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MAH Moonlighting Policy for House Officers

Summary of Other Miscellaneous Policies that affect all MAH Employees
Mission Statement

The Mount Auburn Hospital Department of Radiology is committed to providing a caring and supportive environment dedicated to the provision of outstanding patient care and the growth and development of all members of the department as life-long learners. In support of these values, we are dedicated to:

1) Excellence in patient care. Residents shall participate in safe, effective and compassionate patient care under supervision commensurate with their level of advancement and responsibility.

2) Teaching Diagnostic Radiology and providing guidance such that residents develop a personal program of self-study and professional growth. A major purpose of residency training is to develop personal and professional growth and scholarship that prepares residents for private practice or academic fellowship.

3) Encouraging all residents to engage in research under faculty supervision suitable for publication or presentation. Elective time is available to ensure that all residents can obtain additional experience in areas of special interest including research.

4) The development of the professional core competencies of the ACGME in houseofficers. These core competencies are patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
RESIDENT RECRUITMENT POLICY

The Department of Radiology at the Mount Auburn Hospital does not discriminate based on gender, race, age, religion, color, sexual preference, national origin, disability, or veteran status. Graduates of accredited U.S. or Canadian medical schools, osteopathic schools, or foreign medical schools with U.S. residency or J-1 clinical visa are welcome to apply. Applications should be submitted through the Electronic Residency Admissions Service (ERAS) run by the Association of American Medical Colleges (AAMC). The deadline for receiving applications is November 1, and interviews are offered in November, December, and January. All candidates must meet the requirements of the Commonwealth of Massachusetts Board of Registration in Medicine for limited licensure in the state of Massachusetts. All candidates must meet the requirements of the A.C.G.M.E. Institution Essentials under II. A.1. In accordance with A.C.G.M.E. Essentials II.A.2, all candidates shall be chosen based upon preparedness, ability, aptitude, and academic credentials as reflected in their application materials. Application material and interview summaries shall be reviewed by the program director and by a selection committee made up of faculty and radiology residents. Positions are filled through the National Match.

Resident applicants selected in the National Intern and Resident Match must accept the position in writing. A formal letter of acceptance addressed to the Program Director is required by June 1st following the Match.
The following is a set of general guidelines to be adhered to by all Mount Auburn-based residency training programs in the selection of residents:

1) All candidates must meet the requirements of the Commonwealth of Massachusetts Board of Registration in Medicine for limited licensure in the state of Massachusetts.

2) All candidates must meet the requirements of the A.C.G.M.E. Institution Essentials under II.A.1 (see attached).

2) In accordance with A.C.G.M.E. Essentials II.A.2. (see attached), all candidates shall be chosen based upon preparedness, ability, aptitude, and academic credentials as reflected in their application materials. Programs shall not discriminate with regard to sex, race, age, religion, color, national origin, disability, or veteran status.

3) In general, a personal interview with at least one member of the program faculty shall be held, in order to further elucidate communication skills and personal qualities which cannot be ascertained from the written record.

4) Applicant materials, including interview summaries, shall be reviewed by the Program Director and a "selection committee" of his/her faculty designees.

5) Internal Medicine interns and second year Diagnostic Radiology Residents shall in general be recruited via the National Resident Matching Program (NRMP). Unfilled slots may be recruited outside the Match.

6) All applications shall in general be received via the ERAS (Electronic Residency Application Service) system.

7) All selection processes shall be consistent with Mount Auburn Hospital's status as an equal opportunity employer that values the strength diversity brings to the workplace.
Chief Resident Appointment Policy

The Chief Residency position is held by a third year radiology resident. Nominations for the Chief Residency position are accepted in May from both residents and attending faculty. The resident receiving the greatest number of nominations will serve as Chief Resident.

Appointment to the Medical Staff Education Committee

A third year resident holds the position as member of the Medical Staff Education Committee. Nominations for this position are accepted in May from both residents and attending faculty. The resident receiving the greatest number of nominations will serve as a member of the Medical Staff Education Committee.
Mount Auburn Hospital
Houseofficer Appointment Policy

In order to be credentialed as a house officer at Mount Auburn Hospital, the following documents must be submitted:

1) A copy of current MA license (limited or full)

2) A copy of the most recent application for MA licensure

3) A copy of the MAH House Officer Appointment Form filled in by the house officer (including, where appropriate, inquiry form(s) filled in by the institutions at which the house officer has previously practiced).

4) A contract, signed by the house officer, Program Director, and Administrator

5) A malpractice face sheet from CRICO, indicating that the house officer is covered for the training year in question.

In addition, information on new house officers must be brought to the following bodies for ratification:

a) The Medical Staff Education Committee

b) Board of Trustees
Houseofficer Credentialing Policy for Licensure of Residents
Mount Auburn Hospital
Medical Education Department

A note to new residents: Please read carefully the following sections: Responsibilities of the Houseofficer, Responsibilities of the New Houseofficer, Houseofficer Responsibility in Re-licensure, and the "Overview" at the end. See Phyllis O'neil if you have questions.

I. Overview of Responsibilities in the Licensure Process

A. Responsibilities of Residency Program Coordinator (RPC)

1. To attend any workshops given by the Massachusetts Board of Registration in Medicine (the Board) re: licensure.

2. To keep abreast of deadlines, policies, regulations, and current forms put forth by the Board, and to utilize their "hotline" phone number (617-727-1765) when questions arise.

3. On-going communication with all houseofficers regarding licensure and re-licensure issues and to oversee the entire licensure/re-licensure process for all radiology houseofficers

   a. Radiology Houseofficers: Communicate via memo, via OA and houseofficer meetings.

B. Responsibilities of the Houseofficer

1. To respond to all communications in a timely fashion.

2. To be aware of his/her licensure status (lic. #, type and limitations of license, expiration date) at all times. To come to staff assistant with any licensure questions.

3. Once possessing a full Mass. license to take responsibility for
renewing this license before its expiration date.

C. Responsibility of Administrative Manager for Medicine/Medical Education/Surgery

1. As a prerequisite to signing all entry or change tickets, the Administrative Manager will ask to see a hard copy of that individual's current license.

2. The Administrative Manager will formally go over and view all houseofficer licenses at the close of each academic year (June) for the following academic year (beginning 6/23 for medical interns; 7/1 for radiology residents); she will do this in conjunction with the Staff Assistant.

II. Limited Licensure of new Housestaff

A. Responsibilities of RPC

1. For incoming Radiology Residents licensure information should be sent out in January, at the same time that renewal memos are being circulated to current houseofficers (see section II). The instructions under #3 below should be followed, as to what to send.

2. Match List comes out around third week in March

3. RPC checks with Mass. Board of Registration in Medicine, to find out about any changes in policies and/or application forms, deadlines, etc.

4. By the end of March, RPC sends packet to all new residents with the following licensure information:

   a. Application form for Mass. Limited License (obtained from Mass. Board of Regis. in Medicine)

   b. Instructions to new resident re: filling out his/her portion. (See "NEWHO" mox file).

   c. Instructions to new resident re: the portion of the application which must be filled out by his/her Dean's office, and sent directly to the Board, with a copy to the RPC.

   d. Departmental deadline for return of forms, given subsequent Board deadline, is April 30th of each year. For international medical graduates however, the deadline should be earlier.

   e. A copy of this policy, with "New Houseofficer Responsibilities"
flagged for attention.

f. Request of check or money order for the Board's current limited license fee.

g. Advise new houseofficers to keep a copy of the application for their own records.

5. As completed applications are received, the RPC does the following:

a. Acts as "registrar" for institution, completing and signing institution's section on application.

b. Keeps track of which forms have been received and calls new houseofficers whose forms have not arrived shortly before the stated deadline.

c. Informs new interns if the copy from the Dean's office has not been received.

d. Sends all applications in to the Board in advance of their deadline.

e. Sends a typewritten list of names of all new interns/houseofficers for whom limited licenses are being requested (according to Board policy as of this writing -- see their instruction manual for format).

f. Keeps copies of the above forms, along with the copies of the Dean's section of the application for Med. Ed. credentialing records. Copies should be kept in individual file of each houseofficer.

g. In late May, goes through all records to be sure that all materials have been sent in; calls Board to confirm receipt of all materials.

B. Responsibilities of New Houseofficer

1. Receives packet from RPC and promptly fills out his/her portion of application, sending it back to RPC with the requested check made out to the Board of Registration.

2. Promptly delivers other section of application to Dean's office, with instructions to send the original directly to the Board, and a copy to RPC.

3. Calls RPC with any questions about the application.
4. Informs RPC immediately about any special circumstances which will prevent him/her from sending back the application by the stated deadline.

5. Note: If the above is not done, and this directly causes the houseofficer not to be licensed on his/her start date, houseofficer will not be allowed to work, nor will he/she be paid, until he/she is licensed.

C. Duration of Limited Licenses

1. Limited licenses are valid for one year only.

2. Well before the expiration date, limited licenses must either be renewed, or a full license must be applied for (see next section).

3. No houseofficer may work with an expired license.

III. Renewal of Limited License/Application for Full License

A. Responsibilities of RPC.

1. In December/January RPC checks with the Board to determine any changes in policy, deadlines, forms, etc. (Note: They may hold a workshop at this time to clarify such issues).

2. During January RPC sends a memo to all Radiology Houseofficers and the Program Director for Radiology (see "CURRENTHO" file "licmem"). The memo should state the following:

   a. PGY 1’s who are staying at MAH … must fill out application for renewal of limited license and return to RPC along with a check for the current amount requested by the Board.

      1. Note that PGY 1’s cannot apply for a full license until they have taken the NBME or FLEX exam in the spring, and completed their internship year.

      2. A memo in early May will remind them that they can apply for a full license beginning in July (see #4 below).

   b. PGY 1’s who are leaving MAH … can be reminded to check with their new programs about licensure issues.

   c. PGY 2’s and PGY 3’s…will be reminded of their current licensure status according to Med. Ed. records, and asked for an
update if necessary.

1. Those that hold full licenses already will be reminded of their responsibilities (see next section).

2. Anyone for whom RPC does not have a copy of the full license will be asked to submit a copy by a stated deadline.

3. PGY 2’s have the option of applying for full licensure immediately, if they have not already done so, which will give the Board ample time to process their applications for licensure on July 1. (The deadline as of this writing is January 31, in order to ensure processing by July 1).

4. Those PGY 2’s who hold a limited license and do not wish to apply for a full license, will also be asked to fill out the application for renewal of limited license and to submit that along with a check (see item a).

5. The RPC will collect responses from all HO’s, and mail applications (signed by Program Director and the RPC) and checks by the Board's stated deadline (usually early March -- see information in current Board Handbook).  

6. The RPC will send out a memo in early-May asking for an update from all those who stated in January that they were applying for a Full License, to be sure that they will be licensed by July 1; this memo will also remind 3 yr. interns that they may apply for Full license in July if they wish.

B. Houseofficer responsibility in re-licensure

1. Upon receipt of the December/January memo, houseofficers will do the following:

   a. PGY 1’s will promptly fill out the form for renewal of limited license and will submit this to RPC by the stated deadline.

   b. PGY 2’s will update RPC on their licensure status, and indicate whether or not they wish to renew the limited license.

      1. If they wish to renew the limited license, they will turn in the form and check to RPC by the stated deadline.

      2. If they wish to apply for full licensure, they will request the application from the Board (their phone number is 727-3086), and turn in all materials to the Board in accordance with the Board’s deadlines. It then becomes the responsibility
of the HO to ensure that he/she is licensed before July 1, and to provide RPC with a copy of the full license as soon as it is received.

c. All HO's with full licenses are responsible for renewing their licenses before the expiration date stated on the license (their birthday) and must provide RPC with a copy of the new license when received.

1. Board will send reminder to Full licensee 2 months prior to expiration date.

2. When applying for first time, bear in mind that applicant must renew on date of his/her next birthday (excluding a 3 mo. grace period)(i.e. if HO becomes licensed on July 1 and his/her birthday is Nov. 1, he/she will have to re-license for that date and pay a fee).

d. No houseofficer may work with an expired license. Any houseofficer who is unlicensed as a result of not following the protocols above will not be allowed to work until he/she is licensed and will not be paid for that time period.

1. HO's unlicensed as a result of an error the part of the Med. Ed. office or the Board of Registration in Medicine will not lose pay, but may will still be restricted from work.

2. On receipt of May memo from RPC, all HO's applying for Full License will update RPC on the status of their application. All PGY 1's wishing to apply for Full license may request forms from the Board at this time, although they may not officially apply until their internship year is completed.

IV. Summary: A Licensure Calendar for the RPC

A. January ... Compile list of licensure status of all houseofficers who will be staying at MAH ... remind PGY 2's and Radiology residents, via Program Director for Radiology of 1/31 deadline for full license applications ... if you know of any residents who will begin July 1, send them letter explaining licensure procedures;

B. February ... be sure that your licensure status list is complete... update your license # list as necessary;

C. March ... send letter to new interns with license applications;

D. April ... begin receiving license applications from new interns and
processing forms ... send applications with lists in required format to the Board, retaining copies for credentialing;

E. May ... check with any new HO's whose applications haven't yet arrived ... send memo to current PGY 1 & 2's re: licensure status, etc... Check with the Board to be sure all applications have been received;

F. June ... compile list of license numbers of all houseofficers ... send copy to Director of Medical Records and to Admitting Office ... go over with Administrative manager to be sure that all houseofficers are licensed before their start dates;

G. July ... remind new PGY 2's that they can now apply for Full licenses if they wish;

H. August ... update license list as necessary, making sure that you have copies of renewed full licenses on file for all full license holders.

I. September ... as above

J. October ... as above

K. November ... as above

L. December ... prepare memo to go out to all houseofficers (including current and incoming Radiology residents) regarding licensure/relicensure issues - send end of December/beginning of January. begin licensure status list on all houseofficers; check in with Board re: new regulations, possible workshop.
Resident Responsibilities

As a resident in the Diagnostic Radiology Residency Program, your primary responsibility is to participate in all educational aspects of our program as well as participate in patient care under the supervision of the diagnostic radiology faculty.

Resident responsibilities also include but are not limited to:
1) Developing a program of self study.
2) Attending and participating in department conferences.
3) Provide patient care to the best of your ability for your level of training.
4) Participate fully in the educational and scholarly activities of the department of radiology.
5) Assume responsibility for teaching and supervising other residents and students.
6) Participate as appropriate in institutional programs and medical staff activities.
7) Become aware of and adhere to established practices, procedures, and policies of the institution.
8) Fulfill the requirements for Board Certification by the American Board of Radiology.
DUTY HOURS

Duty hours are defined as all clinical and academic activities related to the residency training program. Duty hours include: patient care, administrative responsibilities related to patient care, time spent in-house during call, and scheduled academic activities such as conferences. Duty hours do not include: reading and preparation time spent away from the duty site.

Duty hours shall not exceed 80 hours/week averaged over a four week period.

Residents must have one day in seven free from all educational and clinical responsibilities, averaged over a 4-week period (inclusive of in-house call).

Residents will be provided at least 10 hours free of clinical and academic responsibilities between all daily duty periods and after in house call.

The resident will not take in-house call more frequently than 1 in 3 nights (averaged over a 4 week period). This rule is not currently applicable as the Mount Auburn Radiology Residency utilizes a night-float system.

Continuous in-house call will not exceed 24 consecutive hours. Residents may remain on duty for an additional 6 hours after in-house call to participate in didactic sessions, ‘read-out’ cases from the prior night, and sign out active cases. This rule is not currently applicable as the Mount Auburn Radiology Residency utilizes a night-float system.

In general, houseofficers are not permitted to moonlight if doing so results in patient care responsibilities for greater than 80 hours per week averaged over a one month period. All moonlighting is subject to the discretion of the Program Director and Department Chair (see policy on moonlighting).
Attendance Expectations

The following rounds and conferences are designed to impart and solidify basic medical knowledge. Attaining such knowledge constitutes an important part of training. Therefore, attendance at these conferences is required. Attendance records kept by the radiology chief resident are submitted to the program coordinator and reviewed by the program director.

Positives Conference: Monday through Friday: 7:30am – 8:00am.
Teaching Conference: Monday through Friday: 8:00am – 9:00am.
Resident rounds: Monday through Thursday, 12:00pm – 1:00pm.
Tumor Board: Friday: 1:00pm-2:00pm
Radiology Grand Rounds: Once per month (wed): 7:30am – 8:15am.
Journal Club: Once per month (thu): 7:30am – 9:00am.
ACGME Competency lecture: Once per month (thu): 12:00pm – 1:00pm
Pulmonary Conference: Once per month (mon): 7:30am – 8:15am.
Quality Assurance Conference: Once per month (wed): 7:30am – 8:00am.
Mammography Conference: Once per month (tue): 7:30am – 8:15am.
Ultrasound Conference: Once per month (tue): 7:30am – 8:15am.
Radiology-Pathology Conference (tue): Once per month 7:30am – 8:15am
Neuroradiology rounds: Every Friday: 8:00am. – 9:00am.
GI Surgical Conference: Once per month (wed): 5:00pm – 6:00pm

Residents are required to report to their scheduled rotations immediately following conference.
HOUSE OFFICER DRESS CODE

1. House officers are expected to maintain a professional appearance. It is preferred that residents dress professionally and avoid wearing scrubs. Blue jeans and sweat shirts are not considered professional dress.

2. Upon arrival at Mount Auburn Hospital, each resident receives two long white lab coats.

3. In accordance with OSHA standards, non O.R. personnel may wear any color surgical scrub except the ‘misty green’ worn in the O.R. For the same reason, houseofficers are not permitted to take and wear scrubs form the O.R. or other sterile areas.
PROCEDURE LOG

Radiology residents are required to keep a written or electronic record of all procedures performed. This should be recorded in the resident portfolio. The record should document performance, interpretation and complications of vascular, interventional and invasive procedures (including breast biopsies, cyst aspirations and procedures guided by flouroscopy). This log will be reviewed by the program director on a yearly basis.
SUPERVISORY LINES OF RESPONSIBILITY

1) Faculty supervision is available at all sites of training. All radiologic studies performed and interpreted by radiology residents between 7am and 9pm on weekdays and between 6am and 6pm on weekends will be checked by a staff radiologist within one hour. All studies performed after hours while the resident is on-call will be checked by the staff radiologist within 14 hours. Residents must have a minimum of 12 months of training in diagnostic radiology prior to independent in-house call responsibilities.

2) Faculty back up by phone is immediately available to the on-call resident. On-call faculty is available to come into the hospital, generally within 15 minutes if needed.

3) Faculty call assignments with home phone and pager numbers are available to the residents. Available on-call faculty includes one staff member on-call for general radiology, one on-call for interventional radiology and one on-call for MRI and acute stroke.

4) All percutaneous interventional invasive procedures performed by residents are done so with direct faculty supervision.

5) Resident clinical training provides for progressive, supervised responsibility for patient care. The responsibility or independence given to an individual resident depends on that resident’s skill, experience and knowledge base.

6) Residents begin taking in-house independent call after they have successfully completed 12 months of training in diagnostic radiology and have passed the on-call certification examination. Residents are responsible for arranging, interpreting and dictating all emergency room and in-house studies from 9pm to 6am during the week and 6pm to 6am on the weekend. All radiologic images are reviewed and all reports are signed by faculty within 14 hours.
Criteria for Advancement

The decision whether to promote a resident from the PGY-2 to PGY-3, the PGY-3 to PGY-4, etc. to graduation shall be determined by the residency director with the advice of the faculty of the department. The method of evaluation shall consist of direct observation of the resident as well as by indirect observation through rotation evaluations, correspondence between faculty members and departments and written examinations. It is expected that residents will participate in all aspects of the curriculum, as well as in the periodic evaluation of educational experiences and teachers. It is further expected that residents will complete all administrative responsibilities of a resident, including licensure, credentialing, etc. in a timely fashion.

The criteria for advancement shall be based upon four parameters, all of which need to be judged as competent for each level of advancement. These parameters are

1. Clinical competence
2. Professional behavior
3. Technical skills
4. Impairment prevention

Clinical competence

- Fund of knowledge
- Overall in-service exam score greater than the 15th percentile
- Clinical performance
- Clinical judgment
- Knowledge of limitations
- Doctor-patient relationship

Professional Behavior

- Working relationship with others
- Acceptance of responsibility
- Punctuality
• Reliability

Technical Skills

• Procedural competence and experience
• Documentation
• Medical record thoroughness, completeness, and timeliness

Impairment Prevention

• Absence of impaired function due to mental or emotional illness, personality disorder, or substance abuse.

The resident must be judged competent to supervise others and to act with increasing independence. In the graduation step, the resident must be judged competent to act independently as an attending radiologist in the community.

PGY-2 - PGY-3

• Acceptable progress in 4 parameters
• Able to supervise PGY-1’s and medical students
• Able to act with limited independence

PGY3 - PGY4

• Acceptable progress in 4 parameters
• Able to supervise/teach
• Able to act with increasing independence

PGY4 - PGY5

• Competence in 4 parameters
• Able to act independently
The following policy explains the circumstances in which leaves of absence are granted to houseofficers. Leave of Absence to care for a newborn or newly adopted child, for one's own serious health condition or to care for a child, spouse or parent with a serious health condition are covered under the Family and Medical Leave Act (FMLA). Leaves may also be granted under other circumstances (compelling personal need). Any houseofficer requesting an LOA should notify the Chairman of the Department, in writing, as soon as possible to facilitate planning. The Chairman of the Department may grant an LOA request in accordance with the policies below.

Policy Statements:

Based upon a demonstrated need, a temporary leave of absence may be granted upon written request submitted to the Chairman of the Department. Such leaves are available to cover circumstances such as those stated above and may be granted for a period up to 12 weeks beyond accrued vacation and sick time for employees covered by the FMLA, and up to a total of 8 weeks for all other leaves.

Extensions may be granted at the discretion of the Department Chairman, based on review of the individual's need for the extension and the impact such an extension would have on the program.

1. Salary Continuation:

   a. For Houseofficers employed by MAH for less than one full year: MAH policy for houseofficers provides up to 3 weeks of paid sick time.

   b. For Houseofficers employed by MAH for one full year or more: MAH policy for houseofficers provides up to 5 weeks paid sick time.

Houseofficers may leave up to 2 weeks paid sick time in the sick time bank upon request. Otherwise, all sick time will be used to cover the leave. Unused vacation time may be combined with sick time to pay for part or all of any LOA.

2. Benefit Status During an Approved LOA: For leaves covered by the Family and Medical Leave Act, once salary ceases, the employee is responsible for paying his or her normal weekly health plan contribution for the remainder of the unpaid leave, up to a maximum of twelve weeks. This can be pre-paid through payroll deduction prior to the start of the unpaid leave. For all other leaves, the employee is required to pay the full premium in order to retain coverage. (Note: If enrolled at the time the LOA commences, group health, life, accidental death and dismemberment and long-term
disability plans continue for the duration of salary continuance. Once salary ceases, health benefits will continue for another thirty days of an approved LOA.)

3. Health Evaluation: Mount Auburn Hospital requires medical certification for medically-related unpaid leaves of absence for reasons covered under FMLA. Information will be provided when such a leave is requested. MAH also requires that any employee returning from such receive clearance from Occupational Health prior to returning to work.

Procedures:

1. Employees requesting leave are encouraged to submit their written request to the Department Chairman at the earliest possible time and no later than 30 days prior to the desired LOA start date. The request should state whether or not they wish to use any unused vacation/sick time they may have toward salary continuation during the desired LOA. The "Request for LOA" form must be completed prior to the start of an unpaid LOA for all non-urgent LOA's.

2. At the discretion of the Department Chairman, in consultation with Administration, and in accordance with FMLA guidelines, leave may be granted, extended, or denied. Written response from the Chairman to a request for LOA should occur within two weeks from the date the request is received.

3. If extension of the LOA is requested, and the employee is medically incapacitated, the nearest relative or legal guardian may make such a written request on the employee's behalf.

4. Whenever an LOA or LOA extension is granted, the approved dates will be documented in the houseofficer's Departmental file and Human Resources file via a computer print-out of the "Employee Data Change Form" and the Request for Leave of Absence Form (form #805-D).

5. The Department Chairman is responsible for assuring that unused vacation/sick time, in accordance with this policy, is utilized or not utilized if requested by employee; for assuring that salary payments are discontinued when unused vacation/sick time expires; and for notifying Human Resources before the unpaid leave begins, hence changing the employee's benefit status. The Department Chairman is also responsible for assuring that any required medical or health evaluations/clearances required to grant a leave or an extension or an approval to return to work are received on a timely basis.
Summary Statements:

It is the houseofficer's responsibility to correspond with the American Specialty Boards to determine the amount of additional training needed to satisfy the Board certification requirements as a result of absence connected with an approved leave. Mt. Auburn will make every effort to provide this additional training, but cannot guarantee salary compensation for additional training provided beyond the initial residency/fellowship training program commitment.

Houseofficer Health policy

I. PRE-EMPLOYMENT PHYSICAL

A. Consistent with Mount Auburn Hospital Personnel Policy Number R/E 2R, all newly appointed medical housestaff are required to have a physical examination prior to the first day of work.

B. The pre-employment physical examination consists of completion of a standardized questionnaire; physical exam, PPD, rubella, rubeola and varicella titers; hepatitis B vaccine; and TB respirator fit testing.

C. Appointees will be offered a physical examination at no charge via the Occupational Health Services. This can be scheduled up to three months prior to the starting date. Houseofficers will be given scheduling information by the Medical Education Department. Appointees may also meet the requirement through an appointment with a personal physician. All standardized forms must be completed and forwarded to Occupational Health Services.

D. TB respirator fit testing will be completed on all new houseofficers either at the time of pre-employment physical or during orientation.

E. Documentation of all of the above information will be stored in the employee's medical record at Occupational Health and will remain confidential.

II. HEPATITIS B VACCINE

The OSHA Blood borne Pathogens Standard requires all health care institutions to offer the hepatitis B vaccine to all employees who may be exposed to human blood. All new houseofficers must complete the standardized hepatitis B form indicating consent to receive the vaccine (which is administered through Occupational Health services), declination, or statement of immunity. All houseofficers who have previously received the vaccine will have a blood titer to document immunity.
MOUNT AUBURN HOSPITAL
Houseofficer Evaluation/Grievance/Due Process Policy

I. Houseofficer Evaluation: Professional Development/Academic Ability
Clinical Performance

1. A record of evaluation shall be maintained for each resident and is accessible to the resident.

2. A radiology resident has the opportunity to challenge the accuracy of information in his/her resident record. The resident may submit a written statement to his/her own record.

3. At least semi-annually, the program director and/or his designee from the teaching staff shall evaluate each resident's performance and provide the resident with this evaluation.

4. Each resident should expect to continue to the next level of training, unless he/she is given adequate notice and informed of the reasons he/she may not so advance.

5. Residents are involved in the development of recommendations on policy issues involving education and patient care including the mechanism for evaluation of resident performance through representation on the Medical Staff Education Committee and the Radiology Education Committee and through houseofficer meetings.

II. Due Process Procedure:

For issue of professional conduct which may result in dismissal or could significantly threaten a resident's intended career development, the Mount Auburn Hospital institutional procedure for due process, as described below, will be utilized.
Implementation:

Upon identification by a resident, program director, member of the teaching staff, administration or patient of an issue related to the professional conduct of a houseofficer or a houseofficer grievance, the due process procedure and an Ad Hoc Committee will be assembled.

Composition:

The Ad Hoc Committee will be composed of the Chairman of the Department of Radiology, the Program Director, the Associate Program Director, a houseofficer representative (mutually agreed upon the Chairman of Radiology and the houseofficer under discussion) the Director of Medical Education, a Chairman of another medical staff department selected by the Chairman of Radiology, and a member of the hospital Administration.

Fair Hearing:

The resident is assured of the fundamental aspects of a fair hearing including a written statement of the specific issues from the Department Chairman, at least 5 days notice of the Due Process Committee meeting, the opportunity to be present and to rebut the evidence, and the opportunity to present any other information. This information will be made available to the other members of the Committee.

A record of hearing should be made and retained for review by interested parties who have obtained the written consent of the resident.

All matters upon which any decision is based must be introduced into evidence at the proceeding before the Ad Hoc Due Process Committee in the presence of the resident. In reaching its findings and recommendations, the Committee may meet with other persons and examine records. Appeal of the decision of the hearing is limited to matters introduced at the hearing and made available to the resident.

Pending a final decision of any adverse action by the Ad Hoc Due Process Committee, the resident will be permitted to continue in the training program except in cases where patient safety and well-being may be in jeopardy, as determined by the Chairman of the Department of Radiology.

The Committee is responsible for delivering its finds and recommendations to the Chairman of the Department of Radiology within seven days. The houseofficer will be given written notice by the Chairman of any disciplinary action to be taken against him/her.

Appeal Mechanism:

The houseofficer may appeal this decision in writing to the President of the
Medical Staff within one week. Further review may take place by the President of the Medical Staff, The Chairman of the Department, the Chief Executive Officer of the Hospital, and a member of the Mount Auburn Hospital Board of Trustees. The houseofficer will be notified of the meeting and has the right to be present and to present his/her case. The decision of this appeal body shall be final.

III. Houseofficer Grievance:

This process may be used by any houseofficer for a dispute or controversy about the interpretation or application of:

1. The houseofficer's employment/contract; or
2. A hospital, departmental, or medical staff rule, regulation, policy or practice.

The same implementation process, composition of Ad Hoc Committee, fair-hearing process and appeal mechanism procedures outlined under Section II: Due Process will be utilized.
Mount Auburn Hospital
Residency Reduction/Closure Policy

In the event of residency reduction or closure, the Mount Auburn Hospital residency programs are committed to the following course of action:

1) To inform residents of the impending reduction/closure as soon as possible.

2) To assist, to the best of their ability, all residents displaced by the reduction/closure in securing commensurate positions at other ACGME-accredited residency programs. To accomplish this, Program Directors and faculty will call on contacts at medical schools, in area residency programs, and within national professional organizations.
Mount Auburn Hospital
Houseofficer Moonlighting Policy

1. Authorization: Moonlighting must be individually authorized as noted below:

a. Diagnostic Radiology Residents: All radiology residents are required to have a discussion with the program director so that each separate moonlighting experience can be approved. For those moonlighting experiences that are outside the Harvard system, please have completed moonlighting waiver forms ready for the program director to review. Those moonlighting within the Harvard System must bring the name and address of the moonlighting supervisor, so that letters can be exchanged. The program director will grant preliminary approval and pass requests on to the Department Chair for final approval.

2. Restrictions:

   A) PGY 2's may not moonlight under CRICO insurance. If a PGY 2 obtains his/her own malpractice insurance, or it is procured by the moonlighting institution for the houseofficer, then moonlighting may be permitted, subject to departmental approval as outlined in this policy.

   B) In general, houseofficers are not permitted to moonlight if doing so results in patient care responsibilities for greater than 80 hours per week averaged over a one month period. All moonlighting is subject to the discretion of the Program Director and Department Chair, as outlined above.

3. Licensure: Residents must have a FULL Massachusetts license to in order to moonlight.

4. Malpractice Insurance:

   a. PGY 2: As noted above, PGY 2 residents may not moonlight under the auspices of their CRICO Malpractice Insurance.

   b. PGY 3:

      1. Within the Harvard System: PGY 3 residents may moonlight within the Harvard system, subject to the approval of the Program Director
and Department Chair. An exchange of letters must take place between the Department Chair and the supervisor of the moonlighting experience.

2. Outside the Harvard System: PGY 3 residents may moonlight outside the Harvard System only if the moonlighting waiver form and checklist is filled out by the resident, approved by the program director, signed by the Department Chair, and sent to CRICO.*

c. PGY 4 and above: As above, for PGY 3.

5. Out-of-State Moonlighting: Residents requesting to moonlight outside of Massachusetts must follow the moonlighting guidelines for fellows, as listed below:

   a. The resident must have a license to moonlight in the state concerned

   b. Waiver forms must be filled out, signed and sent as outlined in 4.b.2. above.

*Note: Residents may not receive CRICO coverage to moonlight in an E.D. outside the Harvard system
Other Policies

In addition to the program specific policies in this manual, there are other Mount Auburn Hospital policies that affect all employees of the hospital of which you should be aware. What follows is an index of these and in which MOX cabinets you may find them:

Attendance and Punctuality  Human Resources Policies/Employee Relations/4
Autopsy Permits  Operational Policies/A. Legal/Regulatory/A06
Beliefs of Individual Staff  Human Resources Policies/Other/2
Confidentiality  Operational Policies/B. Administration/B91
Harassment/Discrimination  Human Resources Policies/Employee Relations/6
Organ and Tissue Donation  Operational Policies/A. Legal/Regulatory/A19
Withholding Life Equipment  Operational Policies/A. Legal/Regulatory/A25
Substance Abuse  Human Resources Policies/Employee Relations/11
Employee Assistance Program  Mount Auburn Hospital Bulletin Board/Employee Assistance Program/4