, however, restrictions may apply. It is the individual visa holder's responsibility to ensure compliance with immigration laws.
4. Licensure:
  - Moonlighting activities are not covered by the limited medical registration provided by Lifespan for trainees in GME programs.
  - Moonlighting licensure is either a full license or a Medical Officer license (PG2-PG3 only) in the State of Rhode Island.
  - Resident is responsible for the Medical Officer license or full license fee.
  - Assigned DEA number provided for the training program is not applicable for moonlighting activities in non-Lifespan facilities.
5. Malpractice:
  - The malpractice insurance provided to Housestaff for their program responsibilities does not cover any moonlighting activities.
  - Residents are responsible for obtaining independent malpractice insurance coverage for moonlighting activities.

6. Approval/Monitoring:

Program Director:

- Written approval prior to participating in moonlighting/paid extra duty (Complete attached Statement of Permission and file in resident's file)
- Monitor and document performance in resident's file to assure that factors such as resident fatigue are not contributing to diminished learning or performance, or detracting from patient safety.
- Document the number of hours and the nature of the workload of residents engaging in extra duty activities. Time spent in extra duty activities moonlighting/paid on-call at the sponsoring or participating institutions must be included in the 80-hour work week cap.

Rhode Island Hospital/The Miriam Hospital  
Graduate Medical Education  
Statement of Permission for Moonlighting/Paid Extra Duty

**House Officer Name** \_\_\_\_\_

Program \_\_\_\_\_

**This statement grants the above named House Officer prior permission to engage in moonlighting or paid extra duty activities described below. Both the House Officer and the Program Director have reviewed the GME Policy on Moonlighting (attached), and understand and agree to adhere to the policy.**

Description of Moonlighting/Extra Duty Activities:

\_\_\_ <Enter Common Extra Duty Activity Here>

\_\_\_ <Enter Common Extra Duty Activity Here>

\_\_\_ <Enter Common Extra Duty Activity Here>

\_\_\_ Other (Please specify) \_\_\_\_\_

---

The House Officer acknowledges that his/her performance in the program will be monitored for the effect of these activities and that adverse effects may lead to withdrawal of permission.

Signature of House Officer: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Program Director: \_\_\_\_\_ Date \_\_\_\_\_

## **Graduate Medical Education Training Program in Gastrointestinal Pathology**

### **Fellow Supervision Policy**

#### **PURPOSE:**

To establish a formal supervision policy under the aegis of the Rhode Island Hospital Graduate Medical Education Committee governing fellow training that fosters education and facilitates safe care of patients. The program policy must be consistent with the institutional supervision policy and requirements as outlined in the ACGME's Institutional Requirements and Common Program Requirements that apply to each program.

#### **I. Introduction**

The Gastrointestinal Pathology Fellowship Program is committed to:

1. Providing safe and effective medical care to our patients.
2. Providing care within a superior and safe training program which is compliant with ACGME requirements.
3. Providing appropriate levels of supervision to promote progressive autonomy of trainees that is consistent with institutional policies.
4. Providing mechanisms by which fellows can report inadequate supervision in a protected manner that is free from reprisal.

#### **Definitions of Supervision**

To ensure oversight of trainee supervision and progressive responsibility, the following classification of supervision levels must be used:

1. **Direct Supervision** – the supervising physician is physically present with the fellow and patient.
2. **Indirect Supervision with direct supervision immediately available** – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide direct supervision
3. **Indirect supervision with direct supervision available** – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by telephone and/or electronic modalities, and is available to provide direct supervision.
4. **Oversight** – The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

#### **II. Policy:**

1. Each patient must have an identifiable, appropriately-credentialed and privileged attending physician who is ultimately responsible for that patient's care.
  - a. This information should be available to all members of the health care team, as well as patients.
  - b. Fellows and faculty members should inform patients of their respective roles in each patient's care.
2. The Gastrointestinal Pathology Fellowship program must demonstrate that the appropriate level of supervision is in place for all fellows who care for patients.
3. Progressive responsibility, conditional independence, and a supervisory role in patient care are delegated to each fellow by the program director and faculty members, based on an evaluation of each individual fellow's abilities.
4. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each fellow and delegate to him/her the appropriate level of patient care authority and responsibility.
5. Evaluation is guided by specific national standards-based criteria, where available, including (but not limited to) milestones designated for Pathology.
6. Faculty members functioning as supervising physicians are expected to delegate portions of care to fellows, based on the needs of the patient and the skills of the trainees.
7. Fellows should serve in a supervisory role of junior trainees in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual fellow.
8. Each fellow must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.
9. Each fellow must notify an appropriate supervisor when he/she is unable to carry out clinical responsibility in a timely fashion for any reason (e.g., illness, fatigue, lack of experience or knowledge, clinical workload)

10. In the following circumstances, each fellow must notify a supervising attending :  
*(The items below are suggestions. Each program should list only those items that are appropriate to your program. Delete items below that are not applicable; add items that are applicable)*

- a. Receipt of specimens from the operating room for intraoperative consultation with or without frozen section assessment.
- b. Medical error or near miss event
- c. Excessive clinical volume compromising ability to provide safe care

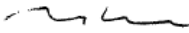
III. Procedures

The descriptions below outline specific supervision responsibilities and practices for each major component of the training program  
*In each category below, the PD should insert specific procedures for supervision. If a category is not applicable to your program, delete that category.*

On-call and Weekends/After Hours: *GI pathology*- Direct supervision of fellows by attending pathologists for interpretation and reporting of specimens (usually frozen sections) that will affect the immediate care of a patient.

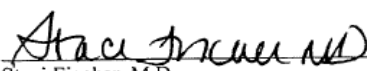
Operating Room/Procedural Areas: All fellows are directly supervised by an attending pathologist in the interpretation and reporting of frozen sections.

Research: All fellows will be supervised by attending faculty in the research training, design, implementation, interpretation of data and preparation of manuscripts for submission for publication. The research projects will comply with all applicable policies (i.e. hospital, state etc) and the fellows performing research must have human subject certification.

  
\_\_\_\_\_  
Murray Resnick, MD  
Gastrointestinal Pathology Program Director

5/7/13  
\_\_\_\_\_  
Date

Reviewed and approved by the Graduate Medical Education Committee on 7/18/13.

  
\_\_\_\_\_  
Staci Fischer, M.D.  
Director, Graduate Medical Education  
Designated Institutional Official  
Chair, Graduate Medical Education Committee

7/22/13  
\_\_\_\_\_  
Date

**ADDENDUM TO SUPERVISION POLICY: Frequently Asked Questions (FAQ)**

Program Directors should modify this addendum as appropriate

**Which ACGME competencies does this supervision policy meet?**

Providing appropriate supervision with graduated levels of responsibility mainly addresses the following competencies:

Systems-based practice: work to enhance patient safety and improve patient care quality.

Professionalism: responsiveness to patient needs that supersedes self-interest

Interpersonal & Communication Skills: Communicate effectively with physicians and other health professionals.

**Who are my supervisors?**

- Fellows are supervised by the faculty attending(s) assigned to the service.

**What should I do if I can't contact my attending?**

For difficulty contacting your supervising attending, you should immediately call:

- The surgical pathology attending on call.

**What should I do if I believe the supervision provided me is inadequate?**

- If you are receiving inadequate supervision by your attending, please notify the GI Pathology Fellowship Director.
- If you feel there is an immediate patient safety issue, please contact the GI Pathology Fellowship Director immediately.
- Otherwise, please notify one of the GI pathology faculty within 24 hours of your concern. This will facilitate addressing the issue in a timely fashion.
- On most rotations, there are attendings in proximity who, while not assigned to you, may help facilitate patient care decision-making and communication. Fellows are always permitted and encouraged to address concerns with these faculty. While this may be adequate for immediate supervisory needs, it does not replace addressing inadequate supervision with the program director as instructed above.

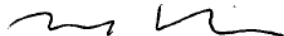


**PROTOCOL FOR HANDOVER OF PATIENT CARE**  
**GASTROINTESTINAL/LIVER PATHOLOGY FELLOWSHIP**

The goal of formal handover of patient care is to ensure that there is effective documentation by the fellow and supervising GI pathology faculty in handling, processing and preliminary reporting of a patient's sample that is conveyed to the fellow and/or supervising faculty that assumes the final assessment of the sample.

In the Surgical Pathology Suite this occurs in the setting of intra-operative consultations which is done by the fellow under the direct supervision of faculty. The intra-operative consultation form serves as the documentation of the relevant communication between pathology staff and clinical staff. The copy of this form along with the copy of the requisition form accompanies the specimen for processing. In instances where a formal intra-operative consultation is not done, but pertinent information needs to be transmitted to the GI pathology staff, this must be done on the copy of the requisition form. A note indicating how to be reached for clarification must be placed on either of these forms by the fellow handing over the case. An alternative to the attached note is sending an e-mail to the fellow on the surgical pathology rotation.

Murray B. Resnick, M.D., Ph.D.  
Director, Gastrointestinal/Liver Pathology Fellowship



Date:

3/6/14