

# Department of Neurology

## Faculty & Providers



**Tom Ala, MD**  
[tala@siumed.edu](mailto:tala@siumed.edu)



**Hesham Allam, MD**  
[hallam49@siumed.edu](mailto:hallam49@siumed.edu)



**Abdullah Al Sawaf, MD**  
[aalsawaf71@siumed.edu](mailto:aalsawaf71@siumed.edu)



**Nicole Atwood, AGACNP-BC**  
[natwood@siumed.edu](mailto:natwood@siumed.edu)



**Bilal Butt, MD**  
[bbutt36@siumed.edu](mailto:bbutt36@siumed.edu)



**Allen B. DevlesHoward, MD**  
[adevelschoward@siumed.edu](mailto:adevelschoward@siumed.edu)



**Samantha Dial, MD**  
[sdial89@siumed.edu](mailto:sdial89@siumed.edu)



**Rodger J. Elble, MD, PhD**  
[relble@siumed.edu](mailto:relble@siumed.edu)



**Ahmad El Kouzi, MD**  
[aelkouzi84@siumed.edu](mailto:aelkouzi84@siumed.edu)  
[u](#)



**Amber Fifer, PharmD**  
[afifer56@siumed.edu](mailto:afifer56@siumed.edu)



**Deidra Frisbie, FNP-C**  
[dfrisbie48@siumed.edu](mailto:dfrisbie48@siumed.edu)



**James Gilchrist, MD**  
[jgilchrist@siumed.edu](mailto:jgilchrist@siumed.edu)



**Louis Graham, MD**  
[lgraham52@siumed.edu](mailto:lgraham52@siumed.edu)



**Erin R. Hascup, PhD**  
[ehascup@siumed.edu](mailto:ehascup@siumed.edu)



**Kevin N. Hascup, PhD**  
[khascup49@siumed.edu](mailto:khascup49@siumed.edu)  
[u](#)



**Nauman Jahangir, MD**  
[njahangir86@siumed.edu](mailto:njahangir86@siumed.edu)



**Jeremy Kulacz, MD**  
[jkulacz45@siumed.edu](mailto:jkulacz45@siumed.edu)



**Jacob Monsivais, PA**  
[jmonsivais@siumed.edu](mailto:jmonsivais@siumed.edu)



**Sajjad Mueed, MD**  
[smueed@siumed.edu](mailto:smueed@siumed.edu)



**Andrea Perkins, NP**  
[aperkins57@siumed.edu](mailto:aperkins57@siumed.edu)



Jordan Sestak, MD  
[jsestak78@siumed.edu](mailto:jsestak78@siumed.edu)



Cindy Womack, DNP,  
FNP-BC, CNRN  
[cwomack47@siumed.edu](mailto:cwomack47@siumed.edu)



Charlene Young, CFNP  
[cyoung@siumed.edu](mailto:cyoung@siumed.edu)



2020-2021  
NEUROLOGY  
RESIDENTS

PGY-4  
Chiefs



Joshua Battley, MD  
[jbattley95@siumed.edu](mailto:jbattley95@siumed.edu)



Faisal Ibrahim, MD  
[fibrahim44@siumed.edu](mailto:fibrahim44@siumed.edu)



Arooj Kohli, MD  
[akohli38@siumed.edu](mailto:akohli38@siumed.edu)

PGY-3



Ahmed Abbas, MBChB  
[aabbas26@siumed.edu](mailto:aabbas26@siumed.edu)



Mehwish Farooqi, MD  
[mfarooqi41@siumed.edu](mailto:mfarooqi41@siumed.edu)



Cory Sykora, MD  
[csykora97@siumed.edu](mailto:csykora97@siumed.edu)

PGY-2



Alireza Showraki, MD  
[ashowraki98@siumed.edu](mailto:ashowraki98@siumed.edu)



Ammar Tarabichi, MD  
[atarabichi43@siumed.edu](mailto:atarabichi43@siumed.edu)



Andrew Thaliath, MD  
[athaliath48@siumed.edu](mailto:athaliath48@siumed.edu)

PGY-1



Paul Guerin, DO  
[pguerin75@siumed.edu](mailto:pguerin75@siumed.edu)



Sarah Kendroud, DO  
[skendroud35@siumed.edu](mailto:skendroud35@siumed.edu)



Sindhu Pisati, MD  
[spisati72@siumed.edu](mailto:spisati72@siumed.edu)

**RESIDENT  
2020 BENEFITS PER PAY RATE SCHEDULE**

<b>RESIDENT MEDICAL RATES</b>	
<ul style="list-style-type: none"> <li>If you or your spouse/civil union partner are nicotine users, a \$30 per month nicotine user surcharge will be added to the medical plan rate shown below. A nicotine surcharge will apply separately for you and your spouse/partner.</li> <li>If you or your spouse are a nicotine user and have quit, you will need to complete the Tobacco Free Me program by calling 877-546-4584.</li> </ul>	

<b>RESIDENT MEDICAL RATES</b>				
Quality Plan	Colleague Only	Colleague + Spouse	Colleague + Child(ren)	Family
	\$27.44	\$67.81	\$61.64	\$83.57

<b>RESIDENT DENTAL RATES</b>				
	Colleague Only	Colleague + Spouse	Colleague + Child(ren)	Family
Base Plan	\$3.05	\$7.12	\$6.20	\$12.47
Buy Up Plan	\$8.13	\$17.60	\$29.93	\$42.73

<b>RESIDENT VISION RATES</b>				
	Colleague Only	Colleague + Spouse	Colleague + Child(ren)	Family
Vision	\$2.59	\$4.92	\$5.18	\$7.62



**MEMORIAL HEALTH SYSTEM  
2020 RESIDENT BENEFITS SUMMARY**

<b>BENEFIT</b>	<b>WHO PAYS</b>	<b>WHEN YOU ARE ELIGIBLE</b>	<b>WHAT YOU RECEIVE</b>
<b>MEDICAL INSURANCE</b>	MHS and colleague	Coverage begins on the first day of employment with MHS.	Option of a pre-tax Quality Plan – 100% coverage for most services with also different levels of co-pays.
<b>DENTAL INSURANCE</b>	MHS and colleague	Coverage begins on the first day of employment with MHS.	Option of 2 pre-tax plans with a deductible and an annual maximum.
<b>VISION INSURANCE</b>	Colleague	Coverage begins on the first day of employment with MHS.	A vision plan that provides the option for coverage for you and your family.
<b>COLLEAGUE BASIC LIFE INSURANCE &amp; COLLEAGUE VOLUNTARY SUPPLEMENTAL LIFE INSURANCE</b>	MHS and colleague	Coverage begins on the first day of employment with MHS.	Basic Life Insurance: Automatically enrolled at 1x annual salary – NO cost to colleague.  Supplemental Life Options up to 4 times your annual salary, not to exceed \$300,000– Colleague paid.
<b>VOLUNTARY SPOUSE AND DEPENDENT LIFE INSURANCE</b>	Colleague	Coverage begins on the first day of employment with MHS.	<b>Spouse options:</b> .5x, 1x and 1.5x colleague salary. Minimum coverage \$5,000; Maximum coverage \$50,000 <b>Dependent options:</b> \$2,500, \$5,000, \$7,500 or \$10,000
<b>LONG TERM DISABILITY INSURANCE</b>	MHS	Coverage begins on the first day of employment with MHS.	A supplemental income equal to 60% of normal monthly earnings (after 90 days of disability).



BENEFIT	WHO PAYS	WHEN YOU ARE ELIGIBLE	WHAT YOU RECEIVE
<b>HEALTHCARE EXPENSE ACCOUNT</b>	Colleague	Coverage begins on the first day of employment with MHS.	May set aside pre-tax dollars to pay eligible health care expenses up to an annual maximum of \$2,700.
<b>DEPENDENT CARE EXPENSE ACCOUNT</b>	Colleague	Coverage begins on the first day of employment with MHS.	May set aside pre-tax dollars to pay eligible dependent care expenses up to an annual maximum of \$5,000.
<b>LONG TERM DISABILITY INSURANCE</b>	MHS	Coverage begins on the first day of employment with MHS.	A supplemental income equal to 60% of normal monthly earnings (after 90 days of disability).
<b>403(b)</b>	Colleague	First day of employment with MHS.	Ability to defer pre-tax dollars towards personal retirement while decreasing taxable income with ING and/or Prudential. Maximum deferral - up to maximum amount allowed by IRS.
<b>MEMORIAL CHILD CARE</b>	Colleague	First day of employment with MHS.	Open 5 days a week 5:45am-6:30pm. Children 6 weeks - 5 years. (drop-in care is also available)  MCC provides a safe, loving, caring and learning environment for the children in their care preparing them socially and educationally as they grow.
<b>COLLEAGUE HEALTH SERVICES</b>	MHS	First day of employment with MHS.	Pre-placement assessment, required tests, annual flu vaccine and health counseling.
<b>EMPLOYEE ASSISTANCE PROGRAM</b>	MHS	First day of employment with MHS.	Counseling assessment for personal problems through Employee Assistance Program through MEAS. Available 24 hours/7 days week at 1-888-817-8989.



**AGREEMENT WITH PHYSICIAN 2020-2021**

THIS AGREEMENT, made and entered into on \_\_\_\_\_ by the BOARD OF TRUSTEES OF SOUTHERN ILLINOIS UNIVERSITY, a body politic and corporate of the State of Illinois, located at Carbondale, Illinois, for and on behalf of Southern Illinois University School of Medicine, hereinafter referred to as the "School of Medicine," and MEMORIAL MEDICAL CENTER, SPRINGFIELD, ILLINOIS, an Illinois not-for-profit corporation and an affiliate of Memorial Health System, hereinafter referred to as the "Affiliated Hospital". The School of Medicine is also affiliated with St. John's Hospital, a not for profit corporation located in Springfield, Illinois. Both St. John's Hospital and Memorial Medical Center shall hereinafter be collectively referred to as "Affiliated Hospitals" and \_\_\_\_\_, a graduate of \_\_\_\_\_, class of \_\_\_\_\_, hereinafter referred to as the "Physician."

WITNESSETH THAT:

The Physician hereby accepts the position of \_\_\_\_\_, in the Department of \_\_\_\_\_ at the School of Medicine. The term of this agreement shall be for one (1) year commencing on \_\_\_\_\_, hereinafter referred to as the "commencement date," and terminate on \_\_\_\_\_ and shall renew automatically for additional one (1) year periods, anticipated to end \_\_\_\_\_, at completion of the Physician's Residency or Fellowship Program, hereinafter referred to as the "Residency Program," subject to adequate progression of the Physician through the Residency Program, as determined by the School of Medicine and Affiliated Hospital, or unless notice of non-renewal or termination of the Agreement is provided to the Physician. When appropriate in the sole discretion of the Affiliated Hospital and School of Medicine, promotion of Physician will be evidenced by a renewal letter provided by the School of Medicine.

This Agreement and any renewal hereof is contingent upon, without limitation, the following: proof acceptable to the School of Medicine and Affiliated Hospital that the Physician (i) has been issued a temporary or permanent license from the Illinois Department of Financial and Professional Regulation by July 15, 2020; until said license has been issued, the Physician is only permitted to and shall only participate in orientation activities; (ii) can provide verification of U.S. employment authorization in the United States at the commencement of employment; (iii) satisfactorily completed prerequisites such as credentialing, a pre-employment health and drug screen, criminal background check, and other routine employment processing as required by the Affiliated Hospital; and (iv) met the qualifications for resident eligibility as outlined in the School of Medicine Selection, Evaluation, Supervision, Graded Responsibility, Promotion/Non-Promotion And Dismissal Of Residents Policy, as amended from time to time, and as determined by the Accreditation Council for Graduate Medical Education (ACGME) (collectively the "Requirements"). Anything to the contrary herein notwithstanding, in the event that such Requirements are not met or provided by the Physician to the Program Director by the commencement date of this Agreement or any renewal thereof, this Agreement and any renewal may be terminated without advance notice at the joint discretion of the Affiliated Hospital and the School of Medicine. In consideration of the Physician's acceptance of the aforesaid position, and of the covenants and agreements herein contained, the parties hereto do mutually agree as follows:

A. THE AFFILIATED HOSPITAL SHALL:

1. Employ the Physician and pay him or her total annual compensation of \_\_\_\_\_ (\$\_\_\_\_\_) for the term of this Agreement, which compensation shall be prorated and paid on a bi-weekly basis. The amount of compensation to be paid to the Physician will be subject to adjustment on July 1 based on any standard changes in the rate of physician compensation authorized by the Affiliated Hospital during the term of this Agreement.

2. Provide the Physician with professional liability coverage under the insurance program of the Affiliated Hospital. Said professional liability coverage, whether by enrollment in a program of self-insurance, inclusion under a professional liability insurance policy or a combination thereof, shall extend to the Physician while the Physician is performing professional duties and responsibilities as a part of the Physician's Residency Program, provided, however, that said professional liability coverage shall not apply to professional acts performed outside the scope of the Residency Program. Said professional liability coverage shall provide legal defense and protection against awards from claims reported or filed during or after the completion of the Residency Program, if the alleged acts or omissions of the Physician were within the scope of the Residency Program, in accordance with the Affiliated Hospital's self-insured trust and liability policy.
3. Provide health, dental, disability, and life insurance benefits for the Physician under the employee insurance program of the Affiliated Hospital, as provided by the Affiliated Hospital's Plan Benefits, as amended from time to time. Health insurance benefits shall begin on the first recognized day of training. The Affiliated Hospital shall have the right to change such Plan Benefits during the term of this Agreement if said changes are consistent with changes made in the Plan Benefits of the Affiliated Hospital. The Physician shall have the option to include eligible dependents, as defined by the medical plan documents, at Physician's own expense.
4. Provide designated sleeping quarters and meals for the Physicians during in-house call.
5. Provide the Physician with vacation (paid time off), educational leave, parental leave, bereavement leave, sick leave and job search leave according to the School of Medicine Vacation and Other Leaves of Absence Policy, as amended from time to time.
  - a. In the event that the Physician accumulates a total of more than \_\_\_\_\_ calendar days of absence per year from the Residency Program during the term of this Agreement (including vacation [paid time off], educational, parental, bereavement and sick leave, suspension [with or without pay] or other absence), the Physician shall be notified in writing by the Program Director as to whether such absence necessitates remedial work in order to fulfill the requirements of the Residency Program. Such notification shall be provided to the Physician prior to any planned leave (or at the earliest practicable time after any unplanned leave) which causes the Physician to exceed this limit on absence from the Residency Program.
6. Provide the Physician with confidential counseling, medical and psychological support services and measures to address physician wellness and impairment, including that due to substance abuse as described in the School of Medicine Impairment Policy, as amended from time to time.
7. Provide the Physician with such other benefits (including military leave), which are not inconsistent with the provisions of this Agreement, as are provided by the Affiliated Hospital through its existing policies, as applicable and amended from time to time.

**SAMPLE ONLY**

**B. THE SCHOOL OF MEDICINE SHALL:**

1. Establish and provide general supervision, guidance, and evaluation to the Physician as well as an educational program within each Department which complies with the education requirements as determined by the ACGME.
2. Provide program direction and select faculty who determine resident proficiency to perform clinical duties and the degree of supervision necessary in the management and treatment of patients.
3. If approved by the School of Medicine, consult with and seek approval of the Affiliated Hospital prior to any change, expansion or extension of the Residency Program outside the facilities of the Affiliated Hospitals.
4. Adhere to the Institutional Policy for Resident Clinical and Work which complies with the appropriate institutional and program ACGME requirements.
5. Adhere to the Institution and Program Closure/Reduction Policy of the Graduate Medical Education Committee (GMEC).
6. Adhere to the ACGME requirement to not require the Physician to sign a non-competition guarantee.



C. 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 the Affiliated 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.

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 and Clinical Competency Committee 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 the Affiliated Hospital.

Under the supervision of approved credentialed attending teaching staff, the Physician shall:

- a. Provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
- b. 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
- c. 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
- d. Practice interpersonal and communication skills that result in effective information exchange and teamwork with patients, their families, and other health professionals
- e. Exhibit professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population
- f. Adhere to Social Media Guidelines and Policies set forth by the School of Medicine and Affiliate Hospitals, as amended from time to time.
- g. 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
- h. 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
- i. Participate in appropriate institutional committees and councils whose actions affect residents' education and/or patient care
- j. At least annually submit to the Chair of the GMEC (through the Office of Graduate Medical Education) a confidential written evaluation of the program faculty and of the educational experiences
- k. Regularly, or at a minimum every other day, log on and review electronic mail on the Physician's School of Medicine electronic mail account

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), the Illinois Department of Public Health (IDPH) infection control policies, and other rules, regulations, policies, ethical and religious directives of the Affiliated Hospitals and 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.

3. 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 the Affiliated 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 (Moonlighting Policy).

D. Medical Specialty Board requirements applicable to the Residency Program specify that the Physician must perform \_\_\_\_\_ months of actual service in a \_\_\_\_\_ -month period. If the resident is required to complete a preliminary year governed by another Medical Specialty Board, the Physician must perform \_\_\_\_\_ months of actual service in a \_\_\_\_\_ -month period for that year of training. Anything in this Agreement to the contrary notwithstanding, it is understood and agreed by the Physician that if, because of approved leave or other absence, the Physician does not meet said Board requirements, it may be necessary for the Physician to extend the duration of the Residency Program until said Board requirements have been satisfied.

E. The Physician agrees to abide by a risk management and quality control program which shall provide, without limitation, for the following:

1. The joint review of the Physician's credentials by the Affiliated Hospital and the School of Medicine.
2. The joint indoctrination of the Physician with respect to the Physician's responsibilities to the patient, the School of Medicine, and the Affiliated Hospital.
3. The suspension of the Physician for an indefinite period of time for failure to comply with this agreement or for reasonable cause, by the appropriate officials of the School of Medicine of the Affiliated Hospital. If such an event occurs, the Physician may be suspended from training and clinical duties without compensation as identified herein.
4. Compliance by the Physician with the School of Medicine's policy regarding licensing examinations.
5. Compliance by the Physician with regulations regarding completion of medical records at the Affiliated Hospitals and the School of Medicine.
6. Compliance by the Physician with regulations regarding completion of time records at the Affiliated Hospitals and the School of Medicine.
7. Compliance with all required education modules including on-line modules as proscribed by the Affiliated Hospitals and/or the School of Medicine.
8. Compliance with required certifications (i.e. BLS, ACLS, etc.)

F. This Agreement may be terminated at any time by joint decision of the Affiliated Hospital and the School of Medicine, in which case the Physician's compensation specified herein will be prorated to the date of termination and the Physician will be paid for vacation (paid time off) earned but not used prior to the date of termination. In the event that a request for review is filed by the Physician under the Due Process and Resident Complaint Policy, as amended from time to time, pay and benefits may be continued at the discretion of the Affiliated Hospital. Decisions regarding advancement in the program will be made in accordance with the Selection, Evaluation, Supervision, Graded Responsibility, Promotion/Non-Promotion and Dismissal of Residents Policy, as amended from time to time.

G. The Physician shall be notified in writing by the Program Director, subject to the approval of the Affiliated Hospital, in the event the Physician's contract shall not be continued or if he or she will not be

promoted to the next level of training for the following year. Said notice shall be provided at least 60 days prior to the expiration of the contract year or when a resident will not be promoted to the next level of training.

- H. The Physician shall notify the Program Director and the Affiliated Hospital, in writing, in the event the Physician does not intend to continue training for the following year. Said notice shall be provided at least 60 days prior to the expiration of the contract year.
- I. In the sole discretion of the Affiliated Hospital and School of Medicine, if progression of the Physician through the Residency Program and extension of the Physician's time in the Residency Program is appropriate, an extension letter may be provided by the School of Medicine.
- J. It is the policy of the School of Medicine and the Affiliated Hospitals to maintain an environment which is free from all forms of harassment based on a person's legally protected status (including race, sex, national origin, religion, military status, age and disability) and sexual harassment (herein after referred to as harassment), improprieties and intimidation. The Physician is entitled to the protections afforded by these policies while serving as a resident hereunder.

The Physician agrees to abide by the School of Medicine's and the Affiliated Hospitals' respective policies regarding equal employment, sexual harassment and harassment on the basis of other protected status as set forth above. The Physician acknowledges that failure to abide by these policies may result in immediate termination of this Agreement. Allegations of discrimination and/or harassment will be addressed in accordance with the applicable policies of the School of Medicine or the Affiliated Hospital.

**SAMPLE ONLY**

K. The Physician agrees to abide by all standards outlined in the (25 ILCS 60) Medical Practice Act of 1987. Any violation of the Act, including but not limited to Section 2) or other instances of ethical or moral turpitude is grounds for immediate termination and therefore cannot be requested for review under the Due Process and Resident Complaint Policy as amended from time to time.

- L. Unless otherwise mutually agreed by the Physician and the Program Director, at least sixty (60) days' advance notice of intent to resign from the Residency Program must be given, in writing, by the Physician to the Program Director.
- M. This Agreement constitutes the entire agreement and understanding between the parties with respect to the subject matter hereof; supersedes all prior agreements, written or oral, between the parties with respect to such subject matter and except for renewal, non-renewal, or extensions may be modified only by a written agreement signed by all of the parties. If any provision of this Agreement conflicts with any provision of any other document, agreement, policy, or guideline, the provisions in this Agreement shall prevail over any other conflicting provisions.
- N. The validity, interpretation and effect of this Agreement shall be governed by the laws of the State of Illinois. The parties hereby consent to the jurisdiction of the appropriate courts located in Illinois for the resolution of any dispute arising hereunder.
- O. In the event that one or more of the provisions of this Agreement is or are declared illegal, void or unenforceable, that shall not affect the validity of the remaining provisions of this Agreement.
- P. The Physician shall not have the right to request a review his/her failure to successfully pass the post-offer drug test.

Q. The School of Medicine policies referenced in Witnesseth paragraph 3, Sections A.5, A.6, B.4, B.5, C.1.f, C.3, E.4-6, F, J, and K, each as amended from time to time, are available on the School of Medicine website at <http://www.siumed.edu/gme/policies>.

IN WITNESS WHEREOF, the parties hereto have caused this agreement to be executed the day and year first written above.

PHYSICIAN:

\_\_\_\_\_

Printed Physician Name \_\_\_\_\_  
Illinois License No \_\_\_\_\_

BOARD OF TRUSTEES OF  
SOUTHERN ILLINOIS UNIVERSITY

MEMORIAL MEDICAL CENTER  
SPRINGFIELD, ILLINOIS

**SAMPLE ONLY**

RECOMMENDED:

\_\_\_\_\_

Residency Program Director

Amended and Approved by GMEC November 15, 2019

**HSHS St. John's Hospital Medical Residents/Fellows Benefit Summary 2020**

<b>Medical Insurance</b>	<b>Aetna HMO</b>	<b>Aetna PPO</b>	
Premiums (Biweekly)	\$17.05 Resident Only \$49.83 Family	\$16.63 Resident Only \$49.62 Family	
Coverage	In-Network Benefits <b><i>Only</i></b>	In-Network Benefits	Out-of-Network Benefits
Deductibles	None	\$500 Individual \$1,000 Family	\$1,000 Individual \$2,000 Family
Coinsurance	Only as noted below	20%	40%
Out-of-Pocket Maximums	\$1,500 Individual \$3,000 Family	\$3,000 Individual \$6,000 Family	\$5,000 Individual \$10,000 Family
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited
Primary Care Physician Selection	Required	Optional	Not Applicable
Referrals	Required	None	None
Preventive	Covered at 100%	Covered at 100%	40%*
Primary Care Physician Visits	\$25 copay	\$25 copay	40%*
Specialist Physician Office Visits	\$50 copay	\$50 copay	40%*
Walk-In Clinics	\$25 copay	\$25 copay	40%*
Diagnostic Laboratory Services	Covered at 100%	20%*	40%*
Diagnostic Imaging/X-ray	\$50 copay	20%*	40%*
Diagnostic Imaging/Advanced	\$50 copay	\$150 copay*	40%*
Urgent Care	\$100 copay No coverage if Non-Urgent	\$100 copay 50%* coverage if Non-Urgent	40%* 50%* coverage if Non-Urgent
Emergency Room	\$300 copay Waived if admitted No coverage if Non-Emergency	\$300 copay Waived if admitted 50%* if Non-Emergency	\$300 copay Waived if admitted 50%* if Non-Emergency
Ambulance	Covered at 100% No coverage if Non-Emergency	20%* No coverage if Non-Emergency	20%* No coverage if Non-Emergency
Hospital Inpatient	\$350 copay	20%*	40%*
Hospital Outpatient	\$50 copay	20%*	40%*
Mental Health Office Visits	\$50 copay	\$50 copay	40%*
Skilled Nursing Facility	\$350 copay Limited to 60 days per year	20%* Limited to 60 days per year	40%* Limited to 60 days per year
Home Health Care	Covered at 100% Limited to 60 visits per year	\$50 copay* Limited to 60 visits per year	40%* Limited to 60 visits per year
Rehabilitation Services – Outpatient	\$50 copay per visit	\$50 copay per visit	40%*

Have questions? Contact the HSHS Colleague Service Center at 1-855-394-4747 or by email to FYI@hshs.org

## HSHS St. John's Hospital Medical Residents/Fellows Benefit Summary 2020

	Limited to 60 visits per year	Limited to 20 visits per year	Limited to 20 visits per year
Spinal Manipulation	\$50 copay	\$50 copay Limited to 20 visits per year	40%* Limited to 20 visits per year
Durable Medical Equipment	20%	20%*	40%*
<b>Aetna Member Services</b>	1-888-802-3862		
<b>Aetna Provider Finder</b>	<a href="#">Aetna Provider Finder</a>		
	Select Aetna Standard Plans > HMO	Select Aetna Standard Plans > Managed Choice POS	
<b>Aetna Online Account Access</b>	Register at <a href="http://www.aetna.com">www.aetna.com</a>		

\*After deductible

Pharmacy	HMO	PPO	
	In-Network Benefits <i>Only</i>	In-Network Benefits	Out-of-Network Benefits
Coverage	In-Network Benefits <i>Only</i>	In-Network Benefits	Out-of-Network Benefits
Plan Type	Aetna Value Plus Open Formulary		
Value Drugs Tier 1A	N/A	\$3.00 copay Retail \$7.50 copay Mail Order	20% after copay Retail N/A Mail Order
Preferred Generic Drugs	\$10.00 copay Retail \$25.00 copay Mail Order	\$10 copay Retail \$25 copay Mail Order	20% after copay Retail N/A Mail Order
Preferred Brand Name Drugs	\$35.00 copay Retail \$87.50 copay Mail Order	Retail: \$35 copay Mail Order: \$87.50 copay	Retail: 20% after copay Mail Order: N/A
Non-Preferred Drugs	\$60.00 copay Retail \$150.00 copay Mail Order	\$60.00 copay Retail \$150.00 copay Mail Order	20% after copay Retail N/A Mail Order
Value Plus Specialty Drugs	10% Preferred 20% Non-Preferred	\$150.00 copay Preferred \$300.00 copay Non-Preferred	20% after copay
Applies to Medical Deductibles	N/A	No	No
Applies to Medical Out-of-Pocket Limits	Yes	Yes	Yes
<b>Pharmacy Member Services</b>	1-800-238-6279		

Have questions? Contact the HSHS Colleague Service Center at 1-855-394-4747 or by email to [FYI@hshs.org](mailto:FYI@hshs.org)

## HSHS St. John's Hospital Medical Residents/Fellows Benefit Summary 2020

<b>Dental Insurance</b>	<b>Cigna Basic</b>	<b>Cigna High</b>
Premiums (Biweekly)	\$1.61 Resident Only \$13.84 Resident + Spouse \$10.35 Resident + Child(ren) \$22.54 Family	\$6.78 Resident Only \$24.45 Resident + Spouse \$25.79 Resident + Child(ren) \$43.44 Family
Coverage	Cigna PPO Network Available; Use of Network Providers Not Required	Cigna PPO Network Available; Use of Network Providers Not Required
Annual Deductible	\$50 per person \$150 family maximum	\$25 per person \$75 family maximum
Annual Maximum Benefit	\$800 per person	\$1,500 per person (Not including orthodontia)
Preventive Care/Diagnostic Services, including: <ul style="list-style-type: none"> <li>• Up to 2 exams/cleanings per year</li> <li>• Complete set of x-rays in a 36-month period</li> <li>• Up to 2 fluoride treatments for children under age in a 12-month period</li> </ul>	100% of Reasonable & Customary, No Deductible	100% of Reasonable & Customary No Deductible
Basic Care Services, including: <ul style="list-style-type: none"> <li>• Fillings</li> <li>• Extractions</li> <li>• Root canal therapy</li> <li>• Oral surgery</li> <li>• Repair of dentures/bridges</li> </ul>	85% of Reasonable & Customary After Deductible	85% of Reasonable & Customary After Deductible
Major Care Services, including: <ul style="list-style-type: none"> <li>• Crowns</li> <li>• Bridges</li> <li>• Dentures</li> </ul>	50% of Reasonable & Customary After Deductible	50% of Reasonable & Customary After Deductible
Orthodontia	Not Covered	50% of Reasonable & Customary After Deductible and \$25 Charge \$1,500 per person lifetime maximum benefit
<b>Cigna Dental Member Services</b>	1-800-244-6244	
<b>Cigna Provider Finder</b>	<a href="http://www.cigna.com">www.cigna.com</a>	
<b>Cigna Online Account Access</b>	Register at <a href="http://www.mycigna.com">www.mycigna.com</a>	

Have questions? Contact the HSHS Colleague Service Center at 1-855-394-4747 or by email to FYI@hshs.org

## HSHS St. John's Hospital Medical Residents/Fellows Benefit Summary 2020

Vision Insurance	VSP Vision Care
Premiums (Biweekly)	\$3.72 Resident Only \$7.43 Resident + Spouse \$7.96 Resident + Child(ren) \$12.71 Family
Coverage	VSP Provider Network
Plan Benefits	Refer to attached flyer
<b>VSP Member Services</b>	1-800-877-7195
<b>VSP Provider Finder</b>	<a href="http://www.vsp.com">www.vsp.com</a>
<b>VSP Online Account Access</b>	Register at <a href="http://www.vsp.com">www.vsp.com</a>

Residents/Fellows who enroll in dental insurance coverage have the Cigna Vision discount program. Additionally, if you are enrolled in the Aetna Medical Insurance, you have access to the EyeMed Vision Discount through participating providers. The vision discount programs provide savings on routine eye exams and purchases of frames and lenses, including contacts. These programs are not insurance and there is no cost to you.

Flexible Spending Accounts	Health Care	Dependent Care
Details	Set aside pre-tax dollars to use for eligible health care expenses not covered by insurance	Set aside pre-tax dollars to use for childcare expenses for children up to age 13 so that you and your spouse can work, look for work or attend school on a full-time basis
Annual Maximum Contribution	\$2,700	\$5,000
Eligible Expenses	Refer to <a href="http://www.irs.gov">www.irs.gov</a> Publication 502 <i>Due to HSHS ethics/philosophy, abortions, sterilizations, contraceptives, sexual reassignment, in-vitro fertilization, artificial insemination, or embryonic implantation procedures are not considered eligible Health Care FSA expenses</i>	Refer to <a href="http://www.irs.gov">www.irs.gov</a> Publication 503
<b>Tri-Star Member Services</b>	1-800-727-0182	
<b>Tri-Star Online Account Access</b>	<a href="http://www.tri-starsystems.com">www.tri-starsystems.com</a>	

Have questions? Contact the HSHS Colleague Service Center at 1-855-394-4747 or by email to [FYI@hshs.org](mailto:FYI@hshs.org)



## HSHS St. John's Hospital Medical Residents/Fellows Benefit Summary 2020

Life Insurance	Basic Life Resident/Fellow	Supplemental Life Resident/Fellow	Dependent Life Spouse	Dependent Life Child(ren)
Enrollment	Automatic	Voluntary	Voluntary	Voluntary
Premiums (Biweekly)	No Cost	Varies by coverage amount, age, gender and tobacco use status	Varies by coverage amount, age and gender	
Coverage	\$50,000	1 to 8 times Annual Salary	\$5,000 to \$50,000 in \$5,000 increments	\$2,500 to \$10,000 In \$2,500 increments
Requirements	Guaranteed Issue	Up to 3 times Annual Salary/Guaranteed Issue; Election of greater than 3 times Annual Salary requires completed Evidenced of Insurability approval	Up to \$20,000 Coverage/Guaranteed Issue; Election of greater than \$20,000 requires completed Evidenced of Insurability approval	N/A

Long Term Disability	Unum Group
Enrollment	Automatic
Premiums (Biweekly)	No Cost
Coverage	Benefit of 60% of monthly salary up to a maximum of \$10,000 per month following 180-day elimination period
Unum Claim Reporting	1-866-295-3007

Retirement Savings	Transamerica Retirement
Enrollment	Automatically enrolled at 4% of salary if no action is taken by your 60 <sup>th</sup> day of employment
Details	<ul style="list-style-type: none"> <li>• Set aside before or after-tax dollars towards individual retirement savings</li> <li>• No matching contribution from HSHS</li> <li>• Except for hardship withdrawals, distributions are not permitted until termination or attainment of age 59 ½</li> </ul>
Annual Maximum Contribution	\$19,500
Transamerica Member Services	1-800-755-5801
Transamerica Online Account Access	hshs.trsrretire.com

Have questions? Contact the HSHS Colleague Service Center at 1-855-394-4747 or by email to FYI@hshs.org

## HSHS St. John’s Hospital Medical Residents/Fellows Benefit Summary 2020

<b>Wellness Program</b>	<b>HSHS LiveWELL</b>
Enrollment/Participation	Voluntary
Details	Earn up to \$25 per pay period by participating in program challenges; Record progress online or using app

<b>Employee Assistance Program</b>	<b>Guidance Resources</b>
Enrollment	None
Premiums (Biweekly)	No cost
Details	Provides you and your eligible dependents with support to manage the stress and challenges of life
Services	Includes support for: <ul style="list-style-type: none"> <li>• Physical/emotional illness</li> <li>• Marital, relationship and family concerns</li> <li>• Grief and bereavement</li> <li>• Career and job issues</li> <li>• Stress</li> <li>• Drug and alcohol abuse</li> <li>• Gambling</li> </ul>
<b>ComPsych Member Services</b>	1-877-327-7429 <a href="http://www.guidanceresources.com">www.guidanceresources.com</a> (enter HSHS4U for the organization ID)

Have questions? Contact the HSHS Colleague Service Center at 1-855-394-4747 or by email to FYI@hshs.org



**AGREEMENT WITH PHYSICIAN 2020-2021**

THIS AGREEMENT, made and entered into on \_\_\_\_\_ by the BOARD OF TRUSTEES OF SOUTHERN ILLINOIS UNIVERSITY, a body politic and corporate of the State of Illinois, located at Carbondale, Illinois, for and on behalf of Southern Illinois University School of Medicine, hereinafter referred to as the "School of Medicine," and ST. JOHN'S HOSPITAL OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST. FRANCIS, SPRINGFIELD, ILLINOIS, a not for profit corporation of the State of Illinois, located at Springfield, Illinois, hereinafter referred to as the "Affiliated Hospital". The School of Medicine is also affiliated with Memorial Medical Center, an Illinois not-for-profit corporation and an affiliate of Memorial Health System. Both St. John's Hospital and Memorial Medical Center shall hereinafter be collectively referred to as "Affiliated Hospitals" and \_\_\_\_\_, a graduate of \_\_\_\_\_, class of \_\_\_\_\_, hereinafter referred to as the "Physician."

WITNESSETH THAT:

The Physician hereby accepts the position of \_\_\_\_\_, in the Department of \_\_\_\_\_ at the School of Medicine. The term of this agreement shall be for one (1) year commencing on \_\_\_\_\_, hereinafter referred to as the "commencement date," and terminate on \_\_\_\_\_ and shall renew automatically for additional one (1) year periods, anticipated to end \_\_\_\_\_, at completion of the Physician's Residency or Fellowship Program, hereinafter referred to as the "Residency Program," subject to adequate progression of the Physician through the Residency Program, as determined by the School of Medicine and Affiliated Hospital, or unless notice of non-renewal or termination of the Agreement is provided to the Physician. When appropriate, in the sole discretion of the Affiliated Hospital and School of Medicine, promotion of Physician will be evidenced by a renewal letter provided by the School of Medicine.

This Agreement and any renewal hereof is contingent upon, without limitation, the following: proof acceptable to the School of Medicine and Affiliated Hospital that the Physician (i) has been issued a temporary or permanent license from the Illinois Department of Financial and Professional Regulation by July 15, 2020; until said license has been issued, the Physician is only permitted to and shall only participate in orientation activities; (ii) can provide verification of U.S. employment authorization in the United States at the commencement of employment; (iii) satisfactorily completed prerequisites such as credentialing, a pre-employment health and drug screen, criminal background check, and other routine employment processing as required by the Affiliated Hospital; and (iv) met the qualifications for resident eligibility as outlined in the School of Medicine Selection, Evaluation, Supervision, Graded Responsibility, Promotion/Non-Promotion And Dismissal Of Residents Policy, as amended from time to time, and as determined by the Accreditation Council for Graduate Medical Education (ACGME) (collectively the "Requirements"). Anything to the contrary herein notwithstanding, in the event that such Requirements are not met or provided by the Physician to the Program Director by the commencement date of this Agreement or any renewal thereof, this Agreement and any renewal may be terminated without advance notice at the joint discretion of the Affiliated Hospital and the School of Medicine. In consideration of the Physician's acceptance of the aforesaid position, and of the covenants and agreements herein contained, the parties hereto do mutually agree as follows:

A. THE AFFILIATED HOSPITAL SHALL:

1. Employ the Physician and pay him or her total annual compensation of \_\_\_\_\_ (\$\_\_\_\_\_) for the term of this Agreement, which compensation shall be prorated and paid on a bi-weekly basis. The amount of compensation to be paid to the Physician will be subject to adjustment on July 1 based on any standard changes in the rate of physician compensation authorized by the Affiliated Hospital during the term of this Agreement.

2. Provide the Physician with professional liability coverage under the insurance program of the Affiliated Hospital. Said professional liability coverage, whether by enrollment in a program of self-insurance, inclusion under a professional liability insurance policy or a combination thereof, shall extend to the Physician while the Physician is performing professional duties and responsibilities as a part of the Physician's Residency Program, provided, however, that said professional liability coverage shall not apply to professional acts performed outside the scope of the Residency Program. Said professional liability coverage shall provide legal defense and protection against awards from claims reported or filed during or after the completion of the Residency Program, if the alleged acts or omissions of the Physician were within the scope of the Residency Program, in accordance with the Affiliated Hospital's self-insured trust and liability policy.
3. Provide health, dental, disability, and life insurance benefits for the Physician under the employee insurance program of the Affiliated Hospital, as provided by the Affiliated Hospital's Plan Benefits, as amended from time to time. Health insurance benefits shall begin on the first recognized day of training. The Affiliated Hospital shall have the right to change such Plan Benefits during the term of this Agreement if said changes are consistent with changes made in the Plan Benefits of the Affiliated Hospital. The Physician shall have the option to include immediate family members under said insurance program at the Physician's own expense.
4. Provide designated sleeping quarters and meals for the Physicians during in-house call.
5. Provide the Physician with vacation (paid time off), educational leave, parental leave, bereavement leave, sick leave and job search leave according to the School of Medicine Vacation and Other Leaves of Absence Policy, as amended from time to time.
  - a. In the event that the Physician accumulates a total of more than \_\_\_\_\_ calendar days of absence per year from the Residency Program during the term of this Agreement (including vacation [paid time off], educational, parental, bereavement and sick leave, suspension [with or without pay] or other absence), the Physician shall be notified in writing by the Program Director as to whether such absence necessitates remedial work in order to fulfill the requirements of the Residency Program. Such notification shall be provided to the Physician prior to any planned leave (or at the earliest practicable time after any unplanned leave) which causes the Physician to exceed this limit on absence from the Residency Program.
6. Provide the Physician with confidential counseling, medical and psychological support services and measures to address physician wellness and impairment, including that due to substance abuse as described in the School of Medicine Impairment Policy, as amended from time to time.
7. Provide the Physician with such other benefits (including military leave), which are not inconsistent with the provisions of this Agreement, as are provided by the Affiliated Hospital through its existing policies, as applicable and amended from time to time.

SAMPLE ONLY

**B. THE SCHOOL OF MEDICINE SHALL:**

1. Establish and provide general supervision, guidance, and evaluation to the Physician as well as an educational program within each Department which complies with the education requirements as determined by the ACGME.
2. Provide program direction and select faculty who determine resident proficiency to perform clinical duties and the degree of supervision necessary in the management and treatment of patients.
3. If approved by the School of Medicine, consult with and seek approval of the Affiliated Hospital prior to any change, expansion or extension of the Residency Program outside the facilities of the Affiliated Hospitals.
4. Adhere to the Institutional Policy for Clinical and Work Hours which complies with the appropriate institutional and program ACGME requirements.
5. Adhere to the Institution and Program Closure/Reduction Policy of the Graduate Medical Education Committee (GMEC).
6. Adhere to the ACGME requirement to not require the Physician to sign a non-competition guarantee.

C. 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 the Affiliated 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.

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 and Clinical Competency Committee 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 the Affiliated Hospital.

Under the supervision of approved credentialed attending teaching staff, the Physician shall:

- a. Provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
- b. 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
- c. 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
- d. Practice interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals
- e. Exhibit professionalism, as manifested through commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population
- f. Adhere to Social Media Guidelines and Policies set forth by the School of Medicine and Affiliate Hospitals, as amended from time to time.
- g. 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
- h. 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
- i. Participate in appropriate institutional committees and councils whose actions affect residents' education and/or patient care
- j. At least annually submit to the Chair of the GMEC (through the Office of Graduate Medical Education) a confidential written evaluation of the program faculty and of the educational experiences
- k. Regularly, or at a minimum every other day, log on and review electronic mail on the Physician's School of Medicine electronic mail account

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), the Illinois Department of Public Health (IDPH) infection control policies, and other rules, regulations, policies, ethical and religious directives of the Affiliated Hospitals and 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.

3. 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 the Affiliated 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 (Moonlighting Policy).
4. Ethical and Religious Directives. Physician, the School of Medicine and Affiliated Hospitals acknowledge that Affiliated Hospital is operated in accordance with the *Ethical and Religious Directives for Catholic Healthcare Services* as promulgated, from time to time, by the United States Conference of Catholic Bishops, Washington, D.C., of the Roman Catholic Church ("Ethical and Religious Directives"), and that the principles and beliefs of the Roman Catholic Church are a matter of conscience to Affiliated Hospital. It is the intent and agreement of the parties that neither this Agreement nor any part hereof shall be construed to require Affiliated Hospital to violate said Ethical and Religious Directives in its operation and all parts of this Agreement must be interpreted in a manner that is consistent with said Ethical and Religious Directives.

D. Medical Specialty Board requirements applicable to the Residency Program specify that the Physician must perform \_\_\_\_ months of actual service in a \_\_\_\_ -month period. If the resident is required to complete a preliminary year governed by another Medical Specialty Board, the Physician must perform \_\_\_\_ months of actual service in a \_\_\_\_ -month period for that year of training. Anything in this Agreement to the contrary notwithstanding, it is understood and agreed by the Physician that if, because of approved leave or other absence, the Physician does not meet said Board requirements, it may be necessary for the Physician to extend the duration of the Residency Program until said Board requirements have been satisfied.

**SAMPLE ONLY**

- E. The Physician agrees to abide by a risk management and quality control program which shall provide, without limitation, for the following:
  1. The joint review of the Physician's credentials by the Affiliated Hospital and the School of Medicine.
  2. The joint indoctrination of the Physician with respect to the Physician's responsibilities to the patient, the School of Medicine, and the Affiliated Hospital.
  3. The suspension of the Physician for an indefinite period of time, for failure to comply with this Agreement or for reasonable cause, by the appropriate officials of the School of Medicine or the Affiliated Hospital. If such an event occurs, the Physician may be suspended from training and clinical duties without compensation as identified herein.
  4. Compliance by the Physician with the School of Medicine's policy regarding licensing examinations.
  5. Compliance by the Physician with regulations regarding completion of medical records at the Affiliated Hospitals and the School of Medicine.
  6. Compliance by the Physician with regulations regarding completion of time records at the Affiliated Hospitals and the School of Medicine.
  7. Compliance with all required education modules including on-line modules as proscribed by the Affiliated Hospitals and/or the School of Medicine.
  8. Compliance with required certifications (i.e. BLS, ACLS, etc.)
- F. This Agreement may be terminated at any time by joint decision of the Affiliated Hospital and the School of Medicine, in which case the Physician's compensation specified herein will be prorated to the date of termination and the Physician will be paid for vacation (paid time off) earned but not used prior

to the date of termination. In the event that a request for review is filed by the Physician under the Due Process and Resident Complaint Policy, as amended from time to time, pay and benefits may be continued at the discretion of the Affiliated Hospital. Decisions regarding advancement in the program will be made in accordance with the Selection, Evaluation, Supervision, Graded Responsibility, Promotion/Non-Promotion and Dismissal of Residents Policy, as amended from time to time.

- G. The Physician shall be notified in writing by the Program Director, subject to the approval of the Affiliated Hospital, in the event the Physician's contract shall not be continued or if he or she will not be promoted to the next level of training for the following year. Said notice shall be provided at least 60 days prior to the expiration of the contract year or when a resident will not be promoted to the next level of training.
- H. The Physician shall notify the Program Director and the Affiliated Hospital, in writing, in the event the Physician does not intend to continue training for the following year. Said notice shall be provided at least 60 days prior to the expiration of the contract year.
- I. In the sole discretion of the Affiliated Hospital and School of Medicine, if progression of the Physician through the Residency Program and extension of the Physician's time in the Residency Program is appropriate, an extension letter may be provided by the School of Medicine.

J. It is the policy of the School of Medicine and the Affiliated Hospitals to maintain an environment which is free from all forms of harassment based on a person's legally protected status (including race, sex, national origin, religion, military status, age and disability) and sexual harassment (herein after referred to as harassment), improprieties and intimidation. The Physician is entitled to the protections afforded by these policies while serving as a resident here.

**SAMPLE ONLY**

The Physician agrees to abide by the School of Medicine's and the Affiliated Hospitals' respective policies regarding equal employment, sexual harassment and harassment on the basis of other protected status as set forth above. The Physician acknowledges that failure to abide by these policies may result in immediate termination of this Agreement. Allegations of discrimination and/or harassment will be addressed in accordance with the applicable policies of the School of Medicine or the Affiliated Hospital.

- K. The Physician agrees to abide by all standards outlined in the (225 ILCS 60/) Medical Practice Act of 1987. Any violations of that Act, including but not limited to Section 22, or other instances of ethical or moral turpitude is grounds for immediate termination and therefore cannot be requested for review under the Due Process and Resident Complaint Policy as amended from time to time.
- L. Unless otherwise mutually agreed by the Physician and the Program Director, at least sixty (60) days' advance notice of intent to resign from the Residency Program must be given, in writing, by the Physician to the Program Director.
- M. This Agreement constitutes the entire agreement and understanding between the parties with respect to the subject matter hereof; supersedes all prior agreements, written or oral, between the parties with respect to such subject matter and except for renewal, non-renewal, or extensions may be modified only by a written agreement signed by all of the parties. If any provision of this Agreement conflicts with any provision of any other document, agreement, policy, or guideline, the provisions in this Agreement shall prevail over any other conflicting provisions.
- N. The validity, interpretation and effect of this Agreement shall be governed by the laws of the State of

Illinois. The parties hereby consent to the jurisdiction of the appropriate courts located in Illinois for the resolution of any dispute arising hereunder.

- O. In the event that one or more of the provisions of this Agreement is or are declared illegal, void or unenforceable, that shall not affect the validity of the remaining provisions of this Agreement.
- P. The Physician shall not have the right to request a review his/her failure to successfully pass the post-offer drug test.
- Q. The School of Medicine policies referenced in Witnesseth paragraph 3, Sections A.5, A.6, B.4, B.5, C.1.f, C.3, E.4-6, F, J, and K, each as amended from time to time, are available on the School of Medicine website at <http://www.siumed.edu/gme/policies>.

IN WITNESS WHEREOF, the parties hereto have caused this agreement to be executed the day and year first written above.

PHYSICIAN:

\_\_\_\_\_

Printed Physician Name \_\_\_\_\_  
Illinois License No \_\_\_\_\_

BOARD OF TRUSTEES OF SOUTHERN ILLINOIS UNIVERSITY  
HSHS ST. JOHN'S HOSPITAL  
SPRINGFIELD, ILLINOIS

# SAMPLE ONLY

\_\_\_\_\_  
Jerry Kruse, MD, MSPH  
Dean and Provost, SIU School of Medicine for  
John M. Dunn, Interim Chancellor  
Southern Illinois University Carbondale

\_\_\_\_\_  
E.J. Kuiper, MHA, DPT, FACHE  
President and Chief Executive Officer  
HSHS Illinois

RECOMMENDED BY:

\_\_\_\_\_

Residency Program Director

Amended and Approved by GMEC November 15, 2019





## 2020-2021 RESIDENT FACT SHEET (for Springfield Programs)

### 2020-2021 STIPENDS:

PGY I	\$57,352	PGY V	\$61,261
PGY II	\$57,909	PGY VI	\$62,817
PGY III	\$59,045	PGY VII	\$64,974
PGY IV	\$60,060		

### PAID LEAVE (Vacation / Sick / Bereavement / Education)

All trainees (residents and fellows) may be permitted up to (maximum number dependent on Board requirements):

- 3 weeks of vacation
- 2 weeks of sick leave
- 1 week of educational leave
- 3 calendar days of bereavement leave

### CHILD CARE LEAVE

Trainees are permitted to take up to twelve (12) weeks of leave without compensation in accordance with the Family and Medical Leave Act of 1993, after the birth of a child or the placement of a child with the resident/fellow for adoption or foster care. Contact the Office of Graduate Medical Information for details.

### WORK HOURS

Each program will have work hours optimal to the care of patients and in compliance with the general and special requirements of the ACGME.

### PARKING / SLEEP ROOMS/ MEALS

- Free parking
- Secured sleeping rooms are furnished for all trainees who are on in-house call and nap rooms are available to residents/fellows at both hospitals.
- Trainees have access to food services twenty-four hours per day at both hospitals.

### BENEFITS\*

Residents and fellows are employed by either Memorial Medical Center or HSHS St. John's Hospital, and are provided benefits through their employing hospital.

- Health insurance is provided at a minimal charge; an optional family plan can be purchased.
- Dental insurance is provided for the resident/fellow and family for a small fee.
- A Vision Plan is offered.
- Group Term Life insurance is provided at no cost; additional coverage may be purchased.
- Long Term Disability insurance is provided at no cost.
- 403(b) Retirement Plan is offered.

### PROFESSIONAL LIABILITY INSURANCE

Residents and fellows are provided professional liability coverage by the hospitals. It will provide legal defense and protection against awards from claims reported or filed during and after the completion of the training program if the alleged acts or omissions of the trainee were within the scope of the program, in accordance with the affiliated hospitals' self-insured trust and liability policy.

\*Programs may provide additional varying benefits, reimbursements, or incentives.

	Name of Policy: <b>Vacation and Other Leaves of Absence</b>	
	Last Approval Date: <b>November 16, 2012</b>	Effective Date: <b>November 16, 2012</b>

Provides the resident with vacation, educational leave, family and medical leave, parental leave, bereavement leave, sick leave and military leave as follows:

#### VACATION

The resident may be permitted to take up to three (3) weeks per year of paid vacation.# A week of vacation will be defined as 5 weekdays (Monday – Friday) and 2 weekend days (Saturday – Sunday). Use of vacation leave shall be subject to approval in advance by the Program Director with the concurrence of the Affiliated Hospital. In determining whether to grant the resident’s request for vacation, the Program Director may take into consideration patient care and the operational needs of the residency program. The resident shall be responsible for arranging appropriate coverage of patient care and other obligations as necessitated by the requested vacation; which arrangements shall be coordinated by the chief resident and the Program Director. Delinquent medical records, time records, logs and evaluations must be made current before the resident begins vacation. The resident shall not be entitled to accumulate unused vacation leave beyond the term of appointment.

If the physician appointment is terminated in the middle of the year, the vacation the resident has available to him/her will be pro-rated by month. Residents who leave mid-contract will not have access to all 3 weeks of vacation.

Residents who leave the country for vacation or other reasons and are then unable to return to the US may not have their position held beyond the approved vacation time granted by the Program Director, at the sole discretion of the Program Director and the Affiliated Hospital.

#### EDUCATIONAL LEAVE

The resident may be permitted to take up to one (1) week per year of paid educational leave at the discretion of the Program Director.# Use of educational leave shall be subject to approval in advance by the Program Director with the concurrence of the Affiliated Hospital. In determining whether to grant the resident’s request for educational leave, the Program Director may take into consideration patient care, the operational needs of the residency program and the educational value to the resident of the requested educational leave. The resident shall be responsible for arranging appropriate coverage of patient care and other obligations as necessitated by requested educational leave, which arrangements shall be coordinated by the chief resident and the Program Director. Delinquent medical records, time records, logs and evaluations must be made current before the resident begins educational leave. The resident shall not be entitled to accumulate unused educational leave beyond the term of appointment.

#### FAMILY AND MEDICAL LEAVE

The resident may be permitted to take up to twelve (12) weeks per year of family and medical leave without compensation (other than paid vacation and/or sick leave used in accordance with the policies of the Affiliated Hospital) during the term of appointment, in accordance with the Family and Medical Leave Act of 1993, state law, and the policies of the Affiliated Hospital. The resident shall make requests for family and medical leave in accordance with the existing policies of the Affiliated Hospital and should consult those policies for further information.

## BEREAVEMENT

The resident may be permitted to take up to three (3) calendar days per year of paid bereavement leave for a member of his/her immediate family, subject to approval in advance by the Program Director with the concurrence of the Affiliated Hospital. For these purposes, the immediate family is defined as spouse, child, parent, brother, sister, grandparent, grandchild, and corresponding in-laws. The policy of the Affiliated Hospital will be followed. The resident shall not be entitled to accumulate unused bereavement leave beyond the term of appointment.

## SICK LEAVE

The Resident may be permitted to take up to two (2) weeks per year of paid sick leave, to be used in accordance with the existing policies of the Affiliated Hospital. # If the resident is successful in being re-appointed to the residency program, sick leave may be accumulated and carried to successive appointment years. Sick days shall be documented by the program coordinator and an up-to-date report of the number of sick days used by the resident shall be available from the residency program and/or the Office of Residency Affairs. All paid sick leave not taken is forfeited and is not compensated upon termination of the resident's contract.

## PARENTAL LEAVE

### Maternity Leave

Maternity leave will be granted upon request to all pregnant residents. The resident may be permitted to take up to a total of twelve (12) weeks of family and medical leave per year without compensation in accordance with the federal Family and Medical Leave Act of 1993, state law, and the policies of the Affiliated Hospitals. Maternity leave will be paid leave by initially using any available sick (up to 2 weeks) or vacation leave (up to 3 weeks). Once available vacation and sick leave is exhausted, any additional maternity leave will be family leave without pay. Maternity leave greater than twelve (12) weeks duration, except in cases of illness of mother or infant, will require approval by the Residency Program Director. Health insurance and other benefits will be provided while using vacation and sick leave. Health insurance and other benefits may be continued at the resident's expense while on family leave without pay.

The pregnant resident should notify the Residency Program Director as soon as possible regarding her need for a maternity leave. The resident and program director should develop a plan regarding timing and duration of maternity leave. Leave which exceeds that period of time defined by the resident's specialty board as a leave of absence for which time need not be made up, must be made up at the end of the usual training interval. Upon return to work the resident will be reinstated without loss of training status, provided that her return is on the date previously approved by the program director. If leave is requested for more than twelve (12) weeks due to medical reasons, approval for return to the training program will be at the discretion of the Residency Program Director. For leave beyond twelve (12) weeks a doctor's certificate verifying the condition of the resident may be requested. In those cases where a resident must make up time missed in order to fulfill board requirements, the resident will be paid for days worked and the institution will continue benefit coverage during the extension of training time. Schedule accommodations will meet the needs of the resident and the program (including other residents) so that special requirements of that discipline are met.

### Adoption

The resident may be permitted to take up to twelve (12) weeks of family and medical leave per year without compensation in accordance with the federal Family and Medical Leave Act of 1993, state law, and the policies of the Affiliated Hospitals. The resident must discuss the impending adoption with the Residency Program Director in as much advance as possible, and leave should be granted to any mother or father during the first month after adoption of a child. Adoption leave will be paid by initially using any available vacation leave. Once available vacation time is exhausted, Family Leave will be unpaid

and health insurance and other benefits may be continued at the resident's expense. If leave exceeds that period of time defined by the resident's specialty board as a leave of absence for which time need not be made up, it will be made up at the end of the usual training interval. In those cases where a resident must make up time missed in order to fulfill board requirements, the resident will be paid for days worked and benefit coverage will continue during the extension of training time.

#### Paternity Leave

The resident may be permitted to take up to twelve (12) weeks of family and medical leave per year without compensation in accordance with the federal Family and Medical Leave Act of 1993, state law, and the policies of the Affiliated Hospitals. Such leave should be requested in as much advance as possible, and should be granted to any father during the first month after delivery or adoption of a child. Paternity leave will be paid by initially using any available vacation leave. Once available vacation time is exhausted, Family Leave will be unpaid and health insurance and other benefits may be continued at the resident's expense. If leave exceeds that period of time defined by the resident's specialty board as a leave of absence for which time need not be made up, it will be made up at the end of the usual training interval. In those cases where a resident must make up time missed in order to fulfill board requirements, the resident will be paid for days worked and the institution will continue benefit coverage during the extension of training time.

#### ADDITIONAL TIME TO COMPLETE WORK

If any specialty or sub-specialty Board requirements are more stringent than those outlined in this section, then the respective Board requirements shall govern and supersede these. In the event that the resident accumulates a total of more than the maximum allowable days of absence from the Residency Program during a year (including vacation, educational, child care, bereavement and sick leave, suspension [with or without pay] or other absence), the resident shall be notified in writing by the Program Director as to whether such absence necessitates remedial work in order to fulfill the requirements of the Residency Program and Specialty Board. Such notification shall be provided to the resident prior to any planned leave (or at the earliest practicable time after any unplanned leave) which causes the resident to exceed this limit of absence from the Residency Program.

#### JOB SEARCH

Successful career placement of the resident is a goal of the Residency Program. The Program Director may grant up to six (6) calendar days total during the last two years of training for this purpose, using prudent discretion. If approved by the RRC, this time may be counted as work days when tabulating days for RRC accreditation.

#### ACCUMULATION OF LEAVE TIME

Residency employment agreements are for a maximum of one year. The resident shall not be entitled to accumulate unused vacation, educational, job search, or bereavement leave from one period of appointment to the next. Nor shall the resident be entitled to any allowance or compensation for such leave not used during the contract period in which it is earned.

#### MILITARY LEAVE


All affiliated hospitals have current policies regarding military leave for their employees which preserve the employee's position and coordinate benefits, such as health insurance. In the event that it becomes necessary for a resident or fellow to be called into active duty, the policy of the employing hospital will become effective. It will be the responsibility of the resident to work with the appropriate employing hospital to ensure that the necessary paperwork is completed before the resident leaves for duty.

# For duty hour/time reporting purposes, a number of days in a week of leave time will be determined by the respective residency program. For example, a week may be defined as 5 days (ambulatory rotation) or 6 days (inpatient rotation).

## Maximum Allowable Absences per Specialty Boards

Unless otherwise noted in the table below, **42 days** is the maximum allowable days a resident can be absent from their training program.

Colon & Rectal Surgery	28 days: No more than four weeks of absence for any reason is allowed per year.
Family Medicine – Carbondale, Decatur, Quincy, Springfield programs	No more than 20 business days per contract year of non-educational leave may be granted for any purpose without extending the program. An additional 5 business days of educational leave may be allowed. This meets ACGME, ABFM, and AOA/ACOFP standards.
Sports Medicine	31 days: Not including educational leave. 5 days educational leave allowed.
General Surgery	28 days: No more than four weeks of time off is allowed per year; the sole exception is approved medical leave. For documented medical problems or maternity leave, the ABS will accept 46 weeks of training in one of the first three years of residency and 46 weeks of training in one of the last two years.
Plastic Surgery	28 days: No more than four weeks of absence for any reason is allowed per year.
Radiology	30 days: The total leave and vacation time may not exceed 120 days for the duration of training for residents in a four year residency program.
Vascular Surgery	28 days: Applicants for vascular surgery certification must acquire no fewer than 48 weeks of full-time experience in each training year. This is required regardless of the amount of operative experience obtained.

	Name of Policy: <b>MEDICAL LICENSE POLICY FOR RESIDENTS</b>	
	Last Approval Date: <b>September 16, 2016</b>	Effective Date: <b>September 16, 2016</b>

All residents at SIU training programs are required to obtain and maintain an active medical license. It is the resident's responsibility to maintain an active license. PGY-1 and PGY-2 residents must obtain a temporary medical license and are required to apply for the license in a timely fashion once agreeing to start at SIU. Residents cannot practice until they have been issued an active license.

The Office of Residency Affairs will provide the affiliated hospitals with a printout from the Illinois Department of Financial and Professional Regulations (IDFPR) online verification page when a license is issued. The Office of Residency Affairs will provide a license, printed from the IDFPR online portal, to the respective training program and one will be placed in the resident's institutional file.

If a resident or fellow separates from their program for any reason prior to its conclusion, the Office of Residency Affairs will notify IDFPR in accordance with state law. Separation is defined by IDFPR as 1) any interruption exceeding 45 days, whether continuous or aggregate, in any 365 day period with the exception of maternity or paternity leave; 2) non-renewal of a person's contract.


Residents at level PGY-3 or above may either obtain a temporary medical license or a permanent license. Once a resident obtains a permanent license, the resident is required to also obtain state and federal DEA numbers. Programs will notify the Office of Residency Affairs if a resident moves from a temporary to a permanent license.

Although many individuals at the program level and the Office of Residency Affairs assist residents in remembering that a license will expire, it is ultimately the residents' responsibility to maintain an active license. Residents who fail to do so cannot practice and will be immediately suspended without pay until a license is reissued.

	Name of Policy: <b>RESIDENT ELIGIBILITY AND  EMPLOYMENT AUTHORIZATION</b>	
	Last Approval Date: <b>October 18, 2019</b>	Effective Date: <b>October 18, 2019</b>

Southern Illinois University School of Medicine does not discriminate on the basis of race, religion, national origin, citizenship, gender, sexual orientation, marital status, age, disability or other factors prohibited by law in its Residency Programs. Eligible applicants must be graduates of medical schools accredited by the LCME, graduates of colleges of osteopathic medicine accredited by the AOA, or medical school graduates holding a valid certificate from the ECFMG. Additionally, applicants for advanced GME positions or fellowships must meet all ACGME requirements for pre-requisite GME training. Employment in an affiliated hospital is a required component of the residency program and, thus, all applicants accepted for admission into the Residency Programs will be required by law to provide verification of employment authorization in the United States at the commencement of employment as a resident with an affiliated hospital. The School of Medicine and its affiliated hospitals do not, as a matter of policy or practice, sponsor residents for H visas or benefits, except under extraordinary circumstances that would provide an appreciable benefit to the affiliated hospitals, as determined by the affiliated hospitals and the Office of Graduate Medical Education.



	Name of Policy: <b>USMLE/COMLEX Exam Policy</b>	
	Last Approval Date: <b>June 21, 2019</b>	Effective Date: <b>June 21, 2019</b>

**Note: Due to the NBME (USMLE Step 2 CS) and NBOME (COMLEX Level 2 PE) suspending these exams in the 2020-2021 academic year, GMEC has voted to extend the deadline for submission of a passing score for these specific exams for incoming PGY1 residents. The deadline for submission will be announced at a later date.**

### **RESIDENTS WITH MD DEGREE**

- I. All MD applicants to residency programs at SIU School of Medicine are required to pass Parts I and II (CK and CS) of the United States Medical Licensing Exam (USMLE) before beginning a PGY-1 position.
- II. During the PGY-II year, all MD residents in SIU School of Medicine training programs must pass Part III of the USMLE. Progression to the PGY-III year will not be allowed until the exam has been passed. All exam attempts must be recorded in New Innovations.

If a resident's contract ends due to not meeting this requirement, the program can choose to hold a position for the resident for up to three months. In order to return to the program, an exam transcript of scores must be provided reflecting all attempts and the passing score. The program can then offer a PGY-III contract. If the resident has not passed the exam within the three month deadline, the program must seek approval from the Designated Institutional Official (DIO) to continue to hold the position.

### **RESIDENTS WITH DO DEGREE**

- I. All DO applicants to residency programs at SIU School of Medicine are required to pass either Parts I and II (CE and PE) of the Comprehensive Osteopathic Medical Licensing Examination-USA (COMLEX) or Parts I and II (CK and CS) of the United States Medical Licensing Exam (USMLE) before beginning a PGY-1 position.
- II. During the PGY-II year, all DO residents in SIU School of Medicine training programs must pass Part III of either the COMLEX or USMLE. Progression to the PGY-III year will not be allowed until the exam has been passed. All exam attempts must be recorded in New Innovations.


If a resident's contract ends due to not meeting this requirement, the program can choose to hold a position for the resident for up to three months. In order to return to the program, an exam transcript of scores must be provided reflecting all attempts and the passing score. The program can then offer a PGY-III contract. If the resident has not passed the exam within the three month deadline, the program must seek approval from the Designated Institutional Official (DIO) to continue to hold the position.

### **TRANSFERRING RESIDENTS**

- I. Residents transferring from another program to a residency or fellowship program at SIU School of Medicine at the PGY-III level or higher are required to have passed USMLE Part III or Part III of the COMLEX prior to starting their position. A transcript of all exam attempts must be provided.

### **FELLOWS**

- I. All applicants to fellowship programs at SIU School of Medicine are required to pass USMLE Part III or Part III of the COMLEX before beginning a fellowship position.

	Name of Policy: <b>Selection, Evaluation, Supervision, Graded Responsibility, Promotion/Non-Promotion and Dismissal of Residents Policy</b>	
	Last Approval Date: <b>November 20, 2020</b>	Effective Date: <b>November 20, 2020</b>

For the purposes of this policy, the term “Resident” refers to Residents and Fellows

**SELECTION**

The selection of residents in each program shall be carried out by the Residency Program Director with the assistance of the teaching staff. Programs will select applicants who are eligible for appointment to accredited residency programs. (See Policy on Resident Eligibility and Employment Authorization)

Programs will select applicants on the basis of their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation, integrity and coachability. Programs will not discriminate with regard to race, religion, national origin, citizenship, sex, age, handicap or other factors prohibited by law. Programs must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents, faculty and staff. The School of Medicine will participate in the National Resident Matching Program as an Institution.

**EVALUATION**

Each residency program must demonstrate that it has an effective plan for assessing resident performance throughout the program and for utilizing the results to improve resident performance. This plan should include

1. The use of assessment methods that produce an accurate assessment of residents’ competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
2. Input and guidance from the Clinical Competency Committee (CCC)
3. Assessment of residents’ achievement of specialty-specific Milestones
4. Mechanisms for providing regular and timely performance feedback to residents that includes at least
  - Regular verbal and written Feedback
  - Written semiannual evaluation that is communicated to each resident in a timely manner
  - Maintenance of a record of evaluation for each resident that is accessible to the resident.
4. A. process that uses the results of multiple assessment instruments and evaluators to achieve progressive improvements in residents’ competence and performance, and to appropriately allow for the assumption of graded responsibility and authority. Appropriate sources of evaluation include faculty, patients, peers, self, and other professional staff. With input from the CCC, the program director must provide a final evaluation for each

resident who exits or completes the program. The evaluation must, for graduating residents, verify that the resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice. The final evaluation must be shared with the resident on completion of the program and become part of the resident's permanent record maintained by the institution.

### **SUPERVISION**

Supervision of the residents shall be carried out by the designated teaching faculty under the direction of the Residency Program Director, and in accordance with the SIU Policy on Patient Care Activities and Supervision Responsibilities for GME Trainees and Attending Physicians. Each program shall establish a written program-specific supervision policy consistent with this institutional policy and the respective ACGME Common and specialty/subspecialty-specific Program Requirements.

It shall be the Residency Program Director's responsibility to see that such supervision is adequate and appropriate to maintain both the optimal education environment and excellent quality of patient care. Residents will be supervised by teaching faculty in a way that gives residents progressively increasing responsibility according to their level of competence, ability and experience. Availability of the teaching staff will be structured in a way to ensure appropriate supervision. Determining the level of responsibility for each resident will be the responsibility of the Residency Program Director with input from the teaching staff.

### **GRADED RESPONSIBILITY**

The responsibility given to residents in patient care should depend upon each resident's knowledge, problem-solving ability, manual skills, experience, and the severity and complexity of each patient's needs. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members. The program director must evaluate each resident's abilities based on specific criteria. When available, evaluation should be guided by specific national standards.

### **PROMOTION / NON-PROMOTION**

Each program must establish written policies describing the program requirements for promotion to the next level of training. The program director, with input from the program's CCC, will determine at least annually whether each resident has progressed satisfactorily to advance to the next level of training and/or demonstrated the skills necessary to supervise junior residents.

The criteria for advancement shall be based upon the following parameters, all of which need to be judged as competent for each level of advancement:

- A. Medical Knowledge
- B. Clinical Competence in Patient Care
- C. Interpersonal and Communication Skills
- D. Professionalism (includes absence of impairment)
- E. Attitudes
- F. Practice-Based Learning and Improvement
- G. Systems-Based Practice

Specific criteria and requirements for advancement from one year to the next will be set by each individual program. In general, the following will be required for promotion from one training level to the next:

PGY 1 to PGY 2:

- Acceptable progress in areas A through G
- Ability to supervise PGY1's and students
- Ability to act with limited independence

PGY 2 to PGY X:

- Acceptable progress in areas A through G
- Ability to supervise/teach
- Ability to act with increasing independence


PGY X to Graduation:

- Competence in areas A through G
- Ability to act independently

Program policies with respect to promotion/non-promotion to the subsequent year of training shall comply with all ACGME Institutional, Common and Program Requirements, and be in accordance with the Academic Deficiency Policy. The decision for promotion or non-promotion shall be made by the Residency Program Director with consultation from the CCC. A decision to withhold advancement or deny reappointment shall be taken only after documented counseling of the resident apprising them of the reason for such potential action, and documentation that the deficiencies have not been sufficiently corrected within a reasonable time. If a resident believes that they have been dealt with unfairly in the above process, redress may be sought through the Due Process and Resident Complaint Policy.

### **DISMISSAL**

Dismissal, non-renewal of contract or non-promotion 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 Due Process and Resident Complaint Policy.

	Name of Policy: <b>Away Rotations/Elective and Required</b>	
	Last Approval Date: <b>December 15, 2017</b>	Effective Date: <b>December 15, 2017</b>

Away rotations at SIU School of Medicine are a time limited experience that must meet unique educational goals which are not available at the local sites established by the training program. A program's training sites are approved by the employing hospitals as an integral and recurring component of the program to meet accreditation requirements, and an agreement or contract has been established outlining the terms of this affiliation.

The requests outlined in this policy fall outside of the established training sites and must be submitted by the Program Director, according to the following guidelines.

1. The Program Director must approve any away rotation (required or elective) and submit a written request to the Office of Graduate Medical Education (OGME), which will then be brought before the GMEC for review. This request must contain all of the required components outlined in this policy. Once the request packet is complete, it must be submitted to OGME a *minimum of 90 days prior* to the start date of the rotation.
2. Throughout the course of the training period outlined in the Resident Agreement, a resident employed by a Springfield hospital is limited to one month total of away rotation training. The maximum number of months for away rotations for the affiliate programs is at the discretion of the program and employing hospital.
3. The GMEC will review the request. If the committee approves the educational value of the rotation, it will designate the rotation as elective or required. An OGME representative will notify the program of the committee's decision after the meeting. There are additional requirements for Springfield programs, addressed under SPRINGFIELD ONLY.
4. Residents participating in away rotations should consult with the HR department of their employing hospital before departure to verify health insurance coverage. Residents are responsible for obtaining verification documentation from HR if the receiving institution requires any (i.e. proof of background check, vaccination records, training verification, etc).
5. Resident rotations outside of the United States must comply with the International Travel for Away Rotations Policy.

#### **REQUIRED COMPONENTS FOR ALL AWAY ROTATION REQUESTS**

1. A letter from the Program Director to the GMEC Chair, which includes the following:
  - a. Indicates whether the program considers the request an *elective* or *required* away rotation, as defined below:
    - i. *Elective Away Rotation*: The time limited experience is valuable to the resident, but is **not essential** to meet RRC requirements. In addition, it is not available at the local sites established by the training program.
    - ii. *Required Away Rotation*: The time limited experience **is essential** to meet RRC Requirements and is not available at the local sites established by the training program. **If the request is for a required rotation, the PD letter must include why the rotation is necessary to meet RRC requirements.**
  - b. Dates of rotation.

- c. Location of experience, including the address of the facility or facilities where the training will take place.
  - d. Description of the rotation, including a rationale for why the educational goals cannot be obtained in the core training program.
  - e. Verification that the experience provides sufficient clinical credit so that additional time to complete the program will not be required.
  - f. Verification that copies of all required program and institutional affiliation agreements have been provided to OGME with the request packet. The resident is responsible for obtaining drafts of all required agreements *prior* to OGME submission, and must verify the requirements with the receiving institution. If these are not provided in their entirety, the rotation is at risk of being cancelled despite GMEC approval. If an institutional agreement is required by the receiving institution, it must indemnify the employing hospital.
  - g. Minimally, the programs must have a Program Letter of Agreement that verifies appropriate supervision. If the rotation supervisor is also the program director, verification of supervision can be included in the program director letter, and the PLA requirement will be waived.
2. Goals and objectives: Can be included in the letter or provided as a separate document.
  3. A CV from the site supervisor/local director (SIU Faculty only exception).
  4. The program director should be present at the GMEC meeting at which the rotation is presented.

### **SPRINGFIELD ONLY**

After GMEC approves and designates the request as an elective or required rotation, the request must then be reviewed by the Institutional Residency Affairs Coordinating Committee (IRACC)\*. If IRACC approves the rotation request, the subsequent information and procedures will apply.

1. Elective Away Rotations:
  - a. The employing hospital will continue the resident's stipend and fringe benefits while on the elective rotation, *not* including malpractice insurance.
  - b. Malpractice Insurance: The resident, the resident's program, or the receiving institution must provide malpractice insurance that meets the receiving institution's minimum requirements for the rotation and provide evidence of such coverage to OGME a minimum of 30 days prior to the start date of the rotation.
2. Required Away Rotations:
  - a. The employing hospital will continue the resident's stipend and fringe benefits while on the required rotation.
  - b. Malpractice Insurance:
    - i. The program director and resident should make every effort to obtain malpractice insurance through the receiving institution. If secured in this manner, evidence of coverage must be provided to the OGME and this documentation must indemnify the employing hospital.
    - ii. If the receiving institution is unwilling or unable to provide malpractice insurance, the employing hospital will provide malpractice insurance for the resident while on the required rotation. A certificate of insurance will be generated for the receiving institution.

\*A finite amount of resources are available for support of resident away elective rotations. For priority consideration, all requests for away elective rotations in the upcoming academic year should be submitted

by April 1<sup>st</sup>. If the number of requests that receive educational approval by GMEC exceeds the available funding, requests will be prioritized according to the following criteria.

Decisions regarding prioritization of request will be made by GMEC prior to IRACC consideration.


Higher preference will be given to rotations with:

- a. Unique content/experience that is not available locally.
- b. Clinical/academic/scholarly experiences that are not locally available and that are instrumental in earning an advanced degree (i.e. MPH, MPHE, etc.)
- c. A unique research experience that is not available locally.

Lower priority will be given to:

- a. Rotations for which medical mission is the primary goal.
- b. “Audition” electives where one of the primary aims is to improve the resident’s competitiveness for a fellowship position.

If an elective request is approved educationally by GMEC, and funds are not available to provide stipend and benefits, the resident is at liberty to pursue the elective utilizing vacation and educational leave.

	Name of Policy: <b>Neurology BOARDS</b>	
	Last Approval Date: January 1, 2012	Effective Date: January 1, 2012

Effective January 1, 2012, ABPN will require a physician to become Board certified within seven years following successful completion of ACGME-accredited or ABPN approved residency training in their primary specialty or ACGME accredited subspecialty.

- Graduates can take the ABPN Certification Examination as many times as allowed during the 7-year period.
- For example, individuals who completed an accredited residency program prior to January 1, 2012 had until January 1, 2019 to become board certified.
- Individuals who do not become certified during the 7-year period will be required to (1) repeat the required clinical skills evaluations; and (2) complete one stage of MOC (90 CME credits, 24 self-assessment CME credits, and 1 PIP Activity that includes a clinical or feedback module) in order to be credentialed to take the ABPN Certification Examination.