

III. APPENDIX to Swedish Resident Agreement of Appointment

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SERVICE EXCELLENCE COMMITMENTS

Swedish Medical Center is committed to providing our patients with the highest-quality health care. As part of that commitment, all Swedish employees are expected to demonstrate these **service commitments when performing our job responsibilities.**

Patient Centered Care and Service:

To demonstrate this value, I will:

- Introduce myself to patients and make them my only focus when speaking to them
- When speaking with patients, families or visitors, take the time to ask what they need and if there is anything else I can do for them before I leave
- Maintain privacy by announcing myself before entering a patient's space, and keeping curtains drawn before I leave
- Assist people who are lost or unsure of their location to ensure that they get to their destination
- Refrain from discussing professional or personal problems in front of patients

Respect, Caring and Compassion:

To demonstrate this value, I will:

- Listen twice as much as I speak and not interrupt people when they are talking
- Strive to meet time commitments
- Welcome patients, team members and visitors, and interact with them as a respected guest
- Step aside for people entering and exiting the elevator, hold the door open for others, and assist people if they are struggling with what they are carrying

Teamwork and Partnership:

To demonstrate this value, I will:

- Speak positively about co-workers, other departments and Swedish Medical Center
- Help team members and work together to solve problems
- Be generous with compliments and with "thank you's"

Continuous Learning and Improvement:

To demonstrate this value, I will:

- Solicit input, take ownership and learn from my mistakes
- Try new things and adapt to change
- Take responsibility for improving my knowledge and skills, and participate in required education

Leadership:

To demonstrate this value, I will:

Set a positive example for others in everything that I do

Participate in organization-wide and department activities to help assure and improve patient comfort, safety and care

Provide honest feedback to others in a constructive manner

Take responsibility and ownership even if I didn't create the problem

1. Financial Support for the Resident

For the Swedish Residents in surgery, podiatry, and Family Medicine training programs, annual stipends are paid as shown in the Agreement of Appointment. Note: Chief Residents may receive additional compensation per the respective residency policy.

2. Vacation Policies

Vacation benefits cannot be carried over from one year to the next. No vacation time will be allowed during the last two weeks of the Appointment year. Vacation time must be taken as it is earned since no reimbursement is given for vacation not taken. It is best to plan well in advance. Check your specific Residency Program Manual for the approval procedure.

Official Holidays include July 4, Labor Day, Memorial Day, Presidents' Day, Thanksgiving, Christmas Day, and New Year's Day. Holiday scheduling information and restrictions are detailed in your Residency Program Manual.

3. Professional Liability Insurance

Each Resident is covered by a professional liability insurance policy. Residents are only covered by this policy during approved residency assignments for clinic and hospital patients.

Residents are not covered for employment and professional experiences that are not part of the residency training.

See Risk Management Reporting Procedure in the Swedish Resident Manual.

4. Professional Liability Insurance (Tail Coverage)

At the completion of training, tail coverage is provided for Swedish covered residents for activities that occur as part of the residency-training program.

5. Disability Insurance

Residents regularly scheduled to work at least twenty (20) hours per week are provided with basic long-term Disability (LTD) by Swedish Medical Center. Once enrolled, coverage for eligible Residents begins on the Date of Hire, subject to the limitations of pre-existing conditions.

Employees may elect to purchase supplemental LTD plan coverage that will provide a larger benefit on a payroll deduction basis. A summary brochure describing the benefits of the plan and specific requirements is available in the Human Resources Department and provided at New Resident Orientation.

Residents are covered for disability under two (2) programs: Swedish Medical Center provides a long-term disability income plan that provides 50% of your monthly earnings up to \$1,000 per month should a Resident sustain an injury or illness that prevents working. This coverage is effective the first of the month following the hire date. Swedish Medical Center has a Workman's Compensation Plan for Residents, which will provide a maximum of \$1,700 per month should the Resident sustain an injury or an illness on the job which prevents working. This monthly benefit preempts the benefits of the first program. Considering these two options, Residents may wish to purchase additional disability coverage. Contact the Human Resources Benefits Office at (206) 386-3636 if you have questions.

6. Health Insurance

Swedish Medical Center provides health insurance for the Resident, spouse, and children. Residents are encouraged to carefully select the program that best meets their needs. It is important to read carefully the specifications and requirements of each policy. Special attention should be given to the limitations on mandatory second opinion and to the pre-admission certification (PAC) and continued stay review (CSR) requirements for hospitalization. This information can be found in the Plan document that new Residents will receive with the benefits enrollment materials during orientation.

Residents may choose from the various health insurance plans offered by Swedish Medical Center to its employees. There are two PPO plans and one Consumer Driven Health plan (CDHP). Once a plan is chosen, no changes can be made outside of Open Enrollment without a qualifying event.

Each Resident receives a "flex credit" to offset the cost of the medical plan. The Standard PPO and Consumer Choice (CDHP) plans are available at no charge to the Resident. The Advantage

PPO plan requires a monthly premium. Full-time Residents may enroll eligible dependent(s) on the Standard PPO or Consumer Choice plan at no charge through December 31, 2006. Beginning January 1, 2007, all plans will require a premium share for dependent coverage. Resident-only coverage will remain available at no charge. In addition, Swedish provides Residents Dental, Basic life and Basic LTD at no charge. Another benefit for Residents is that Health Insurance coverage becomes effective the first day of employment, unlike other employees who must wait until the first of the month following their hire date.

If an eligible Swedish Resident, spouse, or dependent is hospitalized at Swedish, the balance is the responsibility of the Resident. If you or your family receive services or are hospitalized at a Swedish facility, your out of pocket expenses may be lower than at other facilities. The facility charges, i.e. room and board, at Swedish Medical Center will be covered at 100% after deductible under the PPO plans. Other services provided will be covered at the coinsurance rate for the appropriate PPO plan. The Consumer Choice plan works a little differently from the PPO plans. It features a Healthcare Savings Account (HSA) that offers first-dollar coverage for your health care needs, after which a deductible will apply. Residents should read the Plan document and review the Benefit Summary Matrix carefully when selecting a medical plan.

Please note:

Items that are not reimbursed include co-pay for office visits, co-pay for prescriptions, and deductibles for any of the policies selected.

Plan Options:

Employees may choose one of three (3) Swedish Medical Plans. There are two PPO plans. One has a \$250 deductible (the deductible for the Standard PPO plan will decrease to \$200 effective 1/1/07) and 80/20 coinsurance. One has a \$150 deductible and 90/10 coinsurance. This deductible starts when the Resident is hired and then starts over in January of each subsequent year. The Consumer Choice has a higher deductible that starts after the Healthcare Savings Account (HSA) is exhausted.

Vision and pharmacy benefits are included in all three plans. All three plans offer the same vision and prescription coverage. As an added benefit, employees can fill their prescription at any of the Swedish pharmacies and receive a discount.

It is to the Resident's benefit to review each plan carefully. The Resident is advised to check the types of services most likely to use for the coverage and any related referral requirements. Each Resident should be prepared to complete enrollment paperwork during orientation and to identify a physician covered by the plan selected.

Reimbursement Accounts:

The Resident may also wish to sign up for the "Health Care and/or Dependent Care Reimbursement" Accounts. These accounts will allow the employee to pay for certain expenses with pre-tax dollars. Some qualified expenses under the Health Care Reimbursement account include deductible, co-pays, and co-insurance. For example, using a reimbursement account for the deductible will save paying income taxes on the \$250, or about 30% depending on your tax bracket. This system is also advantageous for those Residents who have Day Care expenses. Questions: Soklinh Khoi 206-386-6845.

Default Benefits:

If you fail to enroll within 31 days of your effective date of coverage (your first day as a Resident), Swedish automatically assigns default benefits which cannot be changed until the following calendar year by electing different coverage during the Open Enrollment in the Fall. The Default Benefits DO NOT cover benefits for your dependents. The Default Benefit Plan is the Swedish Standard PPO Plan that has a \$250 (the deductible for the Standard PPO plan will decrease to \$200 effective 1/1/07) and deductible and 80/20 coverage, dental, basic life and basic Long Term Disability.

Open Enrollment Dates For Benefits Changes:

An open enrollment is held in the fall of each year for a January 1st effective date. Employees may at that time elect to switch coverage from any of the plans. This is the only time an individual will be allowed to change medical plans. Eligible dependents may be added to the employee plan at this time. New enrollment forms must be completed prior to any changes taking effect.

Prescriptions for Residents:

Residents may not prescribe for themselves or members of their family. The Resident is encouraged to select an established practicing physician to provide appropriate care. All deductibles and co-payments are the responsibility of the Resident.

7. Dental Insurance

Premiums for dental insurance through Washington Dental Service are provided for the Resident by Swedish Medical Center. Residents may obtain dental insurance for dependents by paying additional premiums. The deductible portions and additional fees not covered by the dental plan are the responsibility of the Resident.

8. Life Insurance

Swedish Medical Center Residents are provided a life insurance policy with death benefits equal to the Resident's annual stipend. The Resident may obtain an additional equivalent amount of life insurance by paying the additional premium.

9. Professional Education Benefits

Check with your individual residency program for the specific benefits and funds available. If you are not already certified, ACLS is provided to incoming Residents during Orientation. You must have a current Basic Life Support certification when you begin your first day of residency. Please note that you must follow the organizational Purchasing and Travel Policies when using these funds.

10. Parental Leave of Absence Benefits

Female Residents are eligible for up to six- (6) - eight (8) weeks' leave of absence for maternity leave. This leave is without pay after use of accumulated sick leave benefits and vacation time. Swedish Medical Center policy does not allow use of sick leave days for paternal leave. Parental leave requested must use accrued vacation time first, then be unpaid. The leave must have the approval of the Benefits Department. Makeup time will be considered in order to complete program requirements.

In the case of family leaves and maternity leaves, all Residents complying with legal requirements including the Family and Medical Leave Act and American with Disabilities Act will be granted leave and will be reinstated in accordance with the law. Please refer to the current Policies under Swedish Human Resources standards for more details.

11. Sick Leave Benefits

Sick leave accumulates at the rate of one (1) day per month. In case of sickness, the Resident's established practicing physician is responsible for recommending excused sick time from duty. It is necessary to provide a physician's written recommendation to the Program Director or the director's designee in order to make appropriate arrangements and prepare required documentation. The practicing physician is also responsible for recommending appropriate timing for return to duty.

12. Leave of Absence Policy

A leave of absence is any approved extended absence from work (whether paid or unpaid) when the Resident is not available to work the normal regular schedule. A request for leave is given to the Residency Program Director in advance of the date requested. Benefits will not accrue during the leave period; however, no loss of earned benefits will occur because of the leave.

13. Policy on Effect of Leave for Satisfying Completion of Program

An extended leave of absence from the residency program due to sickness or maternity will be evaluated by the Program Director to determine the need for make-up time in order to complete the training and qualify for specialty board examinations. The Program Director will work in consultation with the Graduate Medical Education Committee using ACGME established training time requirements and related Board requirements as a guide.

14. Conditions For Living Quarters, Meals, Laundry, Call Rooms And Lockers:

Chief Residents will orient the Resident to the assigned call rooms and procedures. Each Resident is expected to bring a personal lock to use on lockers for security.

Medical Staff Lounges:

Residents may use the Medical Staff Lounge on either campus. Appropriate behavior, attire, and respect of protocol are expected. Please note: In the Medical Staff Lounge on the First Hill campus, lunch charges do apply for Residents, as well as other medical staff members. The meal cards issued for on-call nights cannot be used to pay for these lunch purchases. Check with your Chief Resident for additional Lounges available when assigned to specific services and campuses.

Meals Benefits When On-Call:

Meal benefits will be provided to each Resident to cover an evening meal and breakfast the following morning for nights on-call in-house. The on-call benefits are pre-loaded onto the Swedish photo identification badge for food purchases at the main cafeterias. You may add personal funds to cover meals at other times. In order to receive the 20% employee discount, you must use the photo ID badge payment system (GEMPay)

Food Purchase Discounts:

A Resident is eligible to receive the 20% employee discount at the main cafeterias when purchasing meals. In order to receive the 20% discount, you must use the Swedish photo ID badge payment system (GEMPay). **IOUs ARE NOT PERMITTED AT THE CASH REGISTER.** In addition, it is hospital policy that dishes, trays, and utensils may not be removed from the cafés. Disposable items are available

Designated Smoking Areas:

Swedish Medical Center is committed to the promotion of good health and the prevention of disease. Smoking is recognized as both a health and a fire hazard. In the interest of health and safety, the following regulations on smoking will be observed. Smoking IS ONLY permitted within designated areas.

Uniforms:

Residents are expected to be neat and professional in appearance and behavior at all times. This reflects concern and respect for patients and their families. It is mandatory that Residents wear their photo identification badge when on the hospital floors and in the cafeteria. Name and photo must be clearly visible.

Scrub suits are to be worn only in the surgery and delivery room suite areas and may be used for sleeping in at night. To assist in maintaining a neat appearance and to protect personal clothing,

Swedish Medical Center Residents will be issued white coats. Residents may wear either a long or short white coat.

Operating Room Dress Code:

When in the Operating Room, Residents must adhere to the dress code policy for the OR facilities. For Residents in surgical areas, the wearing of specific OR apparel is confined to the OR suites. When leaving the OR suite, OR apparel may be worn within the confines of the hospital campus (e.g., cafeteria, credit union, personnel office, parking garage) provided that it is clean and covered with a fastened-up white coat. Head and shoe coverings are to be removed. The in-house dress code policy will be adhered to when outside of the OR suite.

Surgical Scrubs Policy:

All personnel entering the semi-restricted and restricted areas of the surgical suite should be in proper OR attire. The OR suites and adjacent areas are designated into three separate areas:

Restricted Area/Operating Rooms:

OR attire consists of scrub suit or dress, shoes, panty hose or socks, head covering, and mask. Visitors from departments such as Pathology may wear jumpsuit over street clothes, head coverings and masks. Impervious shoe covers are required when the possibility of contamination of the feet or lower legs by blood or body fluids is significant.

Semi-Restricted Area:

Peripheral support area of surgical suite. In storage areas for clean and sterile supplies, work areas for storage and processing of instruments, corridors to the Restricted Area, appropriate OR attire consists of scrub suit/dress and head coverings.

Unrestricted Area:

Where street clothes are permitted. This area permits limited access for communication among personnel in the surgical suite or hospital and with patient families.

Off Campus:

Anyone traveling off-campus to nearby banks, restaurants, and retail shops must be in street clothes. Swedish Medical Center's standards of grooming require that special care area uniforms are to be worn only in the areas for which they are intended and are not to be worn out of those areas or off the hospital campus. Swedish Medical Center and the Resident's personal professional image are to be considered at all times.

15. Counseling, Medical, Psychological Support Services

Psychiatric care (by a psychiatrist, psychologist or other qualified professional) is provided to Residents through their individual insurance plan. The PPO plans will pay up to 50% of applicable charges after the deductible has been met. The HMO plan also has coverage for mental health care. The aim of psychiatric care, as in other care, is to bring the Resident to a state of health such that the Resident may continue residency training. Psychiatric care for spouse and/or dependents is provided to the limit paid by the individual plan selected by the Resident. The balance is the responsibility of the Resident.

Residents are also eligible for the services of the Employee Assistance Program.

For more information, see

<http://intranet.swedish.org/wellness/EAP%20page.html> from a campus computer.

16. Physician Impairment And Substance Abuse

It is the policy of Swedish Medical Center to provide a drug-free workplace and a drug-free workforce. Residents are subject to the same policies as other employees of Swedish Medical Center. Employees are expected and required to report to work in condition to perform their responsibilities safely and efficiently and must remain in such condition while at work and while

on call. The Fitness for Duty Policy has been established to help assess employees when there is reason to be concerned about substance abuse based impairments. It is the intent of Swedish Medical Center to provide a work force free of substance impaired individuals.

17. Professional Behavior Policy

Every patient who comes to a Swedish facility for care trusts that all personal and healthcare information will remain confidential. It is expected that limited access is maintained to all confidential healthcare information not just in the medical record, but on computers, requisitions, worksheets; whether sent by fax, email, voice mail. Residents are to maintain control of all forms of private healthcare information and to be aware of the surroundings if discussing patient information

Unacceptable disruptive conduct may include, but is not limited to behavior such as:

1. Attacks (verbal, written or physical) leveled at an employee, student, volunteer, member of the medical or allied health staff, patient or visitor which are personal, irrelevant or go beyond the bounds of fair professional conduct.
2. Inappropriate comments (or illustrations) made in the patient medical record or other written documents regarding employees, students, volunteers, members of the medical or allied health staff, patients, visitors, or Medical Center and its policies.
3. Non-constructive criticism addressed to its recipient in such a way as to intimidate, undermine confidence, belittle or imply stupidity or incompetence.
4. Conduct that demeans the dignity of any person(s) or disrupts the orderly operation of the Medical Center or that is inconsistent with the mission and values of Swedish Medical Center.

Swedish prohibits all forms of unlawful and unacceptable harassment, including harassment due to race, color, religion, sex, national origin, age, marital status, sexual orientation and disability. Sexual harassment is a form of discrimination and is expressly prohibited. Conduct, which may constitute sexual harassment, includes repeated, unsolicited verbal comments, gestures, drawings, e-mail, or physical conduct of a sexual nature, which is unwelcome and damaging to the integrity of the employment relationship.

Examples of such conduct include:

1. Unwelcome or unwanted physical advances of a sexual nature. This includes patting, pinching, brushing up against, hugging, cornering, kissing, fondling or any other similar physical contact unacceptable to another individual.
2. Requests or demands for sexual favors. This includes subtle or blatant expectations, pressures, or requests for any type of sexual favor accompanied by an implied or stated promise or preferential treatment or threat of negative consequences concerning one's employment status.
3. Verbal abuse or joking that is sexually oriented and unacceptable to another individual. This includes comments about an individual's body or appearance where such comments go beyond a mere compliment; sexually oriented comments, innuendoes, or actions ("dirty jokes") that should reasonably be known to be unwanted or offensive to others.
4. Any type of sexually oriented conduct that unreasonably interferes with another's work performance.

Pleasant, courteous, mutually respectful and non-coercive interaction between individuals that is acceptable to all the parties involved is not sexual harassment.

It is the role of health care providers to help patients to make the best medical decisions based on the patient's own beliefs and values. It is not appropriate for health professionals to impose their own beliefs and values on their patients. Though it is not possible to provide a comprehensive list of the possibilities of such intrusions, areas that must be treated carefully with patients include, but are not limited to, politics, sexuality & orientation, lifestyles, and religious practices. As an example, prayer may be important to a patient and a physician may respond to a request from a patient to pray. However, if a physician solicits a patient to pray with the physician, the physician's beliefs and values are inappropriately imposed on the patient. Since health care providers may be considered to be in a position of authority or power over patients, it is critical that providers refrain from any action that could be interpreted as attempting to change or influence the beliefs or values of patients.

Procedure to Investigate A Complaint:

Problems that cannot be resolved informally, including allegations of harassment or disruptive behavior and complaints involving allegations of unprofessional or disrespectful conduct, will be investigated and resolved in accordance with this policy.

If an employee, resident, volunteer, member of the medical or allied health staff, patient, or visitor is subject to or observes harassment or disruptive behavior, it is appropriate to intervene (on one's own or on another's behalf) if at all possible, requesting that the behavior cease. It is desirable that the parties involved speak calmly, privately, and resolve the incident between themselves in a positive and constructive manner on an informal basis as soon as possible.

If a problem cannot be resolved informally by the individuals directly involved or if one of the parties refuses to meet to discuss the incident, the following process should be pursued:

1. A resident, medical student or employee should notify the Residency Program Director or the Resident Organization Ombudsman within 14 days of the incident and provide a written account of what occurred. Patients or visitors who experience disrespectful or disruptive behavior may contact Patient Relations.
2. If the person receiving the report decides the situation warrants further action, the Director of Medical Education or the Vice-President for Medical Affairs will be asked to help arrange a meeting and facilitate resolution of the incident. The goal of this meeting will be to enhance understanding of each other's perspectives, to make it clear that the disruptive behavior or sexual harassment is unacceptable, and to develop an agreement about future working relationships. Summary notes of the meeting will be written by the Director of Medical Education or the Vice President for Medical Affairs and submitted to the responsible Program Director and kept in the individual's permanent training file.

Voluntary resolution is the preferred methodology. If effective resolution cannot be achieved, if it is determined that disrespectful or disruptive conduct or sexual harassment occurred, or if there appears to be a pattern of disrespectful or disruptive behavior, disciplinary action may be pursued as per the Status, Disciplinary, and Appeals Policy in the Resident Manual.

In all cases, the aggrieved individual shall be kept informed, as appropriate, of action taken to resolve the complaint. To the extent possible, the report or complaint will be handled in a confidential manner. Swedish Medical Center's Department of Medical Education expressly prohibits any retaliation against anyone who makes a complaint or who provides information about possible violations of this policy.

18. Policy on Faculty Supervision of Residents and Med Ed Fellows

The Graduate Medical Education Committee (GMEC) at Swedish Medical Center (SMC) is directly responsible for oversight of all resident and medical student educational programs, as well as the fellows who train at Swedish with restricted Washington State Medical Licenses. The Vice President for Medical Affairs for SMC sits on the GMEC and provides administrative oversight at the senior management level for the medical staff and governing bodies of the hospital for the GME programs. The patient must have daily contact with the Attending Physician. The medical record must reflect the nature of the Attending Physician contact with the patient and supervision of the care.

Attending Oversight

Medical Care:

Medical care provided by residents at Swedish Medical Center is done only under the supervision of Attending Physicians. The requirements to be an Attending Physician include:

Active medical staff membership at SMC and adherence to the residency program and the medical staff policies regarding resident supervision; Current unrestricted license as a Physician in the state of WA (allopathic, osteopathic or podiatric); Board certification or Board-eligible in the appropriate discipline as stated in the Medical Staff Bylaws; and Clinical privileges at SMC in the procedure/care being provided to the patient.

Procedures:

Resident-performed procedures are adequately supervised as a part of the quality program and to be certain that Residents learn the procedures and techniques adequately while promoting patient safety. The Attending Physicians are ultimately responsible for the care provided to their patients whether or not the Attending Physician is present at the time the care is provided by the Resident. Residents are expected to gain increasing autonomy as they proceed through their training years. While it is not necessary to have an Attending Physician present for every aspect of care provided by a Resident, Resident autonomy is not allowed until competence is demonstrated and documented for specific aspects of care, especially invasive procedures.

Resident Physicians are required to notify an Attending Physician when a procedure is to be performed whether or not the Resident requires the direct supervision by either a more Senior Resident or an Attending Physician unless prior agreement has been made. Generally, Attending Physicians or Senior Residents will directly supervise first-year Residents. Residents in the 2nd through 5th year level may not require a supervising Attending Physician to be present, dependent upon the nature of the procedure and whether the Resident has adequate prior experience and demonstrated competency. This supervision policy does not include the specific additional requirements that may be applicable for billing third party payers.

Each Resident's training experience is unique. Resident-performed procedures must be evaluated separately by the Attending. Documentation of the procedure is the responsibility of both the Resident and the Residency Program as it may be required for future privileging. Each resident is evaluated by the Attending Physicians who have supervised the resident during or at the end of each rotation.

Informed Consent

The Attending Physician must obtain the Informed Consent of the Patient in accordance with the Swedish Medical Staff Rules and Regulations. Consent must be obtained in accordance with the Swedish Policy for Special Consent in the Clinical Standards Manual. When authorized by the Attending, Fifth-Year Chief Surgical Residents on the Swedish/First Hill Campus may obtain Informed Consent from the patient.

Medical Records

A Resident may write in the medical record including dictation of the operative report. In accordance with Medical Staff Bylaws/Policies and Rules and Regulations, only the Attending Practitioner may complete the signature portion of the face sheet. The Attending's signature on

the face sheet satisfies the regulation relative to verification that the chart is complete and accurate.

A Resident may issue a written or verbal pass for an in-patient who is being followed by the Resident with the approval of the Attending.

Additional Requirements

Additional Requirements: Refer to the respective Residency Program Manual for faculty supervision requirements for specific procedures performed by a Resident.

19. Resident Obligations

As part of the Agreement of Appointment, the Resident agrees to fulfill the educational requirements of the Residency Program and to accept and comply with obligations and responsibilities as outlined in the Resident Manual and the respective Residency Program Manual.

Each Resident must comply with the laws, regulations, and policies to which Swedish Medical Center employees and the Residency Programs are subject, as well as the Medical Staff Bylaws, Rules and Regulations, Swedish Resident Manual, and specific Residency Program Policies and Procedures.

All patients admitted to the Teaching Service will be the responsibility of the Residents. Each Resident will provide care for all patients admitted to the service with the guidance and supervision of the Attending Physician. Except in emergency circumstances, Residents will not be expected to provide care for patients of physicians who are not members of the Teaching Staff. In such circumstances, however, it will be expected that all physicians, including Residents, will render whatever service is needed in the interest of patient welfare. The Residents will be expected to carry out a timely, complete work-up on all newly admitted patients, arrange for necessary pre-operative care and evaluation, participate in the operative procedure and provide appropriate postoperative care, including intensive care.

Residents are responsible, as are all physicians, for keeping accurate and complete medical records. All records must be completed on a timely basis. The patient's chart should be completed within twenty-four (24) hours after the patient's discharge. Operative notes must be dictated within twenty-four (24) hours of the operation.

20. Duty Hours

In accordance with the ACGME requirements, residents in all specialties will be limited to eighty (80) hours per week, averaged over four (4) weeks. There will be a ten (10)-hour minimum rest period between duty periods, and a twenty-four (24)-hour limit on continuous duty time, with an added period of up to six (6) hours for transfer of appropriate management and continuity of care and didactic activities.

One 24-hour day in seven (7) must be free of patient care responsibilities. In-hospital call will be scheduled no more frequently than every third night. If a resident is taking call from home or via pager, if called in, then the time spent in the hospital must be counted toward the eighty (80)-hour weekly limit. The respective residency program will assign the normal weekday hours. Refer to your Residency Program Manual for more information.

If the ACGME RRC of a specific program allows that an exception for training time may be in order up to ten percent additional hours per week, the Swedish Residency Director may petition the Swedish Graduate Medical Education Committee for consideration of this exception for the individual residency. The proposed schedule and specific rotations must be presented to the GME Committee for pre-approval to exceed the eighty (80) hours per week.

The Graduate Medical Education Committee will hear a report from the Chief Residents regularly to oversee compliance with the Duty Hour requirements for each program and the institution. The survey will include assessment of the priority of education over service in scheduling, adequacy of supervision, and the faculty support, consultation, and availability.

An annual report of compliance with duty hour standards and resident survey results will be given to the Swedish Medical Executive Committee and Board of Directors as part of the GME Committee Annual Report.

Swedish Medical Center adheres to all ACGME mandates related to Duty Hours:

- No more than 80-hour workweek averaged over 4 weeks
- 1 day off out of 7
- On call no more than every 3rd night
- 10 hours rest after daily duty or in-house call
- In-house call = 24 hours + up to 6 (must leave at 30 hours)
- Check your residency specific policies for specific scheduling details

21. Confidentiality

Residents will likely handle information that is sensitive to the patient, Swedish Medical Center, or protected by Federal or State Law. Therefore, the Resident is expected to ensure the confidentiality of information by actively protecting it from improper disclosure. Residents will not share, or allow to be shared, any information received on a privileged basis except as needed by other individuals in the performance of work responsibilities.

Patient information, patient records, employee records including personnel and payroll, hospital financial and operating data, electronic mail, and any other information of a private or sensitive nature is considered confidential. This definition applies to confidential information stored on any medium including written records and electronic files. All Swedish employees, Residents, and medical staff members are required to sign the Swedish Confidentiality and Non-Disclosure Agreement.

Residents will adhere to Health Information Portability and Accountability Act (HIPAA) and protect confidential information by limiting access to and discouraging the inadvertent or negligent disclosure of such. Confidential information must only be discussed in the appropriate work setting, not in public areas, such as the cafeteria, elevators, or outside Swedish Medical Center. Residents are not authorized to accept a patient's request for special restrictions for the use and disclosure of the patient's protected health information (PHI). Any such request is to be directed, in writing, to the Swedish Privacy Officer. Any Resident who violates the confidentiality of any information will be subject to discipline, including discharge.

Residents must follow the Information Confidentiality and Non-disclosure Policy and sign the agreement included in Section 38 of this document.

22. Prescribing Narcotics

Strict interpretation of the present rules and regulations of the Washington State Board of Medical Examiners and the Board of Pharmacy allows only licensed physicians to write prescriptions. The prescription for a narcotic drug must also contain the physician's DEA number. It is advisable that a minimal quantity of medication be prescribed. R1 and R2 Residents will have a Swedish Medical Center Pharmacy assigned DEA number. At the beginning of the R3 year, when Residents obtain a permanent Washington State license, they may obtain their own DEA number. The application is for a three-year period.

23. Resident Appointment/Visas

Swedish Medical Center participates in the National Resident Matching Program (NRMP) in graduate medical education to provide the opportunity for both programs and applicants to

consider selection options. Applications are submitted through the Electronic Residency Application Service (ERAS) offered by the Association of American Medical Colleges (AAMC). Once the NRMP matching process is completed, a letter of appointment is sent to each resident confirming the match to train at Swedish Medical Center. Once the resident has accepted the appointment, an Agreement of Appointment is finalized. The Resident Manual becomes a portion of that Agreement of Appointment, along with the expectations outlined in the respective Residency Program Manual.

Swedish will sponsor International Medical Graduates who meet the qualifications for J1 visas. Residents wishing to obtain a J1-visa to participate in training at Swedish Medical Center must meet the requirements for sponsorship through the Educational Commission for Foreign Medical Graduates (ECFMG) and participate in the Electronic Residency Application Service.

Should a vacancy occur beyond the first year of training, applications are submitted directly to a search committee appointed by the individual residency in which the vacancy occurs. The search committee in accordance with the individual residency program's policy will determine the selection of new residents.

The purpose of these appointments is to complete the specific Graduate Training Program in accordance with the standards of the "Essentials of Accredited Residencies" adopted by the Accreditation Council for Graduate Medical Education. Each party is to fulfill and comply with these standards.

The Swedish Medical Center Programs and the Participating Institutions fully endorse and support the primary purpose of the appointment of a Resident to one of its approved graduate training programs. The ability of Swedish Medical Center to maintain the current programs is supported by the Administration of Swedish Medical Center.

The Graduate Medical Education Committee includes representative program directors and residents from both Swedish Medical Center programs and from affiliated training programs in order to ensure communication and cooperation among the programs and adherence to the regulatory agencies, Residency Review Committees, and specialty Board guidelines.

24. Duration of Appointment

Initial appointments at the R1 level for family medicine and surgery will be offered within the framework of the National Resident Matching Program and will be subject to the acceptance of the Resident. No appointment will be for more than twelve (12) months. Notification of reappointment will be made at least six (6) months prior to the termination of the Resident's existing appointment.

Podiatry Residents are matched through the Central Application Service for Podiatric Residencies.

It is expected that Residents matching in the Family Medicine Residency, Podiatry, and the Categorical Surgery Residency positions will continue throughout the respective three (3), three (3), and five (5) years of the training programs.

25. Conditions for Reappointment

Swedish Medical Center maintains Accreditation Council for Graduate Medical Education (ACGME) approved three- year Family Medicine and five-year General Surgery Residency Programs, as well as CPME approved Rotating Podiatric Residency (PSR-12) for 12 months and Podiatric Surgical Residency (PSR-24) programs in Podiatry. A separate Agreement of Appointment is made each academic year between Swedish Medical Center and the Resident. Providing the Resident performs the expected training requirements and progresses satisfactorily through the curriculum, Swedish Medical Center will maintain an appointment relationship until the completion of the Residency Program. The spirit of this Agreement of Appointment is based

on the premise that both the Resident and the Program share mutual responsibilities which are intended to result in the successful completion of the program to qualify the Resident for certification examination by the appropriate specialty board.

Note: Two Preliminary positions are offered in the Surgical Residency Program for individuals desiring one or two years of General Surgery prior to subspecialty training. These preliminary appointments are for twelve (12) months.

26. Conditions of Non-Renewal of Appointment

If a Resident fails to meet the conditions of the initial Agreement of Appointment, the Program Director must inform the Resident of non-renewal of Appointment for a subsequent year of training in writing four (4) months in advance of the usual termination of the current annual Agreement of Appointment. This decision is based on demonstrated knowledge, skills to perform at the next level of training, and successful completion of all required rotations. The Resident may request a one (1) month reassessment, and the Director of the Residency Program may grant this extension at his discretion. However, both parties must agree to set aside the four (4) month advance notification of termination as noted above.

Note: Termination by suspension may occur at any time during the Resident's year based on the Probation and Suspension process if required.

27. Policy on Professional Activities Outside of Program

Swedish Medical Center discourages professional activities outside the educational program for its Residents, believing that the time and effort required for training are incompatible with additional part-time work. In addition, professional liability protection is not provided for activities outside the approved program.

Residents with a limited license in Washington State are only licensed to practice medicine in conjunction with the duties as a Resident physician under the supervision and control of a physician licensed in Washington State. Residents are not required to moonlight. Residents engaged in moonlighting must have a full license for unsupervised medical practice in the state where moonlighting occurs. The Program Director must have full knowledge of any moonlighting activities and keep written acknowledgment of that activity in the Resident's permanent file.

28. Grievance Procedures

If a Resident or a group of Residents has a grievance concerning the education experience and/or benefits as understood in the Agreement of Appointment with the hospital, this complaint should be made known in writing to the Director of the respective program. If reasonable progress towards correction has not been made within one month, the Resident or a group of Residents has the right to submit the grievance to the Department Review Committee as outlined in the Appeals Process below (Section C. 33).

Changes in a Residency Training Program's educational goals, objectives, or curriculum are excused from the one-month time constraints of this section and must realistically occur over a year's time as the Residency Program evolves.

29. Policies on Gender or Other Forms of Harassment

Non-Discrimination Policy:

It is the policy of Swedish Medical Center that no individual shall, on the grounds of race, color, age, sex, sexual orientation, marital status, religion, national origin, or disability, be excluded from participation, denied the benefits of, or subjected to discrimination in employment or under any program or activity at Swedish Medical Center. It is the intent of Swedish Medical Center to maintain a work environment that is free from discrimination.

Harassment:

It is the intent of Swedish Medical Center to maintain a work environment that is free of all forms of harassment, including harassment based on race, color, age, sex, sexual orientation, marital status, religion, national origin, or disability. Harassment is defined as behavior that creates an intimidating, hostile or offensive environment. Prohibited harassment includes verbal or written abuse, slurs, jokes, innuendoes, cartoons, and pranks which are reasonably offensive to employees or patients, and physical harassment.

Sexual Harassment:

Policies and procedures are in place in your respective Residency Program manuals and in the Human Resources Department that outline the manner in which complaints of sexual harassment and exploitation are investigated. The purpose of these policies is to protect Residents from being sexually harassed and exploited.

Sexual Misconduct:

The prohibition against sexual contact between a physician and a patient is well established and embodied in the Hippocratic Oath.

If allegations of misconduct for any of the above are found to be accurate, disciplinary action up to and including dismissal from the Residency Program may be taken according to the Dismissal Procedure outlined in section 26 below.

30. Residency Closure/Reduction Policy

At least eighteen- (18) months' notice will be provided in case of a planned residency closure or reduction in numbers of existing positions. This decision would require involvement of the Graduate Medical Education Committee and Swedish Administration in planning a smooth transition. The Director of Medical Education and the respective Program Director would facilitate transfer of Residents to another program for completion of training.

31. Evaluations**Rotation Evaluation of each resident:**

Attending evaluates each resident on each rotation for these characteristics:

1. Basic medical knowledge
2. Clinical Analysis and Problem Solving
3. Clinical judgment
4. Ability to take appropriate responsibility
5. Interest and willingness to work
6. Relationship with staff and patients
7. Personal and professional ethics
8. Personal and professional growth

Although there are variations in the evaluation form used by the various Attending Physicians and residency programs, the above categories are consistent features for each evaluation. In addition, age-specific competency assessment will be included in the appropriate rotation evaluation. Residents meet with the Program Director or the Director's designee quarterly for a review of their performance and professional growth. At the time of this evaluation-interview, concerns with respect to a Resident's abidance of rules and regulations as stipulated in the Resident Manual, as well as suggestions for improved performance or corrective behavior, will be made by the Evaluator. This process provides an opportunity for the Program Director to encourage the Resident and compare individual progress to accepted standards that lead to readiness for board certification.

Annual Composite Evaluation of the Resident:

At least annually, the Program Director and faculty will conduct a performance evaluation of each resident. The resident's evaluation will include assessment of ACGME-defined core competencies including patient care, medical knowledge, practice-based learning and

improvement, interpersonal and communication skills, professionalism, and systems-based practice. The annual review will also include assessment of age-related competencies in relevant areas of practice. After the evaluation is discussed with the resident, both the faculty advisor and the resident will sign the written document. This will be kept in the permanent records of the residency program.

Resident Evaluation of the Program and Faculty:

Residents are given the opportunity and have the obligation to express concerns regarding any deficiencies in their education experience or in the hospital's fulfillment of benefit obligations as presented in the Residency Agreement, Residency Program Manual or the Resident Manual. At least annually, Residents will confidentially evaluate the program, faculty, and director to provide input for continuing improvement of the training programs.

Off-Site Rotation Performance:

When a concern for a Resident's performance occurs on a rotation assignment away from the Swedish Residency Program site, this concern must be based upon standards and educational objectives defined for that rotation. These are determined in advance as part of the Institutional Agreement between the Residency Program Director and the Director of the Educational Rotation to which the Resident is assigned. The Resident must follow the Rules and Regulations of the institution or rotation site.

Evaluations for residents will include training and advancement in the Core Competencies, as defined by ACGME. These include:

- Medical Knowledge - evidence-based practice, residency curriculum
- Professionalism - patient-centered care, sign-out systems, behaviors policies, ethics
- Interpersonal skills and communication - interdisciplinary teams, Balint Groups, ethics
- Patient care - inpatient and clinical experience, clinical information systems, PDAs
- Practice-based learning and improvement - quality improvement training, M&Ms, chart audits, evaluations
- Systems based practice - organizational structures, financial, quality systems

Note: Family Medicine uses Curriculum Objectives and Rotation Evaluation (CORE)

32. Resident Status and Disciplinary Policy

This policy defines the performance status of residents in Swedish-sponsored residency and fellowship programs. There are two categories of status: Good standing (which includes "Period of clarification of critique") or Probation. In addition, this policy describes the criteria for suspension from the program. The policy for institutional level appeal of decisions made at the residency program level is defined below.

In Good Standing:

Residents should seek and obtain regular feedback on their performance. At the minimal, residents are expected to meet with their advisor for regular evaluations throughout the academic year as specified by their residency evaluation plan. Advisors will review rotation and continuity clinic evaluations during these meetings.

At times, concerns may arise about a resident in good standing. Advisors can choose to use two weeks to obtain clarifying information, and may determine that a concern is unlikely to require further action. Concerns might include patient or staff complaints, unsatisfactory rotation evaluations, or preceptor or colleague concerns.

The process of clarifying may include:

- Informing the resident of the critique received.
- Assuring the person whom brought the concern to light that the issue is being investigated.
- Soliciting other viewpoints from the faculty and chief resident(s) during faculty meeting.

- Obtaining information that clarifies the problem, both in nature and scope.
- During this time, the resident remains in good standing.

Most often, the period of clarification results in the concern being resolved, and the resident remains in good standing.

Depending on the nature of the problem, the faculty may place the resident on probation or initiate a period of observation if one or more of the following circumstances apply:

- A problem is part of a pattern of deficit
- Clarification cannot be achieved within the two week period or with the resources provided
- The problem is unlikely to resolve without more intensive feedback to the resident

Observation:

Residents on observation are considered to be in good standing with the program. The purposes of observation are to produce more information for the faculty and resident, to avoid immediate probation and help resolve any discrepancy between faculty and resident, and to determine whether a problem exists. It also is an opportunity to fully clarify whether any existing problem is a matter for the program to address or one that is the resident's prerogative, and should be up to the resident to address on his/her own.

When a resident is placed on observation, faculty members and the chief resident(s) will review the individual's performance in a faculty meeting. The faculty will then form a Faculty Subcommittee of two or three members, including the resident's advisor. The Faculty Subcommittee will be responsible for formulating information about the possible deficit, the terms of observation, and the instruments to measure performance. The Faculty Subcommittee will evaluate all information gathered during the observation period and then recommend the next step. The program director and the advisor will then meet with the resident and review the terms of the observation. The standard period of observation is one month, but may be modified if necessary. The resident should meet with the advisor no less than every two weeks, and the advisor should report to the full faculty at least every two weeks. At the end of the review, the Faculty Subcommittee can recommend one of three steps: discontinue observation, extend observation for another month, or place the resident on probation.

Steps in the Observation Process:

1. Resident problem is presented to faculty meeting and chief resident.
2. The faculty decides during this meeting to initiate observation status.
3. A Faculty Subcommittee of two faculty members including the advisor is formed to handle the intervention.
4. The Faculty Subcommittee articulates the possible deficit and terms of the observation.
5. These items will be documented in a letter to the resident that includes:
 - Reason for observation (areas of concern)
 - Statement clarifying observation status and describing the observation goals
 - Length of observation (no less than 30 days)
 - Specific expectations necessary to meet observation requirements and the time frame within which improvement is expected
 - Assistance that will be available to meet those requirements
 - The mechanism for measuring improvement (clearly defined standards)
 - The consequences of failure to meet observation requirements
6. The advisor meets with the resident every week.
7. The advisor informs the faculty every one or two weeks.

8. The instruments that the committee defined are implemented to measure resident compliance.
9. These evaluations are collected and reviewed by the Faculty Subcommittee.
10. The Faculty Subcommittee recommends one of the following to the full faculty.
 - Discontinue observation
 - One additional month of observation
 - Probation

Probation:

This is a status that will follow the resident throughout their career, and needs to be initiated with care. Examples of deficiencies that require probation include:

- Failure of a rotation
- Unprofessional behavior
- Significant breach of standard of care.

A resident can be placed on probation immediately by the program director, or by the resident's advisor in consultation with the faculty, chief resident, and director. Probation may lead to dismissal from the Residency Program.

Once the decision is made to place a resident on probation, they are immediately informed, ideally in person and by the director. A process similar to the observation cycle is initiated, with every step documented in paper in the resident's file.

1. The findings of the Faculty Subcommittee related to the resident performance are presented at a full faculty meeting, and the faculty decides to place the resident in probation.
2. An Ad hoc Committee is formed to review the problem(s) in more detail.
3. This Ad hoc Committee of three faculty members will write a probationary letter. The faculty will review the probationary plan generated by the Ad hoc Committee.
4. The probationary letter will contain the following:
 - Reason for probation (deficiencies)
 - Statement clarifying probationary status
 - Length of probation (no less than 3 months nor more than 6 months)
 - Specific expectations necessary to meet probation requirements and the time frame within which improvement is expected
 - Assistance that will be available to meet those requirements
 - The mechanism for measuring improvement (clearly defined standards)
 - Consequences of failure to meet probationary requirements
5. The resident will meet with his/her advisor weekly, and the faculty on a regular basis will review progress, at least monthly.
6. The Ad Hoc Committee will gather information regarding the resident's performance over the probation period, and recommend the next step.
7. The resident will either return to good standing (with or without observation), continue probation, or be expelled from the residency. Failure to meet all standards and remedial goals outlined in the observation plan at the monthly review will be grounds for dismissal from the program.

Suspension:

If in the judgment of a Program Director, a Resident disregards hospital rules and regulations and/or is unable to provide safe care to patients because of medical problems or immoral or illegal behavior, the Resident may be summarily placed on leave of absence without salary, but with continuation of benefits. Justification for suspension by the Program Director must be documented and may be a single episode of blatant disregard or repeated lesser infractions despite admonishment or a reversion to less than performance standards following a probationary period.

Dismissal:

Dismissal from the Residency Program may occur via the probation process, following a suspension, or direct dismissal. In the event of a dismissal in any form, the Resident may appeal for reconsideration at the Institutional Level to the Medical Staff Department Review Committee.

Failure to Appeal:

An appeal to a dismissal by probation or a suspension must be made in writing and submitted to the Director of Medical Education within ten (10) weekdays of notice of the disciplinary action. Failure to appeal within the time frame noted will constitute acceptance of the decision of the Program Director.

33. Institutional Level Appeal Process**Department Level Review:**

Any Resident who wishes to have the dismissal decision from the Residency Program reviewed may appeal. Appeals must be made in writing and directed to the Director of Medical Education within ten (10) weekdays upon receipt of the written notification of dismissal. This process also applies to Grievances that are not resolved at the residency program level.

The Medical Staff Department Review Committee shall be made up of the Department Chair, a member of the department's teaching faculty and a Resident from the specific Residency Program. The Director of Medical Education selects the latter two members. This Committee shall be formed and meet within fifteen (15) weekdays of the Director of Medical Education's receipt of the Resident's written appeal requesting a review of the dismissal decision.

During the next fifteen (15) weekdays, the Department Review Committee will consider objections by the dismissed Resident, hear the Program Director's response, and investigate the procedures for dismissal (probation and suspension) followed by the Program Director. The resident may have a peer attend with him/her during the resident's portion of the Department Review Committee meeting. If either party is not satisfied with the action and/or decision of the Department Review Committee, a second review may be requested by notifying the Director of Medical Education in writing within ten (10) weekdays of receiving the Department Review Committee's decision. If a request for a second review is not made within ten days, the decision stands.

Second Level Review:

The Second Level Review Committee shall consist of two Residents from two Swedish Residency Programs selected by the Residents of the respective program, and two members of the Teaching Faculty selected by members of the respective teaching faculties. These residents and faculty may be from any Swedish sponsored residency program. A fifth member from the active Medical Staff shall serve as the Chair of the Committee and be appointed by the Director of Medical Education. This Chair shall not be from the Department or Residency Program involved. This Second Level Review Committee shall hear and make their recommendation by a majority vote. This process shall be completed within twenty (20) weekdays of receipt of the request for review.

Final Appeal review:

If the Resident or Program Director disagrees with the decision of the Second Level Review Committee, an appeal for Final Review may be made to the Director of Medical Education. This appeal must be made in writing, within ten weekdays of the communication of decision of the Second Level Review Committee.

The Swedish Graduate Medical Education Committee conducts the Final Review within a period of twenty (20) weekdays. The Chair of the Second Level Review Committee will present the findings to the GME Committee. The Resident and involved Program Director will each have the opportunity to make a brief statement either in support or opposition of the Second Level Review Committee's findings and recommendations. Only information or witnesses used in the initial appeal or second review process will be allowed. The decision of the Graduate Medical Education Committee will be made by a majority of a quorum of the members present. There is no further appeal after the decision of the Graduate Medical Education Committee.

34. Authorization for Release of Training Records

By signing the Agreement of Appointment, the resident authorizes release of residency training information to requests from governing bodies, subspecialty training programs, accreditation organizations, state licensing agencies, etc.

35. Institutional Support of Graduate Medical Education

Swedish Medical Center has supported and been actively involved in Graduate Medical Education (GME) since 1920. GME is considered an integral part of our activities and responsibilities. Our mission is to improve the health and well being of the people we serve through the provision of high quality healthcare. Our vision is to provide the highest quality, best value healthcare for each person we serve. Our strategic goals which ensure the ability to meet our mission include being the best place to practice, to work, to receive care, to purchase care, and to be a healthcare partner. The support and enthusiasm of the medical staff indicate the high value of residency teaching involvement as an important element of making Swedish the best place to practice.

As a major urban medical center, Swedish has a responsibility to society and the medical profession to support educational activities that will insure a continuing supply of well-trained professionals to meet health care needs. Excellent GME programs attract excellent physicians to the medical staff who view teaching responsibilities as part of their professional life. Through these lifelong learning and teaching opportunities, physicians will maintain their knowledge and skills and provide high quality, cost-effective care. GME is an important element in our Continuing Medical Education program. The resident and attending staff interactions involved in teaching and patient care encourages open communication, which is essential in assuring the quality of medical care.

Principles of Support:

Swedish Medical Center has committed sufficient educational, financial, and human resource funding to support GME activities appropriate to intent and scope of our Accreditation Council for Graduate Medical Education (ACGME) and Council on Podiatric Medical Education (CPME) accredited programs. The planning process to identify and track program funding includes input from the residency program directors, the Director of Medical Education, and Swedish Administration. These funds are approved annually by the Swedish Medical Center, Board of Trustees.

The Director of Medical Education serves as the Designated Institutional Official (DIO). The DIO administratively supports the Graduate Medical Education (GME) Committee and is responsible to the Chief Medical Officer. The CMO serves as an agent of the Board of Trustees and Swedish Administration for the appropriate distribution of these resources. The major principles involved in this distribution are:

- The necessary resources to support the broad medical specialties, both clinical and hospital-based, where there is a high interest on the part of the medical staff to participate in providing an educational training experience for resident physicians.
- Resources to support the size of each residency program appropriate for maintaining a critical mass, thereby assuring a proper education to service relationship.
- Support for administration of relationships with the University of Washington School of Medicine and other geographically and educationally appropriate affiliations where there is mutual interest.
- Opportunity to seek training in other geographic locations, both nationally and internationally, funding permitting.
- Support for computers and technological advances to support educational efforts, including patient information, electronic databases, e-mail and Internet access.

Relationship and Responsibilities to the Administration and the Medical Staff Organization

Swedish Medical Center has institutional agreements with the National Residency Matching Program (NRMP) and the Central Application Process for Podiatry Residents (CASPR) for the selection of residents. The respective Program Director, residents, and faculty of each residency program conduct the selection process.

The appointment of the teaching staff in each residency program is the responsibility of the Program Director and the respective faculty, as is the supervision of the residents' daily activity. The mechanism for these appointments and supervisory activity is part of the Program Directors' Annual Report to the GME Committee. The director and faculty of each program are responsible for curriculum development, as well as attention to the ethical and professional environment in which the residents train.

The GME Committee, which has representation from the Residents and Program Directors of each accredited program, as well as appointees by the Chief of Staff, determines the evaluation and the frequency of formal residency evaluation encounters. The evaluation mechanism must be followed in order for a Program Director to consider non-advancement or dismissal of a resident for unsatisfactory performance. The GMEC is responsible for assuring due process for residents and the teaching staff. The evaluation process, the dismissal procedure, and due process are delineated in the Resident Manual.

The GME Committee also includes representation from the Medical Directors overseeing rotations at Swedish Medical Center for residents from affiliated training programs in order to facilitate communications and the complementary educational environment.

Each Residency Program Director, with the assistance and advice of the faculty, is responsible for developing the goals and objectives of the program, developing an effective plan of instruction and evaluating whether these goals and objectives are being achieved. The Program Director and the Department's faculty are responsible for developing criteria by which to measure the individual resident's progress, as well as the faculty's effectiveness. The Program Director and faculty are required to follow due process should a member of the teaching faculty or a resident have a complaint related to evaluations. Written descriptions of the curricular design, evaluation process, and core competency training outcomes are part of each Program Director's Annual Report to the GME Committee and the Medical Staff Executive Committee.

Resident Agreement of Appointment:

Each resident signs an Agreement of Appointment which delineates the dates of employment, the stipend for the duration of the appointment, and fringe benefits including uniforms, parking, vacation time, food when on call in-house, liability insurance, health care benefits, dental

insurance and life insurance benefits. The Agreement of Appointment also contains references to the Swedish Resident Manual and the relevant Residency Program Manual. The Resident Manual is developed through the GME Committee to document further delineation of rules and regulations governing resident responsibility to the institution, policies, and performance of duties, evaluation procedure, and method of due process. Each Residency Program Manual contains the relevant residency program's statement of goals and objectives, describes the educational experience expected, and outlines the department responsibility.

36. Benefits at a Glance

<u>BENEFIT</u>	<u>ELIGIBILITY</u>	<u>EXPLANATION OF BENEFIT</u>	<u>EFFECTIVE</u>	<u>PROVIDED BY</u>
<u>Swedish Medical Program (Health Insurance)</u>	All benefits eligible employees in an assigned FTE position of 0.5 (20 hours per week) or greater.	Medical coverage including hospitalization, preventative care and prescriptions. Programs include Swedish Advantage PPO; Swedish Standard PPO; Swedish Consumer Choice. Opt Out: \$50 per month taxable income; must have proof of other group medical coverage	Date of Hire	The Resident must enroll within 31 days of hire. Otherwise, default coverage will take effect. The Standard PPO plan is the only plan available at no charge to the Resident.
<u>Dental Insurance</u>	All benefits eligible employees in an assigned FTE position of 0.5 (20 hours per week) or greater.	Plan pays 100% preventative and diagnostic; \$50 deductible for other services; 80% routine; 50% major. \$1500 yearly maximum. Ortho coverage for adults and child (ren). Must use Washington Dental Service member dentists to receive maximum benefits	Date of Hire	Swedish pays monthly premium for employee only. Residents pay premiums to cover additional family members
<u>Vision Coverage</u>	All benefits eligible employees in an assigned FTE position of 0.5 (20 hours per week) or greater.	Included in medical plan. Annual exam up to \$75 with \$10 co-pay; \$250 hardware benefit every 24 months; may use any licensed provider and then be reimbursed for eligible expenses up to plan limits.	Date of Hire	Included in medical plan.
<u>Employee Life & AD&D Insurance</u>	All benefits eligible employees in an assigned FTE position of .5 (20 hours per week) or greater.	Basic benefit provides a policy equal to one times employee's annual salary at no cost.	Date of Hire	Swedish provides.
<u>Supplemental Life Insurance</u>	All benefits eligible employees in an assigned FTE position of .5 (20 hours per week) or greater.	Option to purchase additional insurance up to four times annual earnings.	Date of Hire	Resident pays via payroll deduction.
<u>Dependent Life Insurance</u>	All benefits eligible employees in an assigned FTE position of .5 (20 hours per week) or	Option to purchase life insurance for spouse and/or child (ren). Must choose supplemental life coverage for yourself.	Date of Hire	Resident pays via payroll deduction.

	greater.			
<u>Long-Term Disability</u>	All benefits eligible employees in an assigned FTE position of .5 (20 hours per week).		Date of Hire	Swedish pays up to 50% of monthly salary up to a max of \$1000 per mon. Contact is Nicole 206 386-2740.
<u>Supplemental Long-Term Disability</u>	All benefits eligible employees in an assigned FTE position of .5 (20 hours per week) or greater.	Additional coverage that replaces a percentage of lost income if injury or illness prevents employee from performing essential job functions. Options: 90 or 180-day waiting period.	Date of Hire	Resident pays via payroll deduction. Provides up to 60% of earnings up to monthly cap of \$10,000.
<u>Health Care Reimbursement Account</u>	All benefits eligible employees in an assigned FTE position of .5 (20 hours per week) or greater.	Allows employee to reduce taxable income to pay for benefits not covered by the above plans as defined by the IRS \$3000 maximum/year. Only expenses incurred during plan year of employee's eligibility are reimbursable expenses.	Date of Hire	Resident via payroll deduction. Reimbursed via submittal of claim form with receipts for covered services.
<u>Dependent Care Reimbursement Account</u>	All benefits eligible employees in an assigned FTE position of .5 (20 hours per week) or greater.	Allows employee to reduce taxable income to pay for eligible day care expenses as defined by the IRS \$5000 maximum/year. Only expenses incurred during plan year of employee's eligibility are reimbursable expenses.	Date of Hire	Resident via payroll deduction. Reimbursed via submittal of claim form with receipts for covered services.
<u>403(b) Program</u>	All employees	Allows employee to reduce taxable income by contributing via payroll deduction to own retirement. Maximum \$13,000/year, according to IRS regulations.	Enrollment date is optional. No waiting period.	Resident pays via payroll deduction. Options include Aetna/ING, Lincoln, Safeco Mutual and Fidelity
<u>Holiday Pay</u>	Exempt Staff	Eight paid holidays per year which includes employee birthday (prorated for part-time)	Date of Hire	Swedish provides
<u>Sick Leave</u>	All employees.	Eight hours accrued per month for regular staff, maximum 720 hours, prorated for part-time employees.	Date of hire.	Swedish provides
<u>Vacation</u>	Exempt Staff	Specified paid vacation per year as shown in agreement of appointment: hours can not be carried over from one year to the next.	Date of hire. Eligible upon approval from Program Director.	Swedish provides

<u>Direct Deposit of Pay</u>	All employees	Direct deposit of paycheck to Resident's choice of participating Automated Clearinghouse. Takes two pay cycles to implement.	Completion of required paperwork.	Swedish provides
<u>Employee Advancement Center</u>	All employees	Assist employees in obtaining employment, career and work life goals via career counseling, goal setting, assessment testing, interviewing skills and computer resources.	Date of Hire	Swedish provides
<u>Employee Assistance Program (EAP)</u>	All employees	Confidential resource for work/ family issues, etc. Three free visits/ year/family member. Dependent Care referrals.	Date of Hire	Swedish provides
<u>Emergency Fund</u>	All employees	Amounts vary depending on need and final approval by committee. Contact Foundation at (206) 386-2738 for specifics.	Date of Hire	Swedish provides
<u>Leaves of Absence</u>	All employees subject to length of service with Swedish requirements and other applicable laws/regulations.	Upon approval, an extended absence from work, paid or unpaid. Types include FMLA, Maternity, and Military.	Varies depending on type of leave.	Paid or unpaid depending on type of leave. Refer to Swedish policy.
<u>SHARE Credit Union</u>	All employees	Provides low cost loans, Visa & Exchange cards. Payroll deduction available to checking/savings accounts.	Date of Hire	SHARE FCU
<u>Professional Education</u>	SMC Residents	Please refer to your individual residency program manual.	Arrange with Program Director	Swedish provides some benefits. In addition, most CME programs on campus are available for Resident participation at no charge if preregistered
<u>Transit/Parking</u>	SMC Residents	Parking pass is provided	Date of Hire	Swedish provides

37. Information and Confidentiality and Non-disclosure Agreement

The purpose of this agreement is to help you understand your duty regarding confidential information. Every Swedish employee, medical staff or allied health member, contractor, resident, student, fellow or volunteer who is exposed to, receives or has access to confidential information is required to maintain the confidentiality of that information.

All confidential information related to patient care, employee records, trade secrets and work-related activities is considered confidential information and must not be released to any individual, organization or agency except as permitted by Swedish policies. Inappropriate release of confidential information will result in disciplinary action including possible termination of employment and/or medical staff or allied health staff privileges and membership.

I understand that I will have access to Confidential Information, which may include, but is not limited to:

- Patient information (medical records, conversations, demographic information, financial information)
- Employee information (salaries, employment & payroll records, unlisted phone numbers, health records)
- Swedish proprietary information (financial reports, production reports, report cards, reimbursement tables and contracted rates, strategic plans, internal reports, memos, contracts, peer review information, credit information, communications, computer programs, technology)
- Third party information (computer programs, vendor information, technology)

I agree to the following:

1. I have read and understand the Swedish *Patient Health Information: Confidentiality* policy and the Swedish *Information Security Acceptable Use of Information Assets* policy.
2. I will use confidential information only as needed to perform my duties at Swedish. This means:
 - I will not access confidential information for which I have no legitimate need to know;
 - I will not in any way divulge, copy, release, sell, loan, revise, alter or destroy confidential information except as properly authorized within the scope of my job; and
 - I will not carelessly care for or misuse confidential information.
3. I will safeguard and will not disclose my access code, computer password, sign-on code or any other authorization I have that allows me access to confidential information. I accept responsibility for all activities undertaken using my personal code, password or sign-on code. I will not attempt to learn or use codes/passwords assigned to others.
4. I will report any suspicion or knowledge surrounding misuse of any codes/passwords or disclosure of Swedish confidential information to the Swedish Privacy Officer or the Swedish Security Officer.
5. I will not try to circumvent any access controls that are intended to protect Swedish data.
6. If I have accidentally accessed confidential information or compromised confidential information, I will immediately notify the Swedish Security Officer or the Swedish Privacy Officer.
7. I will not leave a computer application or system that stores or transmits confidential information unsecured while signed on.
8. I understand I have no right or ownership interest in any Swedish confidential information. At all times during my employment/relationship I will act in the best interests of Swedish.
9. I understand my use of Swedish systems will periodically be monitored in real-time and stored data format to ensure compliance with this agreement.
10. I understand that my failure to comply with the Agreement may result in my loss of employment and/or medical staff privileges or allied health staff privileges and membership and in legal liability.
11. I understand my obligations under the Agreement will continue indefinitely after leaving my employment or business relationship with Swedish.

Name _____ Date _____

(Print Name, First, MI, Last)

Signature _____

38. JCAHO Quick Reference

How are resident credentials verified?

- by recruitment through National Resident Matching Program (NRMP) standards
- by requiring limited or full WA licensure
- by letters of reference from Dean or Program Director

What supervision is provided for residents and students?

- Chief Resident supervises, team structure for teaching
- Faculty or Attending responsible
- GME Policy Manual and Resident Manual define expectations
- Job description

What is required on Medical Records for residents?

- Co-signed by Attending per medical staff Rules and Regulations
- Discharges and face sheets signed by Attendings
- Author identified and verified by HIS
- GME trainee list to HIS
- Verbal orders authenticated within 48 hours with date/time
- Verbal orders/telephone orders read back
- Signature legibility

How do we document competency?

- Monthly evaluations of performance
- Ongoing observation by Attendings and Chiefs
- Residents limited to scope of approved practice
- Defined objectives for each rotation each year
- Structured training design with supervision

How do we know the Residency Program Director follows the RRC Requirements?

- Maintain RRC and Accreditation Council for Graduate Medical Education (ACGME) Program accreditation
- Conduct Internal Reviews
- GME Committee oversees programs

What do residents need to know about Procedural Sedation?

- Must follow Medical Staff policy with appropriate patient risk classification, informed consent, required equipment, monitored, dose limits, H&P, quality indicators
- Must have Attending actively involved in patient care
- Must be fully documented in patient's chart; follow procedural sedation Flow Sheet
- Not done in SFM clinic

Where can a resident learn what rights the patient has?

- Policy is in the Clinical Standards Manual
- Patient advocates available for concerns
- Patients Rights Info at the bedside drawer of each patient
- Included in admission packet
- Posted in public areas, in several languages

What areas are included in Patients Rights and Ethics Standards?

- Advance Directives
- Withholding/Withdrawing Life Sustaining Treatment or Resuscitation
Must be complete for all inpatients

- Conflict Resolution
- Patient Complaints
- Ethics Consultation
- Informed Consent
- Organ and Tissue Donation
- Abuse/Victims of Violence- you see it, you report it
- Disclosure
- Restraints
- Research –Institutional Review Board

How do I obtain an Ethics Consult?

- Dial Operator – 24-hour a day on-call consultant
- Multidisciplinary team with special training

What's included in the new Resident Orientation?

- Annually or at the start of a rotation at Swedish
- Organizational includes safety, FIRE response, hazardous exposure, Codes, what to do if , disaster (HEICS), safe work practices and safety devices to reduce occupational exposures,
- Photo ID. work place violence prevention.
- Philosophy, protocol, types, flow sheet for use of restraints
- Departmental orientation for each specialty & service
- Information is in Resident Manual on-line and distributed
- Preparation of Photo IDs

What are examples of Quality Improvement projects at Swedish?

- Decreased rate of central-line associated blood stream infections
- Implementation of a “ventilator bundle” and subsequent decrease (near elimination) of ventilator-associated pneumonia
- Care pathways and standardized order sets for common conditions such as AMI, pneumonia, CHF and stroke
- Improving time to treatment for stroke patients (rtPA), pneumonia patients (antibiotic timing), and AMI patients (primary PCI)
- Matching tissue samples pre and post op for concurrence with diagnosis

What high-risk procedures do we monitor?

- OR blood utilization
- Imaging
- Procedural sedation
- C-section rates
- Behavioral restraints
- Vent associated Pneumonia
- Surgical Infection Rates

What are core measures and why are they relevant?

- Performance measures we send to JCAHO in the areas of AMI, CHF and community-acquired pneumonia
- JCAHO evaluates our progress on improving these evidence-based measures

How do we measure Customer Service?

- By Patient Satisfaction Surveys and Focus Groups
- Survey physicians and employees for satisfaction

What do you do in case of accidental exposure?

- Go to ED, document the incident or to Employee Health if open

What hazards training do you have?

- Chemical hazards – Material Safety Data Sheets (MSDS) on units or online
- Biological hazards – blood and body fluids
- Needle handling and disposal
- Radiological hazards- implants, brachytherapy, x-ray

What do you know about Isolation Procedures?

- Info page (pocket reference)
- Posted signs on patient's rooms
- Equipment set up where needed
- Training during Orientation
- Use of PAPRs or annual fit testing for N-95 respirators

What efforts are taken to ensure security?

- Security staff always available – call 3000
- Custodial care notices posted when patient security issues – note STOP sign on room &ASK
- Security posted near garages at shift change; Escort service
- “call” buttons in garages
- Wear photo ID
- Building lockdown procedures

What are the Risk Mgmt steps?

- Immediately report to Clinical Director, Risk Mgmt, and Administrative Supervisor
- Fill out Q I report form- called Quality Variance Report
- Call operator- Patient Safety Team consult
- Ex: rape, suicide, unexpected death or permanent neurological disorder, infant abduction
- Secure or impound equipment, supplies, packaging, specimens
- Peer review process for physicians

What Quality Process is used?

- Plan Do Study Act
- Also use rapid process improvement
- Lean management
- Healthcare failure modes effect analysis (HFMEA)

How do you suggest a quality improvement project?

- Talk with Program Director, Quality Improvement staff or VP of Medical Affairs
- Talk with the chair of the Quality Management Committee, the chief of staff-elect

What Clinic Hazards and protection exist in your clinic area?

- Regular maintenance for x-ray; shield, gowns, gloves, goggles
- Fire Procedures – extinguishers
- Material Safety Data Sheets (MSDS) on hazardous materials
- MSDS found on the Swedish intranet home page
- Accidental exposure procedures

How do I get more information about protocols or procedures?

- GME Resident Manual
- Administrative and Clinical Standards Manuals
- Residency Program Manual

- Departmental Manuals
- Swedish On-line
- Standards Coordinator

What are the key safety things all Swedish employees should know?

- FIRE: Rescue, Alarm, Contain, Extinguish or Evacuate **RACE**
- Emergency: Hospital Emergency Incident Command System
- Residents go Labor Pool for reassignment

Do you know the Mission, Vision, and Values of Swedish?

- Look at your insert card
- Posted several places

Where are evacuation route plans?

- Maps in Dept manual or posted

Where do you report malfunctioning equipment?

- Clinical Engineering
- Follow Safe Medical Devices Act steps found in safety manual

Is your competency evaluated periodically?

- For residents, every month
- For staff, at least annually

Can you share your computer password or your dictation code?

- **NO** - all staff and physicians have signed Information confidentiality statement and been instructed not to share passwords

Where can you find accepted abbreviations?

- Standards Manual
- Do not use dangerous Abbreviations- refer to the Do Not Use list

What Infection Control instruction do you have?

- Hand Hygiene – soap and water or alcohol hand gel
- Standards precautions including cleaning of equipment between patients
- Respiratory etiquette
- Transmission based isolation categories

How do you report a Safety Hazard?

- Contact Safety officer – Marianne Klaas or Scott Foster
- Safety Committee

What is your role in the education of patients and family members?

- Define with your our Attending

How do staff access Administration?

- COO Forums
- Direct meetings with Dept Mgr or Program Director
- Make an appointment

How can staff assure patient confidentiality?

- No discussion or related phone calls in public areas
- Chart racks kept closed
- Passwords/security codes on computers

- All staff sign confidentiality agreement
- Shredders or secured recycling
- Blue recycle bins are handled as CONFIDENTIAL disposal

39. Medical Emergency

Internal Dial 199 Code 199 (infant, peds, neonate) EXTERNAL 911

Does each resident file contain 'independent source' verification of initial credentials?

- For residents matched through the ERAS process, training is verified up to the point of application.
- Residents must obtain a Washington State license once matched into the program
- Verification of medical school graduation is done by the individual program

Is the GME Program represented at the Medical Staff Executive Committee?

- By the Vice President of Medical Affairs
- By the President of the Resident Organization as a permanent voting member of the FH Campus Council
- Regular documented updates of the GME program on the MEC agenda

Who is authorized to do H&Ps, Discharge Summaries, orders?

- If done by the resident, medical staff member must review and sign
- What can a resident do independently? Depends on training level for resident.
- Chief resident will supervise and authorize appropriate

How is procedural competency tracked and documented?

- Training level is documented on line
- Training manuals on line list each year's objectives and content
- Visiting residents and med students are listed in on-line database for quick reference

How do nurses know who is credentialed to do what/when?

- Check on-line database
- Ask Chief Resident for service

When can a resident do a central line without supervision?

- When approved by the faculty member or Chief Resident
- After evaluation of adequate training
- Performance evaluations of rotation objectives are completed regularly
- Only applicable for surgery residents when specific training completed

Where are the policies and procedures for supervision?

- Medical staff Rules and Regulations reflect policies and procedures relating to resident supervision.
- Organization-wide Resident Manual contains policy
- Individual residency manual contains specific requirements