

**THE CHILDREN’S MERCY HOSPITAL  
POST-GRADUATE TRAINING POLICIES**

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**Definitions:**

“Appointment” is the Fellow’s appointment to the Program, in accordance with the terms of the Post-Graduate Training Agreement;

“ACGME” means the Accreditation Council for Graduate Medical Education;

“Agreement” means the Post-Graduate Training Agreement between a Fellow and the Hospital outlining the terms and conditions of the Fellow’s Appointment to the Program;

“Board” means the examining or certifying board that is approved by the Council of Medical Education of the American Medical Association and the American Board of Medical Specialties;

“Drug” means:

- a) any drug which is illegal under federal, state or local laws, including but not limited to marijuana, heroin, hashish, cocaine, hallucinogens, and depressants and stimulants not prescribed for current personal treatment by an accredited physician;
- b) alcohol; or
- c) any other substance causing altered behavior;

“Graduate Medical Education Council” (GMEC): a committee of our sponsoring institution (The University of Missouri at Kansas City) that has the responsibility for monitoring and advising on all aspects of fellowship education. Voting membership on this committee includes fellows nominated by their peers as well as program directors, administrators, faculty and the accountable DIO. The GMEC of UMKC includes the pediatric radiology fellowship program directors and the Chairman of the Department of Pediatrics.

“Hospital” means The Children’s Mercy Hospitals and Clinics, a not- for-profit corporation, including its Medical Staff, administration and committees of each;

“Impaired Fellow” means a Fellow who:

- a) engages in the illegal use of drugs;
- b) uses alcohol or is under the influence of alcohol while providing services at the Hospital or while participating in any aspect of the Program; or
- c) is unable to perform the essential functions of his position, with or without an accommodation, without posing a direct threat to the health or safety of the Fellow or others.

“Intervention” means a confrontation of a Fellow by a representative from the Missouri Physicians Health Program, two members of the Fellow Medical Education Committee, and other persons beneficial to the process;

“Medical Staff Education Committee” means the committee at the Hospital that has institutional oversight for all post-graduate medical education at the Hospital;

“Monitoring” means, with regard to an impaired Fellow, the longitudinal follow-up of the Impaired Fellow to ascertain compliance with recommendations of the evaluation and treatment programs;

“Program” means the specialty training, comprising a series of learning experiences in post-graduate medical education at the Hospital;

“Program Director” means the administrative director of the Program as designated by the Hospital;

“Fellow” means an individual at any level of post-graduate medical education participating in a Program conducted by the Hospital. Trainees in subspecialty Programs are specifically included.

“Sponsoring Institution” means the institution that assumes the ultimate responsibility for a program of Graduate Medical Education.

Words used in these Policies shall be read as the masculine or feminine gender, as the content requires. The captions or headings are for convenience only and are not intended to limit or define the scope or effect of any provisions of these Policies.

## **SECTION I**

## **EDUCATIONAL POLICIES**

### **1. Selection Criteria and Appointments to the Program**

All applicants will complete an application form and submit it along with two letters of recommendation to the CMH Fellowship Director. This application will be compiled and reviewed by the Department Chair. Applicants will be selected for interview based on academic achievement, professional qualifications, written letters of recommendation, and any other contributing information included in the application.

The applicants invited for interview will arrange an interview date. The applicant will arrange for transportation. If the applicant is traveling from out of town, one night of housing will be arranged and paid for by the program.

The interview will include a meeting with the fellowship director, radiology department chairman, radiology faculty, and a meeting with the current fellow or residents. During or prior to the interview day, the applicant will be advised about salary, vacation, professional leave, sick leave, professional liability insurance, health insurance benefits, call rooms, meals on call, and parking.

At the end of the interview period, the fellowship director and radiology staff members will review each candidate and rank them in order based on clinical ability, academic performance, interpersonal skills, integrity, judgment, motivation, honors, accomplishments, research, maturity, confidence, and ability to communicate. Participation in the National Resident Matching Program (NRMP) will be optional. Candidates may be selected outside the NRMP in compliance with NRMP rules. It is the policy of the Hospital not to discriminate on the basis of race, color, national origin, gender, sexual orientation, age, religion, disability, or other basis prohibited by law in admissions or access to, or treatment or employment in its programs and activities, or in the provision of physician/staff privileges.

#### **Term of Residency**

The duration of the pediatric radiology fellowship is one year as determined by the accreditation requirements and the eligibility requirements for certificate of added qualification in pediatric radiology. Acceptance into the Program is considered a commitment by the Fellow and the Hospital to completion of the Program, subject to the terms of the Agreement.

#### **Post-Graduate Training Agreement**

Appointment to the Program is documented by a completed and signed copy of the Hospital Post-Graduate Training Agreement, a copy of which is attached to these Policies. The Agreement and these Policies specify the Fellow's responsibilities, financial support and benefits to be provided, duration of Appointment and conditions for reappointment, and policies regarding professional activities. Fellows are additionally subject to policies and procedures addressing employees and clinical practice.

## **2. Performance Evaluation**

Performance evaluation is an essential component of each Program. The Fellowship Program Director, with participation of members of the teaching staff, shall:

- 1) At least bi-monthly, evaluate the knowledge, skills and professional growth of the Fellow, using appropriate criteria and procedures.
- 2) Communicate each evaluation to the Fellow in a timely manner.
- 3) Advance Fellows to positions of higher responsibility only on the basis of their satisfactory progressive scholarship and professional growth.
- 4) Maintain a permanent record of evaluation for each Fellow and have it accessible to the Fellow and other authorized personnel.

A written final evaluation will be provided for each Fellow who completes the Program. The evaluation will include a review of the Fellow's performance during the final period of training and verify that the Fellow has demonstrated sufficient professional ability to practice competently and independently. The final evaluation will be part of the Fellow's permanent record maintained by the Hospital.

Guidelines for performance evaluation are provided by the ACGME and the American Board of Radiology. These guidelines highlight areas most important to adequate performance as a physician. Additional areas may be evaluated including, but not limited to, observance of Hospital and medical staff policies and procedures, and satisfactory and timely completion of medical records.

Successful performance and evaluation on a single or series of rotations does not necessarily constitute overall satisfactory performance.

Attendance at the Program's educational conferences will be monitored.

Fellow evaluation files are confidential and available only to the Fellow, the Executive Medical Director (or his designee), the Radiology Department Chairman, radiology teaching staff, the Fellowship Program Director to assist in the evaluation of the performance of the Fellow, and members of the Medical Staff Education Committee in the case of a review of suspension or termination of the Fellow, accrediting agencies when necessary, and government entities when required by law. The Hospital considers evaluation files to be issues of peer review and education. The files will be protected from disclosure to individuals and entities other than those set forth above to the maximum extent permitted by applicable law.

The training programs of the Children's Mercy Hospital embrace the goal of competency based evaluation. Each section of the Hospital is currently defining the specific knowledge, skills and attitudes required for fellows to demonstrate competency on each rotation. Each section will be developing tools to measure core competency. The fellowship program director will review data from all rotations and assure that each resident attains competency in all areas of pediatric radiology. The ACGME core competencies are as follows:

## **PATIENT CARE**

Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Fellows are expected to:

- communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families
- gather essential and accurate information about their patients
- make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
- develop and carry out patient management plans
- counsel and educate patients and their families
- use information technology to support patient care decisions and patient education
- perform competently all medical and invasive procedures considered essential for the area of practice
- provide health care services aimed at preventing health problems or maintaining health
- work with health care professionals, including those from other disciplines, to provide patient - focused care

## **MEDICAL KNOWLEDGE**

Fellows must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social behavior) sciences and the application of this knowledge to patient care. Fellows are expected to:

- demonstrate an investigatory and analytical thinking approach to clinical situations
- know and apply the basic and clinically supportive sciences which are appropriate to their discipline

## **PRACTICE-BASED LEARNING AND IMPROVEMENT**

Fellows must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. Fellows are expected to:

- analyze practice experience and perform practice-based improvement activities using a systematic methodology
- locate, appraise and assimilate evidence from scientific studies related to their patients' health problems
- obtain and use information about their own population of patients and the larger population from which their patients are drawn

- apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness
- use information technology to manage information, access on- line medical information, and support their own education
- facilitate the learning of students and other health care professionals

### **INTERPERSONAL AND COMMUNICATION SKILLS**

Fellows must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients' families, and professional associates. Fellows are expected to:

- create and sustain a therapeutic and ethically sound relationship with patients
- use effective listening skills and elicit and provide information using effective nonverbal , explanatory, questioning, and writing skills
- work effectively with others as a member or leader of a health care team or other professional group

### **PROFESSIONALISM**

Fellows must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Fellows are expected to:

- demonstrate respect, compassion and integrity; a responsiveness to the needs of patients and society that supercedes self- interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development
- demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities

### **SYSTEMS-BASED PRACTICE**

Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. Fellows are expected to:

- understand how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice

- know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources
- practice cost-effective health care and resource allocation that does not compromise quality of care
- advocate for quality patient care and assist patients in dealing with system complexities
- know how to partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance

### **3. Advancement**

Fellows will assume progressively increasing responsibility for radiology examinations according to their level of training, their ability, and their experience. The level of responsibility accorded to each Fellow will be determined by the teaching staff.

### **4. Unsatisfactory Performance**

Unsatisfactory performance by a Fellow, as judged by the teaching staff and/or Fellowship Program Director, will result in corrective action as necessary to maintain the quality of patient care, the quality of the Program, the smooth operation of the Hospital, and the well-being of the Fellow. Corrective action usually begins with the teaching staff physician or the Fellowship Program Director discussing a deficiency with the Fellow involved. However, the Fellowship Program Director has the authority to administer any appropriate disciplinary action including, but not limited to:

- 1) Placement of a Fellow on probation with specific requirements that must be met in order for the Fellow to continue in the Program.
- 2) Alteration of the usual Fellow responsibilities for a period of time.
- 3) Require that a Fellow repeat a portion of the Program.
- 4) Temporarily suspend the Fellow from the Program without pay until there is an indication that a severely deficient performance is likely to improve.
- 5) Terminate a Fellow from the Program.

### **5. Initiation, Continuation and Termination of the Appointment**

Initial Appointment to the Program occurs when a prospective Fellow and the Fellowship Director complete and sign the Agreement. Appointment is for one year.

The Fellow must obtain a regular state medical license in Missouri and Kansas or a Temporary Certification of Registration to practice medicine in the State of Missouri before beginning the program. The Fellow must maintain all required state licenses or Temporary Certification of Registration at all times to continue in the Program.

Fellows will assume progressively increasing responsibility for patient care according to their level of training, their ability, and their experience. The level of responsibility accorded to each Fellow will be determined by the teaching staff.

Termination of the Appointment normally occurs at the end of the year of training, but may occur at any other time at the option of the Fellow or the Hospital with a written notice of the proposed termination date thirty (30) days in advance. The Hospital will provide a written reason for any termination it initiates, and the Fellowship Director will provide an opportunity for the Fellow involved to discuss the rationale for a termination that the Hospital initiates. Any termination or non-renewal of an Appointment by the Hospital is subject to the procedures under Section 1.6 of these Policies.

When a Fellow completes or terminates an Appointment, all of the Hospital's property must be returned to the appropriate department head or the Program Director. Furthermore, all medical records must be completed and all unpaid Hospital bills must be settled. Unsatisfied claims will be deducted from the final paycheck.

## **6. Disciplinary Action Policy and Procedures**

**The Children's Mercy Hospital Pediatric Radiology Fellowship Program complies with the disciplinary procedures of the sponsoring institution as follows:**

***UMKC Resident Disciplinary Action Policy and Procedure  
(approved January 23, 2003 by Council on Graduate Medical Education)***

*Disciplinary action may be initiated within a program in the event of determination by the residency education committee of that program that such action is warranted, based on the results of residency evaluations, poor academic performance, or documentation of inappropriate or unprofessional behavior. It is required that program directors evaluate residents at least annually.*

*In the event that patient welfare is jeopardized or the effective functioning of any affiliated institution is threatened, the Program Director, or an Associate Program Director in the absence of the Program Director is empowered to suspend a resident from clinical activity, pending a formal hearing. The Hospital Associate Deans and Office of Graduate Medical Education will be notified immediately of a suspension of clinical activity.*

*The residency education committee for the program shall meet to make recommendations regarding disciplinary actions to be taken. The Program's Residency Education Committee shall consist of faculty members of the Department, in which the Program resides shall include a resident representative. The Residency Education Committee shall meet at its earliest opportunity to determine any disciplinary action to be taken, but no later than fourteen days after the date of any suspension. The Residency Education Committee by majority vote may elect to take no action, issue a warning or reprimand, place a resident on probation, place a resident on suspension from patient care management, determine that unsatisfactory rotations must be satisfactorily repeated, recommend suspension, non-renewal of contract, or termination of a resident or other actions as agreed upon by the same committee.*

*Upon determination of a disciplinary action by the Residency Education Committee, a letter will be sent to the resident clearly identifying the problem, delineating the requirements to correct the deficiency, assigning an advisor, delineating the duration of remediation, stating the effects of remediation on length of training, proposing the method of any additional clinical supervision, and delineating the actions required by the resident to bring about a conclusion of the of the remediation program.*

*Upon implementation of any disciplinary action by the Residency Education Committee, the resident will be notified within five days of any such decision. In the event the resident disagrees with the decision of the committee, the resident has the option to formally appeal the decision in writing within five days, and appear in person before the committee. This hearing before the committee shall take place within four weeks of the notification of the resident. Written notice of the time and location of the hearing, with copies of the committee's recommendations and supporting documentation for the disciplinary action, will be sent to the resident at least five days prior to the hearing. The resident is required to attend the hearing and present his/her views on the subject matter. The resident will be allowed to present evidence regarding the matter to the committee. The resident may bring witnesses to the hearing and may bring one supportive person (legal counsel or other representative) of his/her choice to the hearing. The resident must, however, inform the committee in writing of the names and total numbers of any witnesses and representative/counsel/support personnel whom he/she wishes to bring to the hearing, at least two days prior to the hearing date.*

*If the Residency Education Committee determines that no disciplinary action is warranted following the hearing, the resident will be notified of such decision. If disciplinary action is felt warranted by the committee, a letter confirming the final recommendation of the committee will be forwarded to the resident within seven days following the conclusion of the hearing. This final letter will clearly identify the problem, delineated the requirements to correct the deficiency, assign an advisor, delineate the duration of the remediation, state the effects of remediation length of training, propose the method of any additional clinical supervision, and detail the actions required by the resident to bring about a conclusion of the remediation program.*

*In the event that the Residency Education Committee recommends continued suspension of a resident from clinical duties, dismissal of a resident, or an action that adversely affects the resident's intended career development or prolongs the length of his/her program, the residency education committee will forward a copy of all documentation to the Council on Graduate Medical Education of the University of Missouri/Kansas City School of Medicine. The Council will review the documentation provided and confirm that due process was followed. The resident will be informed by the Council of his/her rights as a non-regular academic employee. This will include his/her right to access the Academic Grievance Procedure as stated in Section 370.010 of the Collected Rules and Regulations of the University of Missouri. In the event that resident non-renewal of contract or dismissal is recommended, all relevant University Procedures will be followed.*

## **7. Grievance/Complaint Procedure**

Fellows who feel they have been treated unfairly or have complaints (except regarding discipline, non-renewal or termination covered by the procedures under Section 6, above) are encouraged to use the following procedure:

- 1) Discuss the problem with the appropriate attending physician, Fellowship Director, or the Hospital department head as soon as possible, usually not later than thirty (30) days after the Fellow becomes aware of the complaint.
- 2) If the problem is not resolved under step 1, the Fellow should contact the Fellowship Director within fifteen (15) days after the decision by the individual contacted under step 1. Except in unusual circumstances, the Fellow shall put the complaint in writing, and the matter shall be promptly investigated. Confidentiality, to the extent feasible, will be maintained. The Fellow shall be informed of the result of the investigation.
- 3) If the matter is still unresolved after steps 1) and 2), the Fellow may request that the Medical Staff Education Committee consider the matter. The request should be submitted to the Chair of the Medical Staff Education Committee in writing within fifteen (15) days after the determination under step 2.
- 4) If the matter is still unresolved after step 3, the Fellow may submit the complaint in writing within thirty (30) days to the Executive Medical Director, who will meet with the Fellow and make a final decision.

Any Fellow who feels he cannot use the above procedure should contact the Hospital Human Resources Department for confidential assistance. A Fellow will not suffer adverse consequences for making a complaint or taking part in the investigation of a complaint. Fellows who knowingly allege a false claim shall be subject to disciplinary action, including dismissal or termination.

The Hospital will make appropriate arrangements to assure that disabled persons can make use of this grievance process on the same basis as the non-disabled. Such arrangements may include, but are not limited to, the provision of interpreters for the deaf, providing taped cassettes of material for the blind or assuring a barrier-free location for the proceedings.

## **8. Completion of Individual Rotations**

Pediatric radiology fellows must complete 12 months of fellowship training to be eligible for recommendation to sit for the pediatric radiology certificate of added qualification one year after fellowship training is completed. Each area of radiology is supervised by an attending physician who must complete a written evaluation documenting satisfactory completion. Fellows must also complete a minimum of fifteen days and receive a satisfactory evaluation to receive credit for the month. Fellows who fail to complete fifteen days, regardless of the reason, will be required to receive approval for credit from the faculty overseeing the rotation and from the Fellowship Director. No credit will be given for days already completed. Unsatisfactory performance on a given rotation will necessitate repeating the rotation. Ability to use elective time for remediation will be at the discretion of the Fellowship Director.

## **9. Completion of Fellowship and Certification**

Upon completion of 12 months of fellowship, pediatric radiology fellows in good standing will receive a certificate in Pediatric Radiology Fellowship. Fellows have a maximum of 12 months available to complete this training. During the final week of fellowship, fellows are required to complete a check-out process. This includes completion of medical records and return of parking pass and pager. Upon return of the checkout sheet on the final day of fellowship, certificates will be issued. Fellows are expected to work until this final day unless vacation has been previously approved. Failure to report for work will result in withholding of certificate.

## **SECTION II FELLOWSHIP SUPERVISION POLICY**

Every radiology study seen by a fellow in Children's Mercy Hospitals and Clinics is seen under the supervision of a staff physician who assumes complete responsibility for those exams for whom he/she is the attending physician. At the same time, since we are a teaching hospital, the staff physician is also responsible for the education of the fellows. Attending supervision may be direct or indirect. Indirect supervision occurs when the responsible staff is aware of the patient and is available to assist or provide direct supervision if needed from the attending physician but is not physically present. In these instances, the fellow may provide direct supervision over a resident. Supervision is always available for fellows from the attending physicians. Fellows are required to obtain help in any clinical situation in which they are inexperienced or in which they are unsure of the appropriate clinical management. A list of procedures performed on pediatric patients by fellows is also listed in this document.

### **PEDIATRIC RADIOLOGY FELLOW JOB DESCRIPTION**

Fellows will read and perform radiology exams under the supervision of attending physicians. Fellows will be given graduated responsibility for radiology studies based on training received during the course of the fellowship as well as the experience and knowledge gained by each fellow during previous radiology residency.

### **PEDIATRIC RADIOLOGY FELLOWS**

Pediatric radiology fellows will supervise residents, students, and other trainees in inpatient and outpatient settings. Fellows will be given increased responsibility based on training and demonstrated ability.

Fellows will:

1. Perform and interpret radiological studies on patients after verifying the appropriate exams through information gathered by reading requisition and communicating with technologists, family members, and residents who are under their supervision.
2. Assist and verify the findings of the students, residents, and nurses who are under their supervision.
3. Discuss with the resident and/or attending physician the indications for radiological studies, and assist and teach residents and students in understanding and interpreting diagnostic radiology studies.
4. Review and dictate radiology study reports with an attending radiologist in a timely manner according to hospital guidelines.
5. Be actively involved in teaching, directing and supervising residents and medical students and participate in the evaluation of the residents and students.

6. Fully participate in the teaching program including teaching conferences, Grand Rounds, care conferences and other educational experiences. It is expected that Fellows will be self-directed learners, including continuing education outside the structured fellowship educational program.
7. Fellows will receive timely evaluations of performance on a monthly basis from attending physicians. Fellows will be afforded the opportunity to evaluate the faculty and educational experience of each rotation.

General categories of radiology studies to master include, but are not limited to, the following:

#### Body (abdomen and genitourinary) Imaging

- Plain films
- Ultrasound (including Doppler)
- CT
- MRI, MRA & MRCP
- (Percutaneous) biopsies, drainages
- Nuclear scintigraphy (Mekel scan, Lasix Renogram, voiding cystogram, biliary patency study)

#### Fluoroscopy

- Voiding cystourethrography
- Upper GI
- Small bowel follow through
- Contrast enema (air, barium, water soluble)
- Genitogram (vaginogram)
- Fistulagram
- Therapeutic enema (including reduction of intussusception)
- Urethral catheterization

#### Neuroradiology

- CT, CT angiography
- MRI, MR angiography, MR venography, MR spectroscopy
- Ultrasound
- Transcranial Doppler ultrasound
- Nuclear medicine brain scan
- Plain films
- Catheter angiography

#### Interventional Radiology

- Percutaneous biopsy soft tissue and bone
- Abscess or other fluid drainage
- Vascular access (including PICC lines)
- Gastrojejunal tube manipulation
- Percutaneous nephrostomy
- Angiography
- Various (hepatic and renal) procedures
- Sedation techniques

#### Chest Imaging

- Plain films
- CT
- Ultrasound
- MRI and MR angiography
- Fluoroscopy of airway
- Percutaneous drainage & biopsy

#### Muskuloskeletal

- Plain films
- CT
- MRI and MR arthrography
- Percutaneous biopsy
- Skeletal scintigraphy

### **SECTION III**

### **MOONLIGHTING**

The University of Missouri-Kansas City School of Medicine and the Children's Mercy Hospital training programs recognize that fellowship training is a fulltime endeavor. For this reason, moonlighting, defined as professional and patient care activities outside of the educational program, must not interfere with the ability of the resident to achieve the goals and objectives of his/her respective educational program. For any moonlighting that takes place by fellows sponsored by the University of Missouri-Kansas City, the following stipulations apply:

1. The fellow must notify the fellowship director in advance of any planned moonlighting activity, including moonlighting internal or external to the institution, and receive written approval of the activity from the fellowship director.
2. The fellowship director must acknowledge in writing that the moonlighting activity will not interfere with the ability of the fellow to achieve the goals and objectives of the educational program. This acknowledgement must be kept in the fellow's file.
3. The hours spent in moonlighting, both internal and external to the institution, must be counted toward the 80 hour weekly limit on duty hours.
4. The fellow must show proof to the fellowship director and the Office of Graduate Medical Education of individually obtained professional liability coverage (outside of that provided by the institution) for all moonlighting activities external to the institution and its major affiliates. Proof of this coverage will be maintained in the fellow's file.
5. The fellowship director must forward copies of any planned moonlighting activity approved by him/her to the Office of Graduate Medical Education.
6. Fellows must not be required to engage in moonlighting activities by their respective program or institution.
7. Fellowship directors must monitor fellows for fatigue associated with moonlighting, and other effects of moonlighting on performance of the fellow, and must restrict the fellow from moonlighting if they determine that the fellow does not have sufficient time for rest and restoration or that the moonlighting activity is adversely affecting fellow performance.

## **Internal Moonlighting Policy**

### **I. Department of Radiology (CMH)**

A. Moonlighting opportunities are available in the CMH department of radiology to pediatric radiology fellows. To be eligible, the following criteria must be met:

1. The fellow must hold a permanent medical license in the State of Missouri as required by law.
2. The fellow must have approval from the Director of the pediatric radiology fellowship.
3. The fellow must have successfully completed a radiology residency.

B. Scheduling of the moonlighting shifts will be the responsibility of the CMH pediatric radiology department and University of Missouri – KC Chief Resident.

The number and dates of moonlighting positions available each month are variable. Pediatric Radiology Fellows will be given priority.

If a fellow accepts a moonlighting shift and is unable to perform or complete it, it is his/her responsibility to find an eligible replacement.

C. Moonlighting fellows are responsible for providing preliminary interpretations of CT scans and documenting their impression in synapse.

Moonlighting fellows are not necessarily responsible for CT scan dictation at the time of preliminary interpretation. The staff radiologist will over-read all CT scans the following morning.

### **II. Children's Mercy South (CMS)**

A. Moonlighting opportunities are available in the CMS department of radiology to pediatric radiology fellows. To be eligible, the following criteria must be met:

1. The fellow must hold a permanent medical license in the State of Kansas as required by law.
2. The fellow must have approval from the Director of the pediatric radiology fellowship.
3. The fellow must have successfully completed a radiology residency.

B. Scheduling of the moonlighting shifts will be the responsibility of the CMH pediatric radiology department.

The number and dates of moonlighting positions available each month are variable.

If a fellow accepts a moonlighting shift and is unable to perform or complete it, it is his/her responsibility to find an eligible replacement.

- C. Moonlighting fellows are responsible for providing preliminary interpretations of CT scans and documenting their impression in synapse.

Moonlighting fellows are not necessarily responsible for CT scan dictation at the time of preliminary interpretation. The staff radiologist will over-read all CT scans the following morning.

### **III Other Moonlighting**

- A. Moonlighting outside of the Children's Mercy system is discouraged, but allowed.
- B. The fellow must obtain appropriate state licensure. If outside of the State of Missouri, the fellow is responsible for paying for the cost of the medical license
- C. Malpractice insurance from Children's Mercy will NOT cover the moonlighting. It is the responsibility of the fellow to obtain malpractice coverage.

## SECTION IV

## WORK HOURS POLICY

### Resident (or Fellow) Duty Hours Policy

The resident (or fellow) duty hour policy of the University of Missouri-Kansas City School of Medicine and Children's Mercy Hospital was adopted verbatim from the following Common Program Requirements for All Core and Subspecialty Programs, effective July 1, 2003:

#### *D. Resident Duty Hours and the Working Environment*

*Providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energies. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.*

##### *1. Supervision of Residents*

*a. All patient care must be supervised by qualified faculty. The program director must ensure, direct and document adequate supervision of residents at all times. Residents must be provided with rapid reliable systems for communicating with supervising faculty.*

*b. Faculty schedules must be structured to provide residents with continuous supervision and consultation.*

*c. Faculty and residents must be educated to recognize the signs of fatigue and adopt policies to prevent and counteract the potential negative effects*

##### *2. Duty Hours*

*a. Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.*

*b. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.*

*c. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational and administrative activities.*

*d. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.*

### *3. On-Call Activities*

*The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.*

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

*b. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care as defined in Specialty and Subspecialty Program Requirements.*

*c. No new patients, as defined in Specialty and Subspecialty Program Requirements, may be accepted after 24 hours of continuous duty.*

*d. At-home call (pager call) is defined as call taken from outside the assigned institution.*

*1) The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.*

*2) When resident are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.*

*3) The program director and the faculty must monitor the demands of at home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.*

### *4. Oversight*

*a. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.*

*b. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.*

*5. Duty Hours Exception*

*An RRC may grant exceptions for up to 10% of the 80-hour limit, to individual programs based on a sound educational rationale. However, prior permission of the institution's GMEC is required.*

## **SECTION V                      TIME OFF FROM WORK**

### **1. Paid Time Off for Illness**

1) The Fellow will accrue 1 day (8 hours) of paid time off for the Fellow's illness after each full month of service.

In addition, during the year of training, the Fellow will be given, due to the Fellow's illness, up to (5 days) exclusive of Saturdays, Sundays and holidays) to be used for any absence(s) due to the Resident's illness or maternity leave during the term of appointment, without being required to use accrued paid time off for illness.

2) The Fellow may use up to five (5) days of accrued paid time off for illness of a family member or for paternity leave. (For the purposes of this provision, "family member" is defined as the Fellow's spouse, child, parent or sibling.)

If the Fellow has no accrued paid time off for illness, time off for illness will be without pay, unless the fellow uses available vacation days or the Fellow qualifies for worker's compensation or long-term disability insurance.

3) Accrued paid time off for illness may be used concurrently with an approved leave of absence due to the Fellow's or a family member's illness. No payment will be made for unused accrued paid time off for illness at termination of the Appointment.

### **2. Vacation**

The Fellow is eligible for up to five (5) days of paid time to attend a CME conference and fifteen (15) days of paid vacation, exclusive of Saturdays, Sundays and holidays. Vacation must be approved in advance by the Fellowship Director or his/her designee. Vacation also may be used concurrently with an approved leave of absence.

The educational meeting must be approved in advance by the Fellowship Director or his/her designee.

No payment will be made for unused vacation at the termination of the Appointment.

### **3. Bereavement Policy**

Fellows are allowed 2 days per year to attend funeral services of a family member. These days do not count as vacation or sick days. The fellow should notify the fellowship program director as soon as possible so service coverage can be addressed.

If the death involves an immediate family member (spouse, child, parent or sibling) and the Fellow will require more time off, the Fellow should contact the fellowship program director or the Chief of Radiology as soon as feasible. Extended time off may be taken as a leave of absence.

#### **4. Interview Days Policy**

Fellows are allowed up to 3 days total to interview for a job.

All interview day requests must be approved by the fellowship director.

#### **5. Maternity Leave Policy**

Fellows becoming pregnant during residency should meet with the Fellowship Program Director early in the pregnancy. Fellows may take off up to 12 weeks per year for the birth or adoption of a child in accordance with the Family Medical Leave Act if eligible. Time beyond this must be approved by the Fellowship Program Director. Fellows will be paid for all accrued sick days. In addition, the fellow will be given up to two weeks (10 days) exclusive of Saturday, Sundays and holidays, to be used for any absence(s) due to the fellow's illness or maternity leave during the term of appointment, without being required to use accrued paid time off for illness. Time taken beyond this may be taken as vacation days, time without pay or a combination of the two. Fellows who deliver midway through a rotation must have completed 15 days of the rotation in order to receive credit for the month. If fifteen days have not been completed, the entire month will need to be completed at a later date. All rotations not completed while on leave need to be completed prior to the end of fellowship.

#### **6. Paternity Leave Policy**

A Fellow who is adopting a baby or whose significant other is pregnant should notify the Fellowship Program Director as soon as possible.

Pediatric radiology fellows may use 5 days of accrued time off immediately after the birth/adoption or anytime within a 12 week period after the birth/adoption. The 5 days do not have to be used consecutively and may be divided within the 12 week period.

All fellows may take up to 12 weeks off in accordance with the Family Medical Leave Act. Pediatric radiology fellows may use 5 days of accrued time off. Time taken beyond this may be taken as vacation time, time without pay or a combination of the two.

Regardless of how the time off is scheduled, the Fellow must complete a minimum of 15 days of the rotation to receive credit.

#### **7. Meeting Days Policy**

All categorical pediatric radiology Fellows are given 5 weekdays per year to attend a medical meeting. One or two of these days may be used as travel days. These days are non-transferable (i.e. cannot be changed to vacation days and must be used during the fellowship training). A Fellow at any level of training may use vacation days to attend a meeting. If available, the Fellow may use the educational stipend to help cover the cost of the meeting. (See the Stipend Policy for further details.)

All meetings must be approved by the Director of the Fellowship Program and the Department of Radiology Chairman. Audio or videotape meetings are not acceptable, regardless of the meeting's eligibility to provide CME hours.

Fellows will be required to sign up for CME hours while at the meeting. Following the meeting, the Fellow must provide a copy of his/her granted CME hours as proof of attendance.

A minimum of 2 weeks notice must be given prior to the meeting. If less than 2 weeks notification is given, the Fellow will be required to make arrangements for coverage of his/her already scheduled call nights.

### **8. Leave of Absence Policy**

Leaves of absence are granted on a case-by-case basis by the Fellowship Program Director, in accordance with applicable law. Leaves of absence are normally unpaid. The ability to use vacation and/or sick time will be decided by the Fellowship Program Director. The decision will be based on the underlying need for the leave of absence. Reasons for which a leave of absence may be granted include: the birth of a child or placement of a child by adoption or foster care; the serious health condition of a Fellow; the serious health condition of a Fellow's family member; and other circumstances. The Fellow may be terminated from the program if the length of the leave of absence extends beyond six (6) months. The Fellow may be required to make up all rotations missed.

## **SECTION VI                      BENEFITS**

### **1. Educational Stipend Policy**

All fellows are given a one-time stipend of \$1500, which may be used at any time throughout their one-year fellowship period.

Educational stipends may be used toward the purchase of educational materials such as books, audio or videotapes, computer programs, PDAs, medical equipment or computers. Books and supplies can be ordered from UMKC with sales tax exemption. If books or supplies are purchased elsewhere, all receipts should be given to the Fellowship Coordinator and the Fellow will be reimbursed. The Fellow will not be reimbursed for the sales tax if purchases are made elsewhere.

A Fellow may also use his/her educational stipend to cover the cost of attending a medical meeting. The meeting must meet the requirements as outlined in the Meeting Days Policy. This money may be used for registration fees, airfare or mileage reimbursement per Hospital Policy, hotel accommodations and food allowance. These funds cannot be used for a rental car unless the need for the car is justified and approved by the comptroller prior to leaving for the meeting. All airfare reservations must be arranged through the travel agency used by Children's Mercy Hospital (Executive Travel) in order to receive reimbursement. If a Fellow finds a lower airfare, this must be communicated prior to the purchase of the ticket. Upon return from the meeting, the Fellow must provide the Fellowship Coordinator with all itemized receipts and a copy of the CME certificate so that arrangements for reimbursement can be made.

### **2. Health Insurance**

The Fellow is eligible for group health and dental insurance for the Fellow and the Fellow's dependents, at the Hospital's expense. Health and dental insurance coverage is fully explained in and governed by the health insurance plan and summary plan description.

### **3. Other Insurance**

**Longterm Disability Insurance:** The Fellow is eligible for a benefit equal to sixty per cent (60%) of the Fellow's base salary if the Fellow is disabled for a period of at least ninety (90) days, in accordance with the terms of the life insurance policy.

**Professional Liability Insurance :** Professional liability insurance is provided through the Hospital's self-insured trust in the amount of two million dollars (\$2,000,000.00) at the Hospital's expense, in accordance with the terms of the self-insured trust.

All insurance coverage is explained in and governed by the terms of the applicable plan or policy and may change from time to time.

#### **4. Memberships**

Candidate membership in the Society for Pediatric Radiology (or comparable organization approved by the Fellowship Director) will be provided to the Fellow at the Hospital's expense.

#### **5. Flexible Spending Account**

The Fellow is eligible to participate in this optional account, which may be used to pay for child care, uncovered medical expenses, and health and dental insurance deductibles with pre-tax income.

#### **6. Meals**

The Fellow will be provided meals through the Hospital cafeteria at the Hospital's expense when the Fellow is on-call. The Program Director determines the amount of money available for the purchase of food.

#### **7. Parking**

The Fellow will be provided free parking at the Hospital during the term of the Appointment.

#### **8. Library**

The Fellow will be eligible to use the medical library located on the ground floor of the Hospital during the term of the Appointment; this library is available at all hours and on all days. The Fellow also is eligible to use the library at the University of Missouri-Kansas City at the times and on the days established by the University.

#### **9. Housestaff Quarters**

The Fellow will be provided a locker, on-call sleeping rooms and showers at the Hospital for the exclusive use of fellow in the Program, at the Hospital's expense if in-house call is required. No living quarters will be provided to the Fellow by the Hospital.

#### **10. Notary Public**

The Fellow will be provided Notary Public service at the Hospital's expense.

#### **11. Moving Allowance**

A moving allowance of \$300 is provided for any Fellow moving from outside the metropolitan Kansas City area.

## **SECTION VII**

## **FELLOW WELL-BEING POLICIES**

### **1. Prohibited Harassment**

The Hospital does not tolerate harassment of any kind. Harassment is verbal or physical conduct that denigrates or shows hostility or aversion toward a Fellow and/or his relatives or associates because of his/her race, color, national origin, gender, sexual orientation, age, religion, disability, or other basis prohibited by law, and that :

- 1) has the purpose or effect of creating an intimidating, hostile, abusive or offensive environment; or
- 2) has the purpose or effect of unreasonably interfering with an individual's work or educational performance; or
- 3) otherwise adversely affects an individual's employment or educational opportunities.

Any Fellow who believes he/she is a victim of harassment must bring the matter to the immediate attention of the Program Director. The Fellow also may use the grievance/complaint procedure set forth under Section I.7 above. Except in extraordinary circumstances, the Fellow shall put the complaint in writing, and the matter shall be promptly investigated. Confidentiality, to the extent feasible, will be maintained. The Fellow shall be informed of the result of the investigation. If the Fellow is dissatisfied with the outcome of an investigation, he/she may submit the complaint to the Executive Medical Director who will make the final decision.

Fellows who believe they cannot utilize the above procedure should contact the Hospital's Human Resources Department for confidential assistance.

A Fellow will not suffer adverse consequences for making a complaint or taking part in the investigation of a complaint. Fellows who knowingly allege a false claim, and any Fellow who violates this policy, shall be the subject of disciplinary action, including dismissal or termination.

### **2. Substance Abuse**

The Hospital has the legal right to implement rules on substance abuse governing Fellows' activities and conduct on or off Hospital property. Compliance with the requirement that Fellows be drug-free while on the job should be considered an essential qualification of employment.

Fellows should be aware of the following substance abuse policy guidelines:

- 1) The illegal use, sale or possession of narcotics, drugs or controlled substances while participating in the Program or on Hospital property is an offense that may result in dismissal or termination. Any illegal substances will be turned over to the appropriate law enforcement agency and may result in criminal prosecution.

2) Fellows who are under the influence of alcohol, or who possess or consume alcohol while participating in the Program or while on Hospital property, have the potential for interfering with their own as well as others' safety. Such conditions will be proper cause for disciplinary action, including dismissal or termination.

3) Off-the-job illegal drug use which could adversely affect a Fellow's job performance or which could jeopardize the safety of others or Hospital property is proper cause for disciplinary action, including dismissal or termination.

4) Fellows who are arrested for off-the-job activity may be considered to be in violation of this policy. In deciding what action to take, the Hospital will take into consideration the nature of the charges, the Fellow's status, the Fellow's record, and other factors relative to the impact of the Fellow's arrest upon the conduct of Hospital business.

5) Fellows undergoing prescribed medical treatment with a controlled substance should report this treatment to the Program Director, when the controlled substance may affect the Fellow's ability to perform his job without adversely affecting the health or safety of the Fellow or others. The use of controlled substances as part of a prescribed medical treatment program is not grounds for disciplinary action, although it is important for the Hospital to know when such use is occurring so that the safety and health of the Fellow and others may be protected.

The Hospital may allow the consumption of alcoholic beverages, in moderation, at some Hospital-sponsored events or meetings. The abuse of alcoholic beverages is prohibited by the Hospital in these situations, and may result in disciplinary action, including dismissal or termination.

The Hospital will provide assistance in certain circumstances for persons seeking to correct a substance abuse problem, and this will be encouraged in appropriate cases as explained in the Impaired Fellow Policy, section 13, below.

### **3. Policy for Impaired Fellows**

The purpose of the Impaired Fellow Policy at the Hospital is to promote the physical and emotional health and well-being of Fellows while providing safe patient care. This policy is designed to educate, detect, intervene upon, rehabilitate and monitor Fellows as impaired.

#### ***Philosophy***

It is the policy that Impaired Fellows be treated in the same manner as those subject to other treatable diseases with respect to confidentiality, retention in the program, performance, sick leave and other benefits.

#### ***Procedure***

1. Any person with reasonable suspicion that a Fellow may be impaired will report this to the chair of the Resident Education Committee or another member of the Committee if the chair is unavailable. A Fellow who recognizes possible impairment in himself may also approach the Committee to seek assistance.

2. An investigation will be conducted by the Resident Education Committee in conjunction with the Missouri Physicians Health Program to determine the validity of the report. If the investigation reveals that the Fellow poses a direct threat to the health or safety of himself or others, appropriate steps will be taken to remove the threat.

3. If the investigation reveals probable impairment, intervention will occur. The Fellow will be requested to submit voluntarily to an evaluation by an appropriate professional outside the Hospital and follow any recommendations made by the evaluator, Resident Education Committee, and Missouri Physicians Health Program staff. The Fellow will be given a choice of treatment locations. If the Fellow volunteers to submit to the evaluation and follow any recommendations made, the cost of treatment not covered by health insurance as well as fees for monitoring and follow-up shall be the responsibility of the Fellow unless otherwise required by law.

If the initial evaluation reveals that the Fellow is not impaired, the Hospital will pay the entire cost of the evaluation. Ongoing monitoring may be required if the evaluation reveals that the Fellow is not impaired.

If the Fellow refuses evaluation and/or treatment, the Program Director will be notified, and will decide on appropriate action. No report will be made to the Program Director if the Fellow agrees to evaluation and complies with all terms of the treatment program.

4. Long-term follow-up of the Fellow will be the responsibility of the Missouri Physicians Health Program which will report periodically to the Resident Education Committee. Upon termination of the Fellow from the Program, monitoring will be the sole responsibility of the Missouri Physicians Health Program.

5. If, during monitoring, the Missouri Physicians Health Program finds that the Fellow is not complying with treatment recommendations, the Committee for Resident Wellness will report such to the Program Director, who will take appropriate action.

6. The Impaired Fellow must receive a release to return to work from the treating professional and the Missouri Physicians Health Program before returning, absent extraordinary circumstances.

### ***Confidentiality***

Information regarding the Impaired Fellow and treatment will be maintained by a member of the Committee for Resident Wellness, in secure files separate from the Impaired Fellow's evaluation file, and released on a need-to-know basis only, in accordance with applicable law.

### ***Education***

It is the goal of the Program that Fellow impairment be prevented by education and early detection of potential impairments. To this end, a representative from the Missouri Physicians Health Program and/or the Committee for Resident Wellness will be invited yearly to give a presentation open to all Fellows, Hospital physician staff, community physicians and Hospital employees. Other education programs may occur when possible.

#### **4. Counseling**

The Children's Mercy Hospital offers an Employee Assistance Program. The EAP offers professional consultation and short term assistance and referral for additional assistance if necessary. The program is called 'New Directions.' Brochures are available through the Fellowship Program Director, or Human Resources.

**THE CHILDREN'S MERCY HOSPITAL  
POST-GRADUATE TRAINING POLICIES**

**APPROVED:**

_____ Date	_____ Fellowship Director Pediatric Radiology
_____ Date	_____ Chief, Radiology Children's Mercy Hospital
_____ Date	_____ Executive Medical Director Children's Mercy Hospital
_____ Date	_____ Director of Medical Education Children's Mercy Hospital
_____ Date	_____ Director of Graduate Medical Education University of Missouri at Kansas City School of Medicine