

BLESSING HOSPITAL  
QUINCY, ILLINOIS

<b>Policy Title: ROLES, RESPONSIBILITIES AND PATIENT CARE ACTIVITIES OF RESIDENT PHYSICIANS AND FELLOWS FOR BLESSING HOSPITAL</b>		
<b>Effective: 10/16/1998</b>		
<b>Originator:</b> Administration	<b>Administrative Responsibility:</b> Steve P. Sanders DO, MBA	<b>Policy Type:</b> Medical/Dental Staff
<b>Reviewed/Approved By:</b>	Graduate Medical Education Committee Medical Executive Committee Board of Trustees	11/08/02, 06/20/03 02/13/04, 04/06/04 - 04/19/04

**OBJECTIVE** – Acceptance to the SIU Family Medicine Training Program will be based on standards as determined by the accrediting body of the ACGME or American Osteopathic Association and SIU School of Medicine policies.

Prior to beginning a rotation, the resident/fellow will have been deemed, by the Program Director, capable of performing duties and accepting responsibilities as outlined in the goals and objectives. Residents' roles and responsibilities will be outlined in their job description.

The physician shall:

1. Perform such duties as may be assigned to the Physician by the Program Director in accordance with the description of the Residency Program prepared by the Program Director and subject to the approval of Blessing Hospital, which duties shall be performed by the Physician conscientiously, to the best of the Physician's ability and under the highest personal bond of professional morals and ethics.
  - a. The Physician shall meet the qualifications for resident eligibility specified in Paragraph II.A.1. of the "Institutional Requirements" Subsection of Section II ("Essentials of Accredited Residencies in Graduate Medical Education") of the current *AMA Graduate Medical Education Directory*.
  - b. As the position of the Physician involves a combination of supervised, progressively more complex and independent patient evaluation and management functions and formal educational activities, the competence of the Physician shall be evaluated by the Program Director on a regular basis with a record of the evaluation being held in the Physician's program file. Such evaluation will be part of the quality assurance program established for the purposes of reducing mortality and morbidity within Blessing Hospital.
  - c. Under the supervision of approved and credentialed attending teaching staff, the Physician shall:
    - (1) Provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
    - (2) Demonstrate medical knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care
    - (3) Participate in practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care
    - (4) Practice interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals
    - (5) Exhibit professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population
    - (6) Participate in systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively

call on system resources to provide care that is of optimal value

- (7) Develop a personal program of learning to foster continued professional growth
  - (8) Participate fully in the educational and scholarly activities of his/her program and, as required, assume responsibility for teaching and supervising other residents and students
  - (9) Participate in appropriate institutional committees and councils whose actions affect residents' education and/or patient care
  - (10) At least annually submit to the Chair of the GMEC (through the Office of Residency Affairs) a confidential written evaluation of the program faculty and of the educational experiences
2. Abide by and at all times conform to the Corporate and Medical Staff Bylaws, Occupational Safety and Health Administration (OSHA), Health Insurance Portability and Accountability Act (HIPAA), and the Illinois Department of Public Aid (IDPA) infection control policies and other rules, regulations and policies of Blessing Hospital; the rules and regulations of the School of Medicine and all other general guidelines and moral codes, both stated and published, governing the practice of medicine; and the statutes, rules and regulations of the State of Illinois, including without limitation the Medical Practice Act and any and all other laws, rules and regulations relating to the licensing of physicians in training and the practice of medicine in the State of Illinois.
- a. Accept no responsibilities for professional activities outside the scope of the Residency Program provided herein (including, but not limited to "moonlighting") unless approved in writing by Blessing Hospital and the Program Director, who shall have discretion as to whether or not such outside professional activities are permitted. With regard to those residency programs in which outside professional activities may be permitted, the physician shall adhere to the policy on professional activities outside the scope of residency training as approved by the GMEC.
  - b. Residents may perform and write the history and physical examination, add progress notes to the chart, dictate clinical summaries, and may sign and date all these documents.
  - c. Invasive procedures actually performed by the trainee will be approved by the trainee's attending physician in advance. Such advance approval may be obtained on a case-by-case basis or such other basis, as the approving physician deems necessary (such as publication of a general authorization for the house staff).

## **QUINCY FAMILY PRACTICE PROGRAM CRITERIA FOR ADVANCEMENT/PROMOTION**

The decision whether to promote a resident from the R1 to R2 years, the R2 to R3 year, and from R3 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 videotapes, rotation evaluations, and correspondence between departments and written examination (National Boards, In-service exams). 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, including licensure, credentialing, medical records, etc. in a timely fashion. All these parameters are evaluated.

The criteria for advancement shall be based upon the following parameters. Each of these parameters is assessed for each level of advancement. These parameters are:

1. **Patient Care** – Gather data; order diagnostic tests; interpret data; make decisions, perform procedures; manage patient therapies; work with others to provide patient-focused care.
2. **Medical Knowledge** – Fund of knowledge; active use of knowledge to solve medical problems
3. **Practice-Based Learning & Improvement** – Analyze practice performance and carry out needed improvements; locate and apply scientific evidence to the care of patients; critically appraise the scientific literature; use the computer to support learning and patient care; facilitate the learning of other health care professionals
4. **Interpersonal & Communication Skills** – Develop a therapeutic relationship with patients and their families; use verbal and non-verbal skills to communicate effectively with patients and their families; work effectively as a team member or leader.
5. **Professionalism** – Demonstrate integrity and honesty; accept responsibility; act in the best interest of the

- patient; demonstrate sensitivity to patients' ethnicity, age, and disability, includes absence of impairment.
6. **Systems-Based Practice** – Demonstrate awareness of interdependencies in the health care system that affect quality of care; provide cost-effective care; advocate for quality patient care; work with hospital management and interdisciplinary teams to improve patient care.

There are three steps, which shall be evaluated. The R1 to R2, the R2 to R3, and R3 to graduation steps. At each level, acceptable progress in the listed parameters will need to be documented. The following criteria will be required for promotion from one training level to the next:

**PGY1 to PGY2:**

Acceptable progress in areas 1 through 6  
Ability to supervise PGY1's and students  
Ability to perform with limited independence

**PGY2 to PGY3**

Acceptable progress in areas 1 through 6  
Ability to supervise/teach  
Ability to perform with increasing independence

**PGY3 to Graduation**

Competence in areas 1 through 6  
Ability to perform independently

Policies with respect to promotion/non-promotion to the subsequent year of training shall comply with the General and Special Essentials pertaining to that program. The decision for promotion or non-promotion shall be made by the Residency Program Director with consultation from the teaching faculty. A decision to withhold advancement or deny reappointment shall be taken only after documented counseling of the resident apprising him/her of the reason for such potential action, and documentation that the deficiencies have not been sufficiently corrected within a reasonable time. Notice to the resident that he/she will not be retained in the program for the upcoming contract year should occur four months prior to the expiration of the current contract whenever possible. If a resident believes that he/she has been dealt with unfairly in the above process, redress may be sought through the Resident Grievance Procedure.

### DISMISSAL

Dismissal of a resident whose performance is unsatisfactory will be communicated in writing to the resident in accordance with GMEC policies on academic deficiencies and corrective action. Appeals of dismissal actions shall be handled through the Resident Grievance Procedure.

### **References:**

**Collaborator(s):** Tom Miller, MD, Director, SIU Family Practice program; Steve P. Sanders, DO, MBA, Senior Vice President Medical Affairs, Blessing Hospital

**Distribution:** House-wide

**Supporting Forms:**

**Replaces Policy:**