



**SIU** SCHOOL  
*of* MEDICINE

**RESIDENT AND  
FELLOW MANUAL  
2017 - 2018**

**MARCH 2017**



Welcome to Southern Illinois University School of Medicine!

The Office of Graduate Medical Education is available to help residents during your training. Our Office is responsible for overseeing accreditation of the institution and assisting programs in maintaining their accreditation. We also assist residents and fellows in obtaining licenses, applying for USMLE exams, maintaining visa status and compliance with duty hours, as well as serving as a liaison to the House Staff Board of Directors and Graduate Medical Education Committee. The Office of Graduate Medical Education serves as a resource for residents and fellows who need assistance or information about their training, living in Springfield, or future plans. Please come and see us if you need assistance while you are training at SIU.

This manual was created to provide some introductions to residency/fellowship training at SIU School of Medicine and its Affiliated Hospitals. This information will prepare you as you begin the next step of your medical education.

We look forward to working with you.

Sincerely,

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Associate Dean for Graduate Medical Education

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# **MOVING TO SPRINGFIELD, ILLINOIS**

## **SPRINGFIELD, ILLINOIS**

The City of Springfield is home to over 120,000 people spread across both the rural areas and inside the city. Serving as the capital of Illinois, Springfield offers many activities for the entire family including a variety of historic tourist attractions.

To assist you with moving to Springfield, an “SIU Residents” Facebook group has been created. The “SIU Residents” group will allow information to be posted and discussed on topics such as housing, child care, etc. Simply submit a request to join this group to access this information.

### **Housing**

There are numerous apartment complexes, condominiums, houses and town-houses available for rent or for sale that will fit in anyone’s budget. Often, exiting residents and medical students will have a house or condo for sale at the same time new residents are looking for a home to purchase. If you would like information about exiting resident/student properties, please join the “SIU Residents” Facebook group. Listed below are some websites/resources that may help you in your upcoming move:

### **Springfield Information**

[www.springfield.il.us](http://www.springfield.il.us)

[www.visit-springfieldillinois.com](http://www.visit-springfieldillinois.com)

<http://www.capitalcityvisitor.com/>

### **Newspapers, Realtors and Apartments:**

State Journal Register – [www.sj-r.com/](http://www.sj-r.com/)

Illinois Times- [www.illinoistimes.com/](http://www.illinoistimes.com/)

Springfield Area Realtors – [www.seehouses.com/](http://www.seehouses.com/)

Resident to Resident Real Estate - [www.r2rrealestate.com/](http://www.r2rrealestate.com/)

Apartment Finder – [www.apartmentfinder.com/Illinois/Springfield-apartments](http://www.apartmentfinder.com/Illinois/Springfield-apartments)

### **Utilities:**

<b>Ameren CILCO</b>	800-755-5000	<a href="http://www.ameren.com/">www.ameren.com/</a>
<b>CWLP (City Water Light &amp; Power)</b>	217-789-2030	<a href="http://www.cwlp.com/customer/customer.html">www.cwlp.com/customer/customer.html</a>
<b>Comcast Cable</b>	800-934-6489	<a href="http://www.comcast.com">www.comcast.com</a>

### **Daycare Services**

Currently Memorial Medical Center has a daycare facility that offers child care services to employees and residents. Please contact Memorial Child Care facility at 217-788-3995 for information on fees and availability. There are several other facilities in Springfield and surrounding areas that offer child care services, for more information contact:

Home Daycare Providers Association –  
Community Connection Point – 217-525-2805

<http://www.hdcpaspringfield.wix.com/hdcpa>  
<http://ccpoint.org/>

## **ILLINOIS RESIDENCE**

**Driving Information** If you wish to establish residence in Illinois, you must purchase Illinois automobile license plates and obtain an Illinois driver's license. Driver's license tests/renewals and vehicle title/registration information and fees are available at <http://www.cyberdriveillinois.com/facilities/facilitylist.html>.

### **KLEIN & MASON STREET FACILITY**

316 North Klein  
Springfield, IL 62702  
Phone: 217-782-4850

#### **HOURS:**

Monday: CLOSED  
Tuesday: 8:00 AM - 5:30 PM  
Wednesday: 8:00 AM - 5:00 PM  
Thursday: 8:00 AM - 5:00 PM  
Friday: 8:00 AM - 5:00 PM  
Saturday: 7:30 AM - 12:00 PM  
Sunday: CLOSED

### **SPRINGFIELD DIRKSEN PARKWAY FACILITY**

2701 S Dirksen Parkway  
Springfield, IL 62723  
Phone: 217-782-6030  
Phone: 217-785-3000

#### **HOURS:**

Monday: 8:00 am - 5:00 pm  
Tuesday: 8:00 am - 5:00 pm  
Wednesday: 8:00 am - 5:00 pm  
Thursday: 8:00 am - 5:00 pm  
Friday: 8:00 am - 5:00 pm  
Saturday: CLOSED  
Sunday: CLOSED

**Voter Registration:** You must be a resident in a precinct for 30 days before being eligible to vote. Registration can be done at several places throughout the city, including the above mentioned driver service facilities.

# **New Resident and Fellow Requirements Prior to Beginning Training**



Prior to beginning training as a new resident or fellow at Southern Illinois University School of Medicine there are several requirements that must be completed. Each of the items below are a condition of employment and are stated in each contract. The items below **MUST** be completed before a resident/fellow can start:

- \* Pre-Employment Screening by your employing hospital
- \* Background check by your employing hospital
- \* Your employing hospital's required computer based learning (CBL) courses
- \* Completed employment application/documents for your employing hospital
- \* Valid visa and/or work authorization documents for your employing hospital
- \* Valid Illinois Medical License
- \* SIU School of Medicine required CBL courses
- \* Signed contract
- \* Passing USMLE/COMLEX scores (see USMLE/COMLEX on Page 10)
- \* BLS/ACLS certification, ATLS/PALS/NRP certifications if required by program

Your employing hospital will send you information about employment screening, work authorization documents, background checks, employment forms, benefits information and their online training requirements.

### **PRE-EMPLOYMENT SCREENING**

At the beginning of your appointment, your employing hospital will require that a health questionnaire be completed. You must comply with the hospital's policies concerning tuberculosis screening and immunizations, including measles, mumps, rubella, hepatitis B, and proof of Chickenpox disease, positive titer or vaccination. This is **required** at the time of your initial pre-placement screening.

### **DRUG AND ALCOHOL TESTING**

All incoming residents/fellows must pass a post-offer drug and alcohol test as specified by the Affiliated Hospital's drug and alcohol testing program as a prerequisite of employment. The Physician shall not have the right to request a review of his/her failure to successfully pass the post-offer drug and alcohol test.

### **LICENSURE**

All residents and fellows must hold either an Illinois Temporary Medical License or an Illinois Permanent Medical License. First year residents must apply for a temporary license. This process takes a minimum of 8-12 weeks. Applications can be requested from your program coordinator or can be printed from the internet at <http://www.idfpr.com/profs/Physicians.asp#collapse31> .

Application for permanent licensure can be made after successfully passing Step III and completing 24 months of US clinical training, but is not required by SIU School of Medicine and its Affiliated Hospitals.

### **USMLE/COMLEX SCORES**

All residents at SIU School of Medicine are required to pass Steps I and II (CK and CS/CE and PE) of the United States Medical Licensing Exam (USMLE) or Comprehensive Osteopathic Medical Licensing Examination-USA (COMLEX) before beginning a PGY1 or PGY2 position.

Residents transferring from another program to a residency at PGY3 level or higher or any fellowship program at SIU School of Medicine are also required to have passed USMLE or COMLEX Step III prior to beginning their training.

## **USMLE/COMLEX SCORES (continued)**

**Residents must pass Step III before progression to the PGY3 level.** Assistance in the application process is provided by the Office of Graduate Medical Education. To review this policy in its entirety, go to <https://www.siumed.edu/gme/policies> .

## **COMPUTER BASED LEARNING MODULES (CBLs)**

Each incoming resident and fellow is required to complete a series of online training modules. One set of CBLs will be assigned by the employing hospital. An additional set will be assigned by the Office of Graduate Medical Education at SIU School of Medicine. **Both sets of modules must be successfully completed by Orientation day.** Instructions on accessing these systems and completing these courses will be sent to each incoming resident/fellow. As you continue in your residency or fellowship, you will be required to complete the hospital's online courses on an annual basis.

## **BASIC LIFE SUPPORT (BLS) AND OTHER REQUIRED CERTIFICATIONS**

Memorial Medical Center and St. John's Hospital mandate that residents and fellows be certified in BLS and Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS) for Pediatrics. This certification must be maintained throughout your residency regardless of specialty. Classes are provided by the affiliated hospitals. It is a pre-requisite to have a current BLS card to take the ACLS or PALS course. It is the responsibility of the resident/fellow to pay for the initial BLS training. The affiliated hospitals have agreed to pay for the initial ACLS or PALS course and recertification. Your training program may also require that you be certified in Neonatal Resuscitation Program (NRP) or Advanced Trauma Life Support (ATLS). Contact your program coordinator for information about these required certifications.

## **NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER**

You will need to obtain an NPI number. There is no fee for this and it is done online. Your program coordinator will provide you with the directions and pertinent information (your license number when issued, clinic address, phone number, fax number, taxonomy, etc.) that is needed to complete this application.

## **PROVIDER ENROLLMENT AND CHAIN/OWNERSHIP SYSTEM (PECOS) REGISTRATION**

After you have obtained an NPI number, you will need to register with PECOS. There is no fee and it is done online. PECOS was designed so that the referring physician's credentials can be verified before Medicare claims are paid. Physicians must enroll in the PECOS system so that claims can be processed. Your program coordinator will provide you the directions and pertinent information that you will need to register.

*Why do you need an NPI number? Why do you need to enroll in PECOS and IMPACT? Although residents/fellows do not practice as independent practitioners, with the advent of the EHR, NPI numbers are necessary to allow our hospitals and SIU to arrange the flow of lab results, etc., to residents/fellows for review before attendings. PECOS and IMPACT enrollment are necessary for the processing of any prescriptions or labs written for any patients with Medicare and/or Medicaid coverage.*

## **ILLINOIS MEDICAID PROGRAM ADVANCED CLOUD TECHNOLOGY (IMPACT)**

IMPACT registration is also required. There is no fee and it is an online enrollment. Physicians must be enrolled in IMPACT so that prescriptions can be processed for patients with Illinois Medicaid. Your program coordinator can help with this.

# **HOSPITAL SPECIFIC INFORMATION**

## **ELECTRONIC HEALTH RECORDS (EHR)**

SIU School of Medicine, Memorial Medical Center and St. John's Hospital work together in a three way partnership to provide your residency education. However, because they are three distinct institutions, each partner has its own electronic health record. In the long term, being fluent in multiple EHR systems is actually an advantage; in the short term, it means your learning curve will include learning three new systems. The systems and contact numbers for assistance are:

- Memorial/Power Chart – Medical Informatics Office at 757-2288
- St. John's/Meditech – Physician Informatics Lab at 544-6464 ext. 67455, sjs-physician@hshs.org
- SIU School of Medicine clinics/Touchworks –EHR Help Desk at 545-4357, ehr\_support@siumed.edu

## **EXERCISE ROOMS**

Exercise rooms are available for residents and fellows at both hospitals. St. John's Hospital exercise room is located on the 12th floor. The Memorial Medical Center exercise room is located on the 8th floor. Contact your program coordinator or the Office of Graduate Medical Education for the access codes.

## **HEALTH INSURANCE**

The Benefits Department of your employing hospital will explain your health insurance choices. Be prepared to answer health questions about yourself and your dependents if applicable. Please contact the Benefits Department of your employing hospital whenever you have questions concerning coverage.

Memorial Medical Center Benefits Department  
Jennifer Davis                      Phone: 217-588-2984

St. John's Hospital Benefits Department  
Adam McConnell                      Phone: 217-544-6464 ext. 76840

## **IDENTIFICATION**

For security reasons, photo identification badges will be issued by both St. John's Hospital and Memorial Medical Center at the beginning of your training. All residents and fellows are required to wear a hospital/SIU photo identification badge when on duty in the hospital.

## **LIABILITY INSURANCE**

Liability Coverage is provided by St. John's Hospital and Memorial Medical Center for all residents and fellows. To obtain a copy of the current policy, contact the Office of Graduate Medical Education, 545-8853.

## **MEDICAL LIBRARIES**

The SIU Medical Library subscribes to a number of journals, most of which are available via the internet. Various electronics (computers, projectors, etc.) are available for loan, and a number of computer training courses are offered regularly. Residents/fellows are encouraged to use the facilities at SIU, SJH, or MMC.

The SIU library is located at 801 N. Rutledge, 4<sup>th</sup> Floor.

The SJH library is on the 2<sup>nd</sup> floor of the hospital, just west of the administrative offices.

The MMC library is in the Memorial Center for Learning and Innovation, 4<sup>th</sup> Floor.

## **FOOD / MEALS**

Both hospitals provide food for residents in their respective physician's lounge at no charge, per the schedule posted in the lounge. Residents have access to food services 24 hours per day at both hospitals.

## **NEEDLESTICKS**

Immediately wash the exposed site with soap and water. Then call employee health **at the facility where the event took place**. The employee health nurse will provide you with instructions on what you need to do next.

### **Memorial Medical Center**

Jodi Lutz-Sanchez, Employee Health

Monday – Friday, 8:00 to 4:30 at 217-788-3446

After hours or weekend, contact house service at 217-788-3184

### **St. John's Hospital**

Kim Kunz/Carla Blakely, Occupational Health

Monday – Friday, 7:00 to 3:30 at 217-814-8235

After hours or weekend, contact house supervisor at 217-544-6464, ext. 51555

### **SIU Clinics**

Bree Schmulbach, SIU Health Nurse

Monday – Friday, 8:00 to 4:30 at 217-492-2446.

After normal business hours, call 217-545-8000 and have the operator page the ID doctor on call.

## **PAGERS**

Pagers are issued to all incoming residents/fellows during orientation. If your pager malfunctions at any time, please contact Pam Brown (217-788-3135) or a hospital operator.

## **PARKING – MEMORIAL MEDICAL CENTER**

Residents are required to have a hang tag that will be issued by Memorial after they complete an application card. Residents should park in the physician ramp located on Rutledge Street on level 3 and above.

**Residents/fellows who park in unauthorized areas can expect to have their vehicles ticketed.**

## **PARKING – ST. JOHN'S HOSPITAL**

Residents are required to have a hang tag that will be issued by St. John's security. Residents should park on the top level of the 9<sup>th</sup> Street Parking Ramp, which can be accessed from Carpenter Street or 9<sup>th</sup> Street. The top level of the Mason Street Parking Ramp can also be accessed by residents.

## **SECURITY**

Memorial Medical Center, St. John's Hospital, and SIU have security personnel on duty 24 hours a day. They have general responsibility for the personal safety of patients and staff members and the protection of property. Please contact the appropriate department at any time.

SIU Security	217-545-7777
SJH Security, emergency	within the hospital - dial 111
SJH Security, non-emergency	217-544-6464 ext 44020
MMC Security, emergency	217-588-2000
MMC Security, non-emergency	217-788-4900

If you need an escort to a parking ramp or parking lot after hours or during hours of darkness, or if you have concerns for your personal safety in or around the medical areas, please call Security for assistance.

You are advised not to store or leave personal valuables unattended. While theft is relatively rare, occasional losses do occur. If you are the victim of a theft, contact Security immediately.

## **SHUTTLE SERVICE**

There is a shuttle service available for residents and fellows traveling between Memorial Medical Center and St. John's Hospital. The operating hours of the shuttle are Monday - Friday from 6:00 a.m. to 6:00 p.m. The shuttle pick up/drop off at Memorial is located by the lower level of the physician parking garage near the Garden Entrance on Rutledge Street (LL "C" building). The shuttle pick up/drop off at St. John's Hospital is the main hospital entrance and the main entrance of the Carol Jo Vecchie Women & Children's Center.

The shuttle service is not available on weekends or after hours. Resident and fellows must provide their own transportation between hospitals during these times. Security personnel are only able to provide transportation in cases of emergencies. Emergencies in this situation are considered a patient related or medical emergency only.

## **SLEEP ROOMS/NAPPING SPACE**

There are designated resident sleep rooms at Memorial Medical Center and St. John's Hospital. Contact your program coordinator or the Office of Graduate Medical Education for a list of room locations and the access codes. These are also distributed on a yellow pocket card for easy reference.

## **STIPEND DEPOSITS**

Your stipend is deposited electronically at the bank of your choice. Both hospitals pay biweekly.

# **GENERAL INFORMATION**

## Transitions of Care

SIU SOM has set minimum standards for transitions of care or transfer of patient care whether taking place at change of shift, service to service, in-patient to out-patient, or out-patient to in-patient as follows.

- Face to face
- In a quiet environment
- Without interruption
- In a structured format
- Open for questions/read back
- Supervised

At minimum, the handoff should include:

- Patient demographics/location (i.e. name, age, room)
- Attending Name
- Patient's Diagnosis/Problem list
- Current Medications
- Allergies
- Code status (DNR or advance directive)
- Decision Maker Status (POA, Guardian)
- Pending Labs/XRay, etc.
- Action Plan (If this...then do that)
- Follow-up for each provider involved in the care of the patient (i.e. primary IP service plus consultants) - *For IP to OP/Discharge only*
- Follow up with primary care provider (if different than primary IP service) - *For IP to OP/Discharge only*



## **Where to Report Adverse Events and Close Calls (Near Misses)**

The reporting of errors and near misses is a very important aspect of patient safety. Any error or near miss that you witness may be part of a larger issue. This reporting helps administrators identify system deficiencies or trends. Each of our training institutions (Memorial, St. John's and SIU Medicine) have electronic reporting avenues that are all similar. You will be trained on each system as part of each institution's EHR training.

### **Memorial Medical Center**

**The preferred reporting method is electronic reporting done through SENSOR. SENSOR is accessed through the MMC physician portal.**

You can also make reports by contacting the  
Chief Medical Officer, Raj Govindaiah, MD at **217-691-7914**.

### **St. John's Hospital**

**The preferred reporting method is electronic reporting done through IRIS. IRIS is accessed through the HSHS St. Johns Hospital physician portal.**

You can also make reports by contacting the  
Medical Staff Office at **217-814-8484**.

### **SIU Clinics**

**The preferred reporting method is electronic reporting done through SIU SENSOR. SIU SENSOR is accessed through the SIU Intranet.**

You can also make reports by contacting the  
Director of Risk and Patient Safety, Dee Kirby at **217-545-4768**.

You can also always notify the following:

- Your immediate supervising physician
- The nurse manager, charge nurse, or manager of the respective unit or area.

## **Electronic Health Records**

It is tempting to think of progress notes and other clinical documentation as “busy work” or “service”. This is inaccurate. Written communication of your findings, plan and reasoning process is a vital part of patient care. During your training at SIU and your career, you will utilize multiple different EHRs. An EHR can provide efficiency in documentation, but they must be used correctly and with caution.

### **Important things to remember when working in EHR**

1. Be sure you are in the correct patient's record.
2. Timely, accurate and honest reporting of information. Most EHRs allow you to pull your note from the previous encounter and "cut and paste". Be very careful with this function. It is easy to forward information that is no longer valid.
3. Diagnostic thinking and assessment plan. Please keep in mind that is likely the first, and often only, section others will read in your note.
4. Over documentation. Including information that does not pertain to the visit/encounter is a liability and creates a lengthy note.
5. Confirmation of accurate information. With each visit/encounter, confirm that the information in all areas of the note is up to date so that no inappropriate or incorrect history gets perpetuated from one visit to the next.
6. Completeness of note. Do not forget to complete all important sections.
7. Summary of diagnostic data. It is important to remember to consolidate the summary of a report into a note in a meaningful way.
8. Transparency. Multiple people will read your notes. Each individual needs to be able to easily interpret the course of care for the patient through clear concise documentation.
9. Special areas of concern:
  - On any given progress note, only include history and exam findings you have actually performed. (EHR "carry forward" and "cut and paste" functions can make this easy to miss.)
  - Pay particular attention to drug interactions and allergies provided by the system.
  - Always pay attention to EHR alerts regarding interactions between drugs.
  - Double check the number of pills and refills when placing EHR prescriptions.
  - Checkbox lists make it easy to accidentally click the wrong order. Double check before you place the order.
  - The chart notes you produce are professional documents and should look professional.
  - Ensure you are sending your notes for cosign / endorsement to your attending for them to sign. If you work for multiple attendings during a rotation, only send to the ONE attending to cosign that is on with you for that date.

# Compliance Alert

SIU SOM Office of Compliance and Ethics

## Copy Paste/Cloning/Carry Forward

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Physicians who carry forward/Copy-Paste a previous note into a new visit must read and edit what is on the screen for the sake of accuracy.

### Copy-Pasting

Copy-pasting, also known as cloning, allows users to select information from one source and replicate it in another location. When doctors, nurses, or other clinician's copy-paste information but fail to update it or ensure accuracy, inaccurate information may enter the patient's medical record and inappropriate charges may be billed to patients and third-party health care payers. Furthermore, inappropriate copy-pasting could facilitate attempts to inflate claims and duplicate or create fraudulent claims.<sup>1</sup>

### Over-documentation

Over-documentation is the practice of inserting false or irrelevant documentation to create the appearance of support for billing higher level services. Some EHR technologies auto-populate fields when using templates built into the system. Other systems generate extensive documentation on the basis of a single click of a checkbox, which if not appropriately edited by the provider, may be inaccurate. Such features can produce information suggesting the practitioner performed more comprehensive services than were actually rendered<sup>2</sup>

### Challenges and Risks associated with the copy/paste function<sup>3</sup>

- Inaccurate or outdated information
- Conflicting or incomplete information
- Redundant information, which makes it difficult to identify the current information
- Inability to identify the author or intent of documentation
- Inability to identify when the documentation was first created
- Propagation of false information or the appearance that a service was provided when in fact it was not
- Internally inconsistent progress notes
- Unnecessarily lengthy progress notes

### Unintended consequences<sup>3</sup>

1. copy/paste might interfere with or compromise communication among the members of the care team.<sup>4</sup>
2. there are implications for the quality and safety of patient care such as medical errors resulting from inaccurate or outdated clinical information.<sup>5</sup>
3. the medico-legal integrity of the health record is potentially jeopardized because information overload can cause clinicians to miss important pieces of information and medical errors can occur as a result of inaccurate information.<sup>6</sup>
4. the inappropriate use of copy/paste may actually facilitate or appear to facilitate attempts to inflate, duplicate, or create fraudulent healthcare claims.<sup>7</sup>

### Ways to ensure proper documentation and billing:

- Link or refer back to the original source document or medical record, rather than duplicating or copy-pasting the information.
- Summarize diagnostic test findings rather than copying the complete report into the note.

- Do not copy one patient's record in the record of another patient<sup>8</sup>
- Do not copy Medical student notes (other than Review of Systems and Past Family Social History)<sup>2</sup>
- Do not copy or bring forward the History of Present Illness<sup>8</sup>

**SIU HealthCare Medical Records Standards of the Electronic Health Record (August 12, 2014):**

**DATA INTEGRITY AND QUALITY SUPPORT**

1. Specific sections of the patient's clinical assessment should reflect the work product of the final author and not be carried forward. These sections include:
  - History of Present Illness
  - Review of Systems
  - Physical Examination
  - Assessment
  - Plan
2. Information that can be carried forward when truly needed to communicate decision-making for the active encounter-include elements from the previously recorded:
  - Past Medical/Surgical/Obstetric/Psychiatric History
  - Family History
  - Social History
  - Past relevant reports (labs, imaging, pathology, etc.) with dates

**PROGRESS NOTE/DOCUMENTATION**

- Providers are responsible for reviewing all documents prior to attaching electronic signature.

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1. Association of American Medical Colleges, Compliance Officers' Forum. *Appropriate Documentation in an EHR: Use of Information That Is Not Generated During the Encounter for Which the Claim Is Submitted: Copying/Importing/Scripts/Templates*. July 11, 2001.
2. Dougherty, Michelle. *HIT Policy Committee Hearing on Clinical Documentation*, February 13, 2013. Accessed at <http://www.healthit.gov> on March 19, 2013.
3. American Health Information Management Association (AHIMA) 2014, "Appropriate Use of the Copy and Paste Functionality in Electronic Health Records"
4. Bowman, Sue. "Impact of EHR Systems on Information Integrity: Quality and Safety Implications."
5. 21. Mangalmurti, Sandeep S., Lindsey Murtagh, and Michelle M. Mello. "Medical Malpractice Liability in the Age of Electronic Health Records." *The New England Journal of Medicine* 363 (2010): 2060-67.
6. 22. Office of Inspector General, Department of Health and Human Services. *Not All Recommended Fraud Safeguards Have Been Implemented In Hospital EHR Technology*. December 2013. <http://oig.hhs.gov/oei/reports/oei-01-11-00570.pdf>.
7. 23. Schulte, Fred. "Growth of Electronic Medical Records Eases Path to Inflated Bills (Cracking the Codes series)." The Center for Public Integrity, September 19, 2012. <http://www.publicintegrity.org/2012/09/19/10812/growth-electronic-medical-records-eases-path-inflated-bills>.
8. AAMC Compliance Officer's Forum, July 2011, "Electronic Health Records in Academic Medical Centers Compliance Advisory 2, Appropriate Documentation in an EHR: Use of Information that is not Generated during the encounter for which the claim is submitted: Copying/Importing/Scripts/Templates"

Questions regarding this Compliance Alert can be directed to:

Mary A. Curry, CPC, CPMA, Health Care Compliance Officer, at [mcurry@siumed.edu](mailto:mcurry@siumed.edu) or by calling 217-545-6012

<b>Revision History</b>	<b>Author</b>	<b>Description of Revision</b>	<b>Approval</b>
March 16, 2015	Candice Long	Initial Release	Candice Long, Chief Compliance Officer



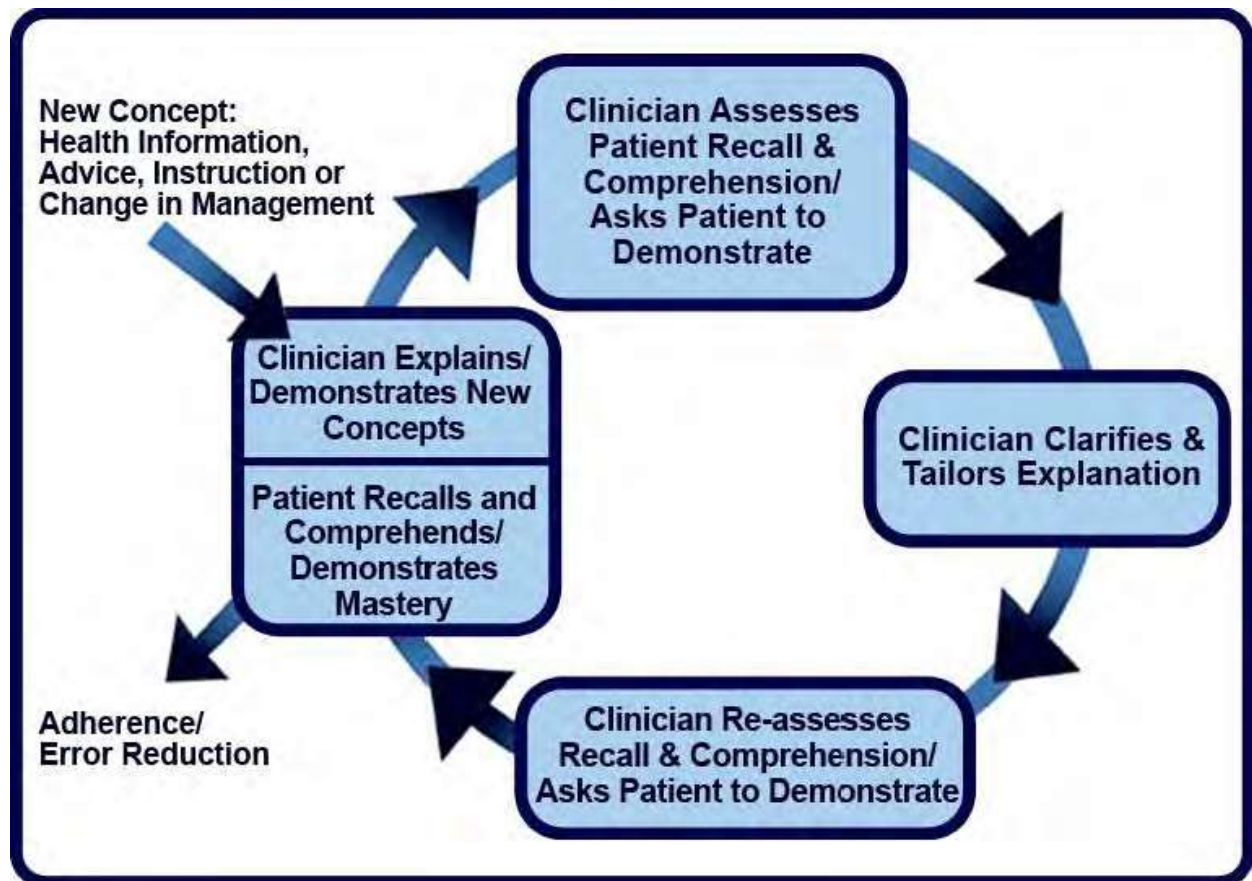
## Teach-Back

It has been found that patients understand and retain less than half of what they are told. With ineffective verbal communication, many efforts by health care providers and educators may be lost in helping to support patients with understanding new skills required for behavior change. The Teach Back Method uses two-way dialogue among a patient and healthcare provider. The method involves *assessing, repeating, clarifying/modifying and reassessing* patient comprehension and understanding. This method creates an opportunity for dialogue in which the provider gives information, then asks the patient to respond and confirm understanding before adding any new information.

### What is teach-back?

- Asking patients to explain in their own words what they need to know or do, in a non-shaming way.
- A chance to check understanding and, if necessary, re-teach the information.
- It is **not** a test of the patient, but of how well you explained a concept.

To learn more about teach-back, go to [www.teachbacktraining.org](http://www.teachbacktraining.org).



The above diagram is provided by the U.S. Health Resources and Services Administration.

## **Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)**

The Centers for Medicare & Medicaid Services (CMS), along with the Agency for Healthcare Research and Quality (AHRQ), developed the HCAHPS Survey, also known as Hospital CAHPS®, to provide a standardized survey instrument and data collection methodology for measuring patients' perspectives on hospital care. The HCAHPS Survey is administered to a random sample of patients continuously throughout the year. CMS cleans, adjusts and analyzes the data, then publicly reports the results. The HCAHPS survey is 32 questions in length—21 substantive items that encompass critical aspects of the hospital experience, 4 screening questions and 7 demographic items that are used for adjusting the mix of patients across hospitals for analytical purposes. Hospital Compare currently reports results for 7 composite topics, 2 individual topics and 2 global topics, as follows:

### *Composite topics:*

- Nurse communication
- Doctor communication
- Responsiveness of hospital staff
- Pain management
- Communication about medicines
- Discharge information
- Care transition

### *Individual topics*

- Cleanliness of hospital environment
- Quietness of hospital environment

### *Global topics*

- Overall rating of hospital
- Willingness to recommend hospital

The HCAHPS survey is administered to a random sample of adult patients across medical conditions between 48 hours and six weeks after discharge; the survey is not restricted to Medicare beneficiaries.

All short-term, acute care, non-specialty hospitals are invited to participate in the HCAHPS Survey. The goal is for each hospital to get at least 300 completed patient surveys per year.

The Hospital Value-Based Purchasing program links a portion of the Inpatient Prospective Payment System (IPPS) from CMS to performance on a set of quality measures, which include the Clinical Process of Care Domain, which accounts for a 45% of a hospital's Total Performance Score (TPS); the Patient Experience of Care Domain, 30% of TPS; and the new Outcome Domain, 25% of TPS. The HCAHPS Survey is the basis of the Patient Experience Domain.

For more information about HCAHPS, go to [www.hcahpsonline.org](http://www.hcahpsonline.org).

## **E-MAIL**

SIU School of Medicine issues an e-mail address to each incoming resident/fellow. All residents and fellows are required per their contract to check their siumed.edu e-mail account **at least once a week**. Important communication from the hospitals and Graduate Medical Education are sent regularly via e-mail. Consult your program coordinator for instructions.

## **ENGLISH SKILLS SERVICE**

If English is your second language, you may experience some difficulty making yourself understood by English-speaking listeners. Accent differences can create significant difficulties when you are communicating with patients and their families. You may also experience reduced effectiveness during formal presentations and clinical interactions with your medical colleagues.

Lincoln Land Community College (located in Springfield) offers a free “English as Second Language” class. For information about this class, contact Lyn Buerkett at 217.786.4534 or [lyn.buerkett@llcc.edu](mailto:lyn.buerkett@llcc.edu) or your program coordinator.

You can also access [www.accentpros.com](http://www.accentpros.com).

## **MAIL**

Your department will have a designated mail area for you to receive incoming mail.

## **SMOKING**

Smoking is prohibited in and around all facilities used by SIU School of Medicine and its Affiliated Hospitals.

## **STUDENT LOANS**

**Deferments:** On July 1, 2009, there were major changes to the eligibility requirements for the Economic Hardship Deferment (EHD) under which many residents previously qualified. As a result, most residents are no longer eligible, and while there are other Deferment categories available, they rarely apply to residents.

**Stafford Loans:** The only option to delay payments for residents is through Forbearance. There are several different options of forbearance. One popular option is Mandatory Residency Forbearance. Under forbearance, no payments are required; however, interest continues to accrue and the federal government no longer pays interest on the subsidized portion of a borrower's loans. In addition, interest may be capitalized under forbearance, making this a more expensive option for borrowers.

**Perkins Loans:** Perkins loans are usually granted by individual medical schools. Some schools will allow residents to apply for economic hardship deferment for up to 3 years during residency. You must contact the school that awarded the Perkins loans to apply.

## **TELEPHONES**

The SIU telephone system was specifically developed for the telecommunication requirements of a large medical institution. It provides many unique features. Dictating to SIU Medical Records, St. John's Hospital and Memorial Medical Center can be done by keying in the code that will be provided to you.

Long distance calls relating to the care of patients may be dialed directly through the system (dial 9-1-area code and number). Personal long distance calls must be charged to your residential telephone or personal credit card (dial 9-0-area code and number).

## LEGIBLE HANDWRITING

Even in the EHR era, legible handwriting is especially important in the practice of medicine where the findings of each physician seeing a given patient may have a significant bearing on the total medical picture. Please make a conscious effort to write legibly with black or dark blue ink in all records and communications. Do not use a felt-tip pen as ink may bleed onto the opposite page. Each entry should be made in the patient's record at the appropriate place and include a clear signature, date and time.

Below is a list of **acceptable** and **unacceptable** abbreviations for medical records in inpatient and clinic settings.

START HERE	
<ul style="list-style-type: none"> <li>Orders <b>MUST</b> be legible</li> <li>Orders <b>MUST</b> have a leading zero (write 0.2, not .2)</li> <li>Orders <b>MUST NOT</b> have a trailing zero (write 2, not 2.0)</li> <li>Orders <b>MUST</b> avoid the abbreviation "U" for "units"</li> <li>Orders <b>MUST</b> avoid unacceptable abbreviations</li> </ul>	
Remember:	
<ul style="list-style-type: none"> <li><b>ALWAYS</b> use ballpoint pens</li> <li><b>ALWAYS</b> sign, date and time each order</li> <li><b>ALWAYS</b> print name if signature illegible</li> <li>Residents <b>MUST</b> print pager number</li> </ul>	

### Unacceptable Abbreviations\*

Unacceptable	Intended Meaning	Acceptable
U	Units	Write out <i>UNITS</i>
µg	Micrograms	<i>MICROGRAMS</i> or <i>MCG</i>
Q.D. or QD	Latin abbreviation for every day	<i>DAILY</i> or <i>Q DAY</i>
Q.O.D. or QOD	Latin abbreviation for every other day	<i>EVERY OTHER DAY</i> or <i>Q OTHER DAY</i>
SC or SQ	Subcutaneous	<i>SUBCUTANEOUSLY</i> or <i>SUBCU</i>
TIW	Three times a week	<i>THREE TIMES A WEEK</i> and specify which days, like <i>MON-WED-FRI</i>
cc	Cubic centimeters	<i>CUBIC CENTIMETERS</i> or <i>ML</i> or <i>CM<sup>3</sup></i>
AU, AS, AD	Latin abbreviations for both ears, left ear; right ear	<i>BOTH EARS, LEFT EAR</i> or <i>RIGHT EAR</i>

### Unacceptable Drug Abbreviations\*

Unacceptable	Intended Meaning	Acceptable
Drug Names:		<b>USE COMPLETE SPELLING FOR ALL DRUG NAMES</b>
AZT	Zidovudine (Retrovir®)	
CPZ	Compazine® (prochlorperazine)	
HCT	Hydrocortisone	
HCTZ	Hydrochlorothiazide	
MgSO <sub>4</sub>	Magnesium sulfate	
MS	Morphine sulfate	
MTX	Methotrexate	
LI	Lantus or Lente	
Stemmed Names:		
NITRO drip	Nitroprusside	
PIT	Pitocin® (oxytocin)	

## “GUIDELINES FOR TEACHING PHYSICIANS, INTERNS, AND RESIDENTS”

Resource published by the Medicare Learning Network of the Department of Health and Human Services <http://go.cms.gov/mln> Click on Publications, and type “teach” in the search field “Filter on:”..



<b>PROGRAM</b>	<b>MAIL CODE</b>	<b>PROGRAM DIRECTOR</b>	<b>COORDINATOR</b>	<b>PHONE</b>	<b>FAX</b>
<b>SPRINGFIELD CORE PROGRAMS</b>					
Dermatology	9644	Lucinda Buescher, MD	Stacy Miller	545-5465	545-4485
Emergency Medicine	9679	Christopher McDowell, MD	Erin Mauzy	545-3518	545-2711
Family Medicine	9670	Careyana Brenham, MD	Debbie Lucas	757-8197	747-1351
Internal Medicine	9636	Andrew Varney, MD	Cathy Brower	545-5568	545-8156
Med/Psych	9636	Kathleen Bottum, MD	Cathy Brower	545-5568	545-8156
Neurology	9643	Najib Murr, MD	Carolyn Higgason	545-7210	545-1903
Neurosurgery	9638	Devin Amin, MD	Alice Larnerd	545-8863	545-9752
OB/GYN	9640	Erica Nelson, MD	Courtney Flanders	545-6498	545-7958
Orthopaedics	9638	Keith Gabriel, MD	Anita Weinhoef	545-6155	545-7901
Otolaryngology	9662	Carol Bauer, MD	Jenny Kesselring	545-4777	545-7512
Pediatrics	9635	Janet Patterson, MD	Rachael Adamczyk	545-3170	545-2905
Plastic Surgery	9653	Nicole Sommer, MD	Stephanie George	545-6112	545-2588
Psychiatry	9642	Santosh Shrestha, MD	Vivian Smith	545-7627	545-2275
Radiology	MMC Radiology	John Becker, MD	Stacie Skelton	757-2387	788-5582
Surgery	9638	John Mellinger, MD	Nikki Workman	545-4401	545-1793
Urology	9665	Ranjiv Mathews, MD	Jessica Davis	545-3262	545-7305
Vascular Surgery	9638	Douglas Hood, MD	Rhonda Loyd	545-8856	545-2563
<b>SPRINGFIELD FELLOWSHIPS</b>					
Adult Reconstructive Surgery	9638	Gordon Allan, MD	Anita Weinhoef	545-6155	545-7901
Child Psychiatry	9674	Ayame Takahashi, MD	Ruth Stark	545-7644	585-6890
Colon & Rectal Surgery	9638	Jan Rakinic, MD	Teri Rodawald	545-7230	545-7762
Endocrinology	9654	Carmel Fratianni, MD	Carole Gibson	545-0166	545-9125
Hand/Micro	9653	Michael Neumeister, MD	Stephanie George	545-6112	545-2588
Infectious Diseases	9636	Janak Koirala, MD	Megan Matzat	545-9148	545-8025
Pulmonary Medicine	9627	Joseph Henkle, MD	Jacie Burt	545-0187	788-5543
<b>AFFILIATE CORE PROGRAMS AND FELLOWSHIPS</b>					
Carbondale Family Medicine	305 W Jackson, Ste. 200	Quincy Scott, DO	Chris Null	618-536-0221	618-453-1102
Carbondale Sports Medicine	Carbondale, IL 62901	Scott Schonewolf, DO	Chris Null	618-536-0221	618-453-1102
Decatur Family Medicine	102 W Kenwood Ave, Ste. 100 Decatur, IL 62526	Jessie Junker, MD	Tina Hartwig	872-0850	872-0851
Quincy Family Medicine	612 N 11 <sup>th</sup>	Tom Miller, MD	Mary Ann Epley	224-8957	224-7950
Quincy Sports Medicine	Quincy, IL 62301	James Daniels, MD	Linda Savage	277-5772	224-7950

All phone and fax numbers are area code "217" unless indicated otherwise

## RESIDENT WELLNESS

Residency training is a time of tremendous personal and professional growth. It can also be very stressful. It is not at all uncommon for residents from time to time to feel stressed, overwhelmed, burned-out, or even to develop clinical depression. If you should experience any of these, we encourage you to seek or accept help. You do not need to shoulder these burdens alone. If you are feeling overwhelmed, find someone you trust to talk to, whether it be a colleague, friend or family member, your doctor, a religious advisor, or your program director. For any resident who needs some professional assistance, multiple resources are available. A list of resources can be viewed at <https://www.siumed.edu/gme/resident-well-being.html> .

## FATIGUE

Acute and chronic sleep loss can substantially impair physical, cognitive, and emotional functioning in human beings. Overworked residents report sleepiness tendencies that are equivalent to those found in some clinical populations of patients with sleep apnea or narcolepsy. After one night of missed sleep, cognitive performance may decrease by as much as 25%. Sleep debt tends to accumulate until enough catch up sleep is obtained.

Chronic sleep loss results in lower cognitive and fine motor performance, and has negative effects on mood, motivation, life satisfaction and on professional and personal relationships. Fatigued drivers are at higher risk for accidents and near accidents.

It is the policy of SIU that all duty hours must be consistent with ACGME requirements. Programs are responsible for monitoring resident activities to ensure that resident fatigue does not contribute to diminished learning or detract from patient safety. Residents can help by ensuring that they get enough sleep during their off hours and by monitoring themselves for the following signs of fatigue:

1. Sluggish thinking or inability to concentrate.
2. Inability to stay awake in the absence of external stimulation.
3. Irritability.
4. Tremors.

A resident experiencing any of these symptoms must immediately get some rest. The most effective strategy to counter fatigue is sleep. Even a short nap can temporarily reverse the impact of sleep loss. Any resident who is experiencing these symptoms or feeling overly fatigued at the end of his or her work day should take a short nap before driving home or catch a ride with a co-worker or taxi/car service (i.e. uber). **If you take a taxi/car service home, submit your receipt to the Office of Graduate Medical Education and they will reimburse you.** You can also submit your receipt for a return trip in order to retrieve your car, if needed.

# **Policies and Guidelines**

The following institutional policies and other useful information is available on our website at <https://www.siumed.edu/gme/policies> Your training program will also have program-specific policies that they will provide to you.

- Academic Deficiency Policy
- Drug Screening for Employment
- Due Process and Resident Complaint Policy
- Harassment Policy
- Impairment Policy
- Industry Relations Policy
- International Elective Policy
- Licensing Policy
- Suspension for Delinquent Medical Records
- Moonlighting Policy
- Off-Site Rotation Guidelines
- Prescription Writing Policy
- Procedures for Residents Starting Late
- Professional Conduct and Misconduct Policy
- Resident Duty Hours
- Duty Hour Completion Procedures
- Suspension for Delinquent Duty Hours
- Resident Eligibility and Employment Authorization Policy
- Resident Transfer Policy
- Selection, Evaluation and Supervision of Residents
- Social Media Guidelines
- SIU Institutional Supervision Policy
- USMLE/COMLEX Exam Policy
- Vacation & Other Leaves Policy

On the following pages are some additional policies and guidelines that will be useful to know and refer to during your training.

## **PATIENT INFORMATION/RECORDS**

Many medical workers have access to medical records, x-rays, laboratory reports, and other sources of information concerning patients. All such information is considered confidential and must not be revealed under any circumstances. Only physicians and others specifically authorized to do so may divulge laboratory, medical and surgical findings, and then only to the proper persons. Under federal and state privacy laws unauthorized release of confidential information about patients is not only ethically wrong but could also involve both the individual and SIU in legal action. At no time should individuals call for their own medical record or the records of friends, relatives, or others without legitimate reason. Unauthorized release of confidential information concerning patients may be cause for immediate dismissal.

The medical record is the most complete and permanent repository of all data gathered during examination, diagnosis and treatment by health care providers. It is among the most important assets and is also a very important resource for the care of patients. The ready availability of the patient's medical record facilitates his/her care, serves the convenience of the physician and may be of lifesaving importance on occasion.

Because a sizeable group of personnel are legitimately concerned with the use of medical records in many areas, certain policies have been established so that medical records are properly preserved and safeguarded and their whereabouts are known at all times. As a resident or fellow at SIU, you are expected to know these policies and follow the procedures for safeguarding the integrity of medical records. The general guidelines are as follows:

- The Medical Records Access Policy applies to all medical information, whether in written, oral, reproduced or electronic form.
- No part of a patient's medical record or reproductions thereof may be released to anyone outside of the institution other than the patient without written authorization from the patient. (For exceptions, see "RELEASE OF MEDICAL INFORMATION".)
- Medical records shall be requested only for SIU business or routine duties.
- Personal medical records or those of family members cannot be requisitioned.
- The medical record must stay on site and be traceable in the record-keeping system.
- The medical record and the patient will not be separated in the hospital.
- Handle sensitive tests and results appropriately according to institutional procedures, but do not be overly restrictive or draw attention to the tests or reports.
- Patient information obtained from electronic systems must be treated with the same degree of confidentiality as the paper medical record. You are responsible for information accessed using your password. Temporary printed reports must be discarded appropriately. Patient information must not be left on screens where it would be visible to others. Please logoff all systems when you are done.

## **RELEASE OF MEDICAL INFORMATION**

### **HIPAA, ILLINOIS LAW AND SIU POLICY**

Information given by a patient to a physician or acquired by a physician through examination and treatment of a patient is confidential. By law, medical information should not be communicated to anyone unless the patient has given written consent or unless the situation falls within one of the exceptions to the law. This applies regardless of the seemingly innocent nature of the request or the character of the inquirer (e.g., health care provider, attorney, insurance representative, investigator, relative).

### **LEGAL EXCEPTIONS**

- Release of medical information may be made without a patient's written consent in a medical emergency when you are unable to obtain the patient's consent due to the patient's condition or the nature of the medical emergency.
- Medical information may be exchanged with any healthcare provider without written patient authorization when necessary for current treatment, unless the patient has requested that medical information not be sent to that provider. Additionally, specific written authorization would still be required in accord with Federal law if the information to be released contains drug and/or alcohol treatment information.
- Statutes or appropriate regulations may require that you give information to specified public authorities. Examples are the reporting of gunshot wounds, suspected maltreatment of minors, animal bites, certain communicable diseases, and the information required for a certificate of death. If you are in doubt in these cases, do not assume that the information may be given. Instead, seek the advice of a member of the Legal Department.

Preserve patient privacy. Don't talk about patients in elevators or hallways. Family or friends may overhear your conversation.

## **GENERAL RULES FOR THE USE OF UNIVERSITY OWNED COMPUTERS & NETWORKS:**

Users of University-owned computers and systems must comply with all Federal and State laws, as well as all University and Departmental rules and regulations.

Always protect your usernames and passwords. DO NOT permit **anyone** to use your login to access **any system**. You are 100% responsible for any activity that takes place by anyone logging in as you. Be aware that sharing your username and password for any University or Hospital system constitutes at a minimum a serious HIPAA violation and could result in disciplinary action. **Make sure that you log out of all systems when you are finished using them.**

Installing and/or running non-work or study related software, such as music sharing/downloading software, games, and other personal systems, on any University-owned computer system is **strictly prohibited**.

**Users are reminded that university-owned computers and networks (including dial-in access) are restricted to work- and study-related use.** In particular, University-owned equipment and networks should **never** be used for:

- personal arts and entertainment (e.g., Internet games, movies, iTunes, etc.)
- streaming audio and/or video, with the exception of work related uses. Prohibited streaming includes news broadcasts, internet radio or television, background music, etc.
- non-SIU related downloading of large files, particularly multimedia (movies, music)
- Peer to peer networking (P2P) and file sharing applications, such as iMesh, Morpheus, Warex P2P, WinMX and Limewire

When such use is detected, it will be vigorously pursued and stopped. As an institution, we cannot afford to pay for additional bandwidth to accommodate illegitimate use, nor can we afford to have legitimate University work impeded by such use.

The SIU Board of Trustees policy on use of electronic information systems states:

“Southern Illinois University takes justifiable pride in the electronic information systems provided to its faculty, staff, and students. These resources include computer systems, university-owned computers and workstations, software, data sets, and communication networks. Members of the university community may use these resources only for purposes related to their studies, instruction, the discharge of duties as employees, official business with the university, or other university-sanctioned activities. Any other use, unless specifically authorized, is prohibited.”

“Examples of inappropriate and unacceptable use of computing and networking resources include....

- f) use of computer and/or network facilities in ways that impede the computing activities of others;
- g) use of computing facilities for personal or business purposes unrelated to the mission of the university;
- h) violation of copyrights and software license agreements;....”

SIU Board of Trustees 5 Policies J

Please review SIU School of Medicine’s full  
*Responsible Use Guidelines* at  
<http://www.siumed.edu/it/policies/responsible-use-guidelines.html>



# Sexual Harassment Prevention and Reporting

SIU School of Medicine  
Office of Human Resources

## School of Medicine Procedures

Sexual harassment is a violation of federal law and of University Policy. SIU School of Medicine takes the issue seriously and expects all employees, students, and residents to do the same. In order to take appropriate corrective action, the School must be made aware of such alleged action. If you feel you have been subjected to sexual harassment **and** feel that you are unable to or that you cannot deal with the situation by direct communication with the alleged harasser, you must bring the action to the attention of the appropriate contact person or to your supervisor (see *Contact Information* below).

At this time, more detailed information will be obtained during an intake interview, and will include completion of a *Complaint Questionnaire*. You will also be asked to provide any relevant documentation you might have.

Your complaint will be reviewed and will be investigated in the manner deemed most appropriate for the issues presented. It will include a discussion with the individual(s)

named in the complaint and any other appropriate witnesses who can provide direct evidence regarding the complaint (such as supervisors or individuals who may have witnessed the alleged incident.)

Based on the outcome of the investigation, a finding of fact and a recommendation for appropriate action is prepared. Since each allegation of sexual harassment is different, the manner in which it is handled is dependent on the individual case. Guidelines allow for the investigator to determine the most appropriate means of addressing the report or complaint. They may include:

- A recommendation for disciplinary action, up to and including dismissal, when a violation of University Policy has been found.
- A determination that the facts do not constitute a violation of University Policy.

Upon conclusion of the investigation, the finding will be communicated to the appropriate parties. Details of specific disciplinary action taken are not

## Follow the **FACTS**<sup>®</sup>



**F Familiarize** yourself with the School of Medicine policy and procedures.

**A Address** incidents of sexual harassment immediately.

**C Cooperation** between the employer and employees.

**T Thorough** investigation of complaints.

**S Satisfactory** resolution for every affected employee.

© Pictures and FACTS courtesy of Business & Legal Reports, Inc. (2001) 30504600

revealed. Once the case is concluded, the file is closed and the contents are kept separate from personnel files.

You are reminded that it is also a violation of University Policy to either knowingly make a false accusation or provide false information during an investigation. Appropriate

disciplinary action will be taken in such cases as well.

## Contact Information:

- Human Resources  
Angie Doolin  
Telephone: 217-545-9715  
email: adoolin@siumed.edu
- Graduate Medical Education  
Karen Broquet, MD, MHPE  
Telephone: 217-545-8853  
email: kbroquet@siumed.edu
- Student Affairs  
Erik Constance, MD  
Telephone: 217-545-2860  
email: econstance@siumed.edu

## What Can YOU Do?

Title VII and the University Policy on Sexual Harassment provide protection to you as a School of Medicine employee, student, or resident. They also place responsibility on you to act appropriately. **What can you do?**

- **Learn to say no.** If you find a person's behavior to be offensive, inform the individual directly. The individual may not realize his or her actions are perceived as offensive.

- **Ask questions.** If you are uncertain about an issue, make arrangements to talk with the appropriate contact person (see left). Questions asked and answered early often prevent a situation from escalating out of control.

- **Report allegations** of sexual harassment to the appropriate office in a timely fashion.

- **Abide by the confidentiality requirements** of the policy. All parties to the complaint process

are obligated to protect the privacy of the individuals involved. Discussions with individuals other than the investigator can lead to misinformation, delays in the investigation and resolution of the complaint, gossip degrading any of the parties to the complaint, and difficult working relationships within the work unit.



# SIU SCHOOL OF MEDICINE/SIU HEALTHCARE DRESS CODE GUIDELINES

## PURPOSE:

To ensure that faculty, employees, students, residents, interns, volunteers, and contractual workers know and understand the importance of standard appropriate dress and grooming so as to portray a professional image for SIU.

## GUIDELINE:

Individuals should be suitably groomed and appropriately dressed so as to portray a professional image for SIU. Standards of dress in the clinical medical community should parallel those in the business/professional employment setting. Good judgment should be exercised to ensure appropriate length and fit for a professional setting. High Standards of personal hygiene and cleanliness should accompany the standard of dress.

### General Guidelines:

- Names badges should be worn at all times.
- Lab coats and/or business/professional shirts with sleeves should be worn in a clinical setting.
- Employees who are provided SIU HealthCare smocks must wear these at all times while in a clinical area.
- Protective clothing or other appropriate dress may be required in some work areas for the protection and safety of all.
- **Shoes must be worn at all times. Closed toed shoes must be worn at all times in areas where there is a potential exposure to sharps (OSHA), blood and/or body fluids are possible.** This includes all laboratory and patient care areas and applies to all who walk in these areas (including reception and clerical staff). Clog type shoes are acceptable as long as the toe and front of the foot is closed.
- Tennis shoes may be worn, if appropriate for the position as long as they are clean and in good condition.
- Personal care products (perfumes, colognes, etc.) should be minimal. The person may be asked to discontinue the use of personal care products which are offensive to others should complaints be made.


### Detailed Appropriate Dress includes:

- Dress shirts, blouses, and collared shirts appropriate for a professional business.
- Suits, jackets or sports coats
- Slacks, dress pants (length is mid-calf or lower), skirts, and dresses with/without hose or socks
- Denim skirts, jackets, and dresses are appropriate if free of holes, and not excessively faded
- Scrubs for clinical settings (not acceptable for reception staff)

### The following items are *unacceptable* dress for any work area:

- × Sweatpants
- × Miniskirts/ mini dresses
- × Halter, tube tops, and midriff shirts
- × Low cut blouses/ shirts
- × Tank tops, spaghetti strapped tops/dresses unless worn under a jacket or sweater
- × Shorts, dress shorts, and skorts
- × See through clothing
- × Artificial nails in patient clinical areas
- × Excessive jewelry
- × Sweatshirts and t-shirts (allowed with supervisory approval only)
- × Denim jeans may only be worn when work requires casual dress, when supervisory approval exists, and/or when the individual is NOT in a designated clinical or direct patient care area or does NOT have public contact.
- × **EXCEPTION to this is Approved Casual Days** where Jeans that are in good condition and are not excessively faded or have holes may be worn.

*Should individuals arrive for work dressed inappropriately according to the guidelines established above, they may be sent home without pay to change clothes. Repeated infractions may result in disciplinary action.*

	Name of Policy: <b>Disaster Plan Procedure for Springfield Residents</b>	
	Last Approval Date: <b>March 17, 2017</b>	Effective Date: <b>March 17, 2017</b>

In the event of a critical incident, emergency or disaster, residents will be an integral part of the response. If a disaster situation is declared by either or both hospitals, residents on Trauma service will report to the trauma team. Other residents will report to whichever hospital is most accessible to them, unless otherwise directed. Those at St. John’s Hospital will meet in the designated manpower pool located in the Physician’s Lounge. Those at Memorial Medical Center will meet in the Designated Credentialing Unit located in the physician’s lounge (Room G105).

Notification and assignment of residents to their respective manpower pools will be coordinated through the Office of Graduate Medical Education after consulting with the hospital(s).

The Office of Graduate Medical Education will contact the program director or coordinator of each program. Individual departments will then be responsible for notifying residents of the disaster and their hospital assignment. Once they have reached the Designated Manpower Center of their assigned hospital, residents will follow the disaster plan of that particular hospital.

## **Dictation Guidelines**

This guide serves as a resource to help you learn how to properly utilize a dictation system. The following steps can be followed for either St. John's Hospital or Memorial Medical Center.

Although the use of a hospital dictation system seems rudimentary, there are several things you can do to ensure your dictation is typed accurately.

### **Inputting the Medical Record Number**

Accurately inputting the medical record number is very important. Simply inputting all 9s or some other number because you don't know what the medical record number is causes confusion for transcription staff. Correctly inputting the medical record number ensures that the dictation is matched up with the correct patient. It also allows transcription staff to look up a dictation very quickly if you need it typed STAT. Without the correct medical record number, the staff has no way to find your dictation other than to physically listen to everything you've dictated.

#### ***St. John's Hospital***

The medical record number is an 8 digit number that begins with the letters MA. It is completely separate from the 12 digit account number that begins with the letter Y. Please make sure you are entering the 8 numbers of the medical record number on the key pad **and not** the 12 digit account number.

#### ***Memorial Medical Center***

The medical record number is the number labeled "MRN" and can be up to 7 digits. This number usually has a leading 0 in Powerchart, but the leading zero is not needed when entering in the MRN for dictations; (you can leave off the leading zero).

### **Things you can do to help the transcriptionist ensure an excellent outcome:**

1. When you are ready to dictate, be prepared. For example, retrieve the medical record or any other paperwork you need. This will help save you time during your dictation having all the information you need in front of you.
2. You will be asked to input your 4 digit ID number. Please make certain you enter this correctly so that you are identified as the physician dictating. This number is unique to you. Please do not share this number.
3. Make certain you pick the correct work type. For example, if you are dictating a H&P, choose the work type for H&P. If you dictate a consultation under the H&P work type, it makes it quite difficult for the transcriptionist to find your dictation should you need him/her to type it more quickly.
4. Please distinctly state your name for each dictation – this helps the transcriptionist make sure he/she has the correct physician just in case the 4 digit ID number was accidentally entered incorrectly.
5. Please distinctly state "the co-signing physician is \_\_\_\_\_." This cosigning physician is also known as YOUR Attending physician. State both his/her first name in addition to last name, and spell it if necessary. We have several attending physicians that have similar or the same last names. This is also very important to dictate, and if you do not dictate your cosigner your dictation will

likely be delayed posting in to the chart until you are paged to ask who should cosign your dictation. To avoid constant paging to ask this, please dictate who your cosigning attending is.

- Please note: Memorial’s transcription company does not assume that when you as a resident state “my attending physician is Dr. \_\_\_\_\_”, that this means that Dr. is also your cosigner. You must state “my cosigning physician is Dr. \_\_\_\_\_”.

*Attending physicians have two meanings:*

1. *Your attending physician is the one overseeing you as a resident and cosigning some of your documentation/orders.*
2. *The patient also has an attending- the one overseeing their visit to the hospital/the physician who admitted them.*

6. Please distinctly state and spell the patient’s name and state the medical record number for each dictation – this helps the transcriptionist make sure he/she has the correct patient just in case the medical record number was entered incorrectly.
7. Please provide the appropriate dates of treatment (i.e. admission date if dictating H&P, surgery date for operative report, discharge date for discharge summary, consultation date for consults, etc) – for patients with multiple visits, this helps to ensure the transcriptionist attaches the dictation to the correct visit.
8. Make certain you include all the elements that are required by The Joint Commission for History and Physicals, Operative Reports and Discharge Summaries.
  - The St. John’s Hospital Dictation Card clearly outlines what the requirements are for each report type.
  - Memorial has clearly defined requirements in the Medical Staff By-Laws and Rules/Regulations as far as JC (Joint Commission) and CMS (Centers for Medicare/Medicaid) documentation requirements. Also note, coding may request clarifications or additional documentation in order to properly code a chart.
9. Speak as clearly as possible to ensure the transcriptionist is able to understand what you are saying. For example, the number 50 often sounds like 15. Various accents come through less clearly than others. Use the following tips to ensure clear dictation:
  - DO NOT USE CELL PHONES – cells phones tend to fade in and out and suddenly drop off.
  - Dictate in a quiet place so as to minimize outside noise that can be heard by the transcriptionist. For example, when a TV or radio is on or there are background conversations taking place; all of this noise is recorded and can be heard by the transcriptionist. It makes it difficult for the transcriptionist to pick out your voice versus the other noise.
  - Speak directly into the telephone. This sounds simple, but really, you’d be surprised how many people don’t actually speak into the telephone receiver.
  - Do not whisper or speak with a very soft voice. Again, just remember you are being recorded and you want the transcriptionist to be able to hear you dictate.
  - Do not eat or chew gum while dictating as this causes the dictation to sound mumbled.


- Do not dictate while driving, especially with the window(s) down.
  - Do not dictate in public places, such as sporting events or other public venues. Remember that the information you are dictating is confidential and not for others to overhear.
10. If you are interrupted during dictation, both St. John’s Hospital and Memorial Medical Center have hot buttons on the phone for you to use to pause your dictation so that you can take care of the interruption and then resume your dictation once you have addressed the issue.
- St. John’s Hospital – press the “5” on the keypad to pause while dictating and the “2” to resume dictating.
  - Memorial Medical Center – press the “2” on the keypad to pause while dictating and the “2” to resume dictating.
11. Do not dictate multiple dictations under one medical record number. Each report requires its own dictation. If you dictate several reports under one dictation, the reports cannot be saved by the system and therefore, you’ll end up re-dictating each report.
- St. John’s Hospital – press the “8” after each dictation when dictating multiple reports and follow the voice prompts.
  - Memorial Medical Center – press the “8” after each dictation when dictating multiple reports and follow the voice prompts. Press “9” when completely finished with all reports and ready to hang up.
12. If you are dictating and realize you’ve made an error, simply say “Correction Please”, indicate what you want deleted and then dictate the correct information. It is important to say “Correction Please” so that the transcriptionist realizes you need a correction made, and if the correction is an afterthought of something already dictated early on in the same dictation, instruct the transcriptionist on where you would like the correction made.
13. If you dictate at the wrong hospital, please be aware you may be required to re-dictate at the correct hospital.

### **STAT Reports**

- Memorial Medical Center – JUST PRIOR to pressing “8” or “9” to end the dictation, press “6”. The system will prompt that the dictation has been made stat. Then press “8” or “9” to end the dictation.
- St. John’s Hospital – If you need a job done STAT, please utilize work type 8.

These are helpful hints to make your dictation experience successful thus creating less work for both you and the transcriptionist. If you learn to follow these tips, you will be well on your way to being a great dictator. And remember, the transcriptionist is there to help you out. If you have questions, never hesitate to ask a transcriptionist how to help you use the dictation system.

When you have 5-10 minutes, log on to Power Chart, SaintsNet or Touchworks to sign your records.

	Name of Policy: <b>Guidelines for Maintenance of Records and Disclosure of Information about Residents and Fellows</b>	
	Last Approval Date: <b>February 17, 2017</b>	Effective Date: <b>February 17, 2017</b>

These guidelines govern the maintenance by Southern Illinois University School of Medicine (hereinafter called the “School”) of records and disclosure of information about Residents and Fellows (hereinafter called “Residents”) who participate in Residency and Fellowship Programs (hereinafter called “Residency Programs”) operated by the School of Medicine and its affiliated hospitals.

1. Records of evaluation of a Resident by the School (hereinafter called “Evaluation Records”) required by Section C.1. of the Agreement With Physician (hereinafter called the “Agreement”) shall be stored permanently in the Program Director’s office (subject to the School’s records retention policy). In addition to evaluations of the Resident’s performance, such records may include, without limitation, records of suspension pursuant to Section E. of the Agreement, termination pursuant to Section F. of the Agreement, non-renewal pursuant to Section G. of the Agreement, termination or other discipline pursuant to Sections F. and I. of the Agreement, and any action taken by or against the Resident pursuant to the Due Process and Resident Complaint Policy, but such records shall not include information recorded pursuant to the *Impairment Policy of SIU School of Medicine and Affiliated Hospitals for Residency and Fellowship Programs* (hereinafter called the “Impairment Policy”), which information shall be maintained only in accordance with paragraph 2. below.
2. Records about a Resident created pursuant to the Impairment Policy (hereinafter called “Impairment Records”) shall be maintained apart from the Resident’s Evaluation Records and shall be stored in the Program Director’s office as long at the Resident is a participant in the Residency Program. Impairment Records may contain information protected from disclosure by federal and state laws and rules, including, without limitation, the following:
  - a The federal Americans With Disabilities Act
  - b The federal Health Insurance Portability and Accountability Act
  - c Federal regulations at 42 CFR Part 2 prohibiting disclosure of information regarding drug or alcohol dependency
  - d The Illinois Medical Patients Rights Act
  - e The Illinois AIDS Confidentiality Act
  - f The Illinois Mental Health and Developmental Disabilities Confidentiality Act
  - g The Illinois Alcoholism and Other Drug Abuse and Dependency Act.
3. The Resident shall be permitted to review the foregoing records and to receive copies thereof, except when prohibited by law (*e.g.*, Section 3. of the Illinois Mental Health and Developmental Disabilities Act, which requires that that psychological tests be disclosed only to a psychologist designated by the tested individual).
4. When Impairment Records are no longer needed by the Program Director, they shall be transferred to the Office of Graduate Medical Education for permanent storage (subject to the School’s records retention policy), provided that such transfer shall take place not later than when the Resident completes or otherwise

leaves the Residency Program, and no copy of Impairment Records, or any part thereof, shall be maintained elsewhere.

5. Requests for information about a Resident or former Resident for whom no Impairment Records have been created shall be answered by the Program Director, with the assistance of the Office of Graduate Medical Education, as needed. No information about a Resident shall be disclosed unless the Resident has signed a written authorization for the disclosure.
6. Requests for information about a Resident or former Resident for whom Impairment Records have been created shall be answered only by the Office of Graduate Medical Education (or by the Program Director with the concurrence of the Office of Graduate Medical Education). No information about a Resident shall be disclosed unless the Resident has signed a written authorization for the disclosure which satisfies the requirements of the appropriate laws and rules, such as those listed in paragraph 2. above.
7. In certain circumstances the Office of Graduate Medical Education may, in consultation with legal counsel, disclose information about a Resident or former Resident without authorization from the Resident or former Resident if such disclosure is in the public interest.

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