



College of Medicine

HOUSE STAFF MANUAL

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Introduction

The University of Arizona College of Medicine– Tucson and College of Medicine– Phoenix are the sponsoring institutions for the graduate medical education (GME) programs in Tucson and Phoenix, respectively. Throughout the manual, UA COM refers to the corresponding sponsoring college.

The Offices of GME (GME) at each college established this manual for our residents and fellows. The manual sets forth the duties, responsibilities, rights and privileges for residents and fellows in the programs.

This manual is divided into three sections: the first deals with policies that are unique to residents and fellows; the second section outlines the due process guidelines afforded to each resident and fellow facing non-disciplinary and disciplinary action; and the third section excerpts policies from the Banner Health Employees' Handbook that are applicable to all residents and fellows.

Throughout this manual, the term “resident” or “residency” is used to collectively refer to both residents and fellows participating in a residency or fellowship program.

Section 1: Resident Policies and Procedures

Basic Duties and Responsibilities

Residents are expected to:

1. Develop a personal program of self-study and professional growth with guidance from the teaching staff.
2. Participate in supervised patient care as described by your program which is effective, safe, compassionate and commensurate with your level of training.
3. Take call as set forth by your program.
4. Participate fully in the educational activities of your program and, as required, assume responsibility for teaching and supervising other residents and students.
5. Participate in the programs and activities involving the medical staff and adhere to the established practices, procedures and policies at a Banner – University Medical Center facility and at any other institution through which you may rotate as an approved part of your program.
6. Participate in committees as requested at a Banner - University Medical Center facility and at any other institution through which you may rotate as an approved part of your program, especially those that relate to patient care review activities.
7. Apply cost-containment measures in the provision of patient care.
8. Communicate immediately with your Program Director, Chief Resident, or appropriate faculty member if for, any reason, you are sick or will be unable to fulfill your responsibilities. Remember that you will be asked to fill in for your colleagues when they are sick and as much advanced notice of absences as possible is greatly appreciated.

Certification of Residency Training

1. If a residency program elects to do so, all residents satisfactorily completing their first year's training will receive a certificate of satisfactory completion of such training.
2. All residents will receive a certificate upon leaving the UA COM's GME training that will detail the time they were a resident in a sponsored program.
3. Receipt of a certificate of satisfactory completion of the above times is contingent upon the recommendation of the Program Director.
4. Receipt of a certificate either in person or by mail is contingent upon completion of the Separation Information Form which documents completion of the following:
 - a. completion of all medical records at each institution integrated and/or affiliated with the residency;
 - b. return of all borrowed material to each of the medical libraries;
 - c. return of keys and other assigned material and items to appropriate training program office;
 - d. return of the pager, borrowed scrubs, identification badge and meal card to the training program office;
 - e. completion of all program evaluations; and
 - f. completion of residency/fellowship graduation information on the Separation Form.
5. GME Administration or programs will prepare and distribute all certificates to the resident only after receipt of a completed Separation Information Form and receipt of a copy of the Final Summative Letter signed by the Program Director.
6. Programs must retain a scanned or hardcopy of the certificate in the event that the original is lost or damaged.
7. The residency program office will respond to queries to verify completion of training for hospital appointments, state licensure, and board certification.

Closure/Reduction of Training Program

1. In the event of the closure of the UA COM or one of its major affiliates, the closure of a residency/fellowship program, or a reduction in the size of a training program sponsored by UA COM, the transition/progression of trainees into other programs will be facilitated by UA COM.
2. UA COM will inform the Graduate Medical Education Committee (GMEC), designated institutional official (DIO) and trainees of a decision to close or reduce the size of a program as soon as possible.
3. Regardless of the reason for closure or reduction, the GMEC will have oversight of the process and the following procedures will apply:
 - a. The DIO and/or Program Director will inform the affected trainees as soon as possible.
 - b. The DIO will notify the Accreditation Council for Graduate Medical Education (ACGME) in writing of any decision on the part of the sponsoring institution to close or reduce the size of a program.
 - c. Whenever possible, the trainees in the program will be allowed to continue through their program with phased closure of the program or until the end of the academic year.
 - d. There will be no further recruitment into the program if the program or

- college is to close entirely.
- e. If necessary, the Program Director and DIO will work with the trainees and the ACGME to find positions in other accredited programs.
 - f. Reasonable effort will be made to ensure that trainees will not lose income through the course of the transfer to another program.
 - g. If necessary, coordination with other programs/departments will be arranged to facilitate scheduling adjustments.
 - h. Neither UA COM nor its programs may require residents to sign a non-competition agreement.

Disaster and Extreme Emergent Situations Policy

1. In either a disaster or extreme emergent situation, Banner Health will ensure the continuation of salary, benefits, and resident/fellow assignments as soon as possible.
2. A disaster is an event or series of events that cause significant alteration to the residency/fellowship experience of one or more programs.
3. In circumstances where patient needs create a crisis in patient care delivery configuration, the DIO, with the attestation of the Sponsoring Institution's clinical leadership and chief executive officer, may self-declare Pandemic Emergency Status. Notice of this declaration and attestation of approval will be signed by the DIO and electronically delivered to dio@acgme.org using the appropriate form provided by the ACGME. The declaration will allow all residents to work within their institutions to care for patients.
4. In the event of a disaster in one city, the GME offices in Phoenix and Tucson will support the other city. Additionally, the UACOM Tucson GME Office has developed a partnership with the University of New Mexico to provide information, support and communications in case such resources become unavailable due to the disaster.
5. Communication:
 - a. In the case of a disaster requiring evacuation of the UA, but in which services and communication are intact, the appropriate GME office will communicate with residents through the GME website with up-to-date postings of information and resources, as well as responses to specific questions via our email network.
 - b. In case of loss of communication systems and evacuation that impacts only one campus, the other campus will support the communication through email and website updates.
 - c. Finally, in case of state-wide or health system-wide issue, Tucson will partner with the University of New Mexico (UNM), 505-272-6225, to post information on its GME website and UA COM-Tucson residents will temporarily be accommodated in Albuquerque. A connected administrative structure will be set up in Albuquerque at the UNM.
6. An extreme emergent situation is a local event that affects resident education or the work environment but does not rise to the level of a disaster. Declaration of an extreme emergent situation may be initiated by a Program Director or by the DIO in collaboration with the affected hospital's CEO or designee, affected Program Directors, and Department Chairs.
7. After the declaration of an extreme emergent situation:
 - a. The Program Director of each affected residency program shall meet with

the DIO and other university/hospital officials, as appropriate, to determine clinical duties, schedules, and alternate coverage arrangement for each program sponsored by the Institution. ACGME's guidelines for development of these plans should include:

- i. Residents are expected to perform according to the professional expectations of them as physicians, taking into account their degree of competence, level of training and context of the specific situation.
- b. Program Directors will remain in contact with the DIO regarding the implementation of action plans and additional resources, if needed.
- c. The DIO will notify the ACGME Institutional Review Committee Executive Director if the extreme emergent situation causes serious, extended disruption that may affect the Institution's or Program(s)'s ability to remain in substantial compliance with ACGME requirements.
- d. The DIO and the GMEC will meet with affected Program Directors to establish monitoring to ensure the continued safety of residents and patient through the duration of the situation; to determine that the situation has been resolved; and to assess additional actions needed, if necessary, to restore full compliance with each affected residents' or fellows' completion of their educational program requirements.

Duty/Work Hours

All residency programs sponsored by UA COM shall comply with the Clinical Experience and Education requirements established by the ACGME.

Clinical Experience and Education

1. Clinical experiences and education related to the training program include patient care (inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences.
2. Clinical and educational work hours must be limited to 80 hours per week when averaged over a four-week period, inclusive of in-house clinical and educational activities, clinical work done from home, and all moonlighting. Reading done in preparation for future cases, studying, and research done from home DO NOT count towards the 80 hours.
3. Residents must be provided with one unscheduled day in 7 free from all educational and clinical responsibility, averaged over a 4-week period, inclusive of call. One day is defined as a continuous 24-hour period free from all clinical, educational and administrative activities. Home call cannot be assigned on free days.
4. Clinical and educational work periods for residents must not exceed 24 hours of continuous clinical assignments. After 24 hours of continuous duty, resident are limited to up to four additional hours during which their activities are limited to participation in didactic activities, transfer of patients care and maintaining continuity of medical and surgical care. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested. In some rare circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient.

Justifications for such extensions of care are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family. Under these circumstances, the resident must:

- a. Appropriately hand over the care of all other patients to the team responsible for their continuing care; and
- b. Document the reasons for remaining to care for the patient in questions and submit that documentation in every circumstance to the Program Director.
- c. The Program Director must review each submission of additional service and track both individual trainee and program-wide episodes of additional duty.
- d. Residents should have eight hours between scheduled clinical work and education periods. They must have at least 14 hours free of clinical work and education after 24 hours of in-house call.

On-call Activities

The objective of at-home call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. At-home call is defined as those clinical hours beyond the normal workday, when residents are required to be immediately available in the assigned institution. Residents must be scheduled no more frequently than every third night for at-home call, but must satisfy the requirement for one day in seven free of clinical work and education, averaged over a 4-week period.

- a. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
- b. When residents are called into the hospital from home, the hours spent in-house are counted toward the 80-hour limit but do not initiate a new “off-duty period.”
- c. The Program Director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

Any resident who feels unsafe to drive himself/herself home after work may arrange for alternate transportation and request reimbursement from the program.

The GME Office will request action plans from individual programs that are felt to be not in compliance with work hours. The GME Office encourages programs to involve residents in the preparation of these plans. The GME Office will request monthly progress reports at the GMEC concerning the program’s efforts at compliance.

Diversity and Inclusion

At the UA COM GME programs, we believe in fostering a culture of Inclusive Excellence. All identities and differences including, but not limited to, race, ethnicity, gender identity/expression, sex, sexual orientation, age, religion, language, abilities/disabilities, socioeconomic status, educational backgrounds and geographic region are embraced and valued. A culture of Inclusive Excellence creates role models, broadens perspectives, combats negative stereotyping and optimizes our ability to provide world-class health care for all.

Collaboration and teamwork are also vital in ensuring the success of Banner Health’s mission of health care made easier, so that life can be better. A successful team requires members who are good listeners, respectful of the skill and talents of fellow team members, and accountable

for their actions. Embracing differences, valuing diversity, and striving to learn and share information are hallmarks of successful teams.

Inclusive Excellence Statement

Through Inclusive Excellence, the UA COM is committed to and champions diversity and inclusion as core values central to its mission. Inclusive Excellence is the intentional driver of diversity and inclusion, which harnesses the differences, talents and unique qualities of all individuals. Inclusive Excellence engages the individual and system in practices that advance diversity in all that we do. Inclusive Excellence is inextricably linked to our pursuit of excellence in our educational, clinical and research missions to meet the needs of the residents, students, faculty, staff and the communities we serve. Through Inclusive Excellence we are committed to mitigating health disparities, especially for marginalized groups and vulnerable populations, in order to improve community health outcomes.

Recruitment and Retention

To serve this mission, we have active and ongoing processes to optimize our recruitment and retention of a diverse and inclusive team of residents, faculty, and staff members. This diversity includes an emphasis on those who are underrepresented in medicine and medical leadership.

Education on Stress, Sleep Deprivation, Fatigue and Substance Abuse

Each program must ensure that residents are educated on an annual basis on the identification and prevention of stress, sleep deprivation, fatigue, and substance abuse.

Eligibility and Selection of Residents

All ACGME accredited programs are required to participate and attempt to fill all entry-level positions through the NRMP Match or another national matching program if available. This policy applies to all programs for which matching services are available.

The selection of U.S. allopathic and osteopathic senior students is only available through the NRMP Match or other national matching programs. When programs select residents from outside the national match, residents will be deemed eligible by the GME Office following eligibility standards as established by the ACGME.

1. Applicants are considered eligible if they meet one of the following:
 - a. Graduates of medical schools in the U.S. or Canada accredited by the Liaison Committee on Medical Education (LCME).
 - b. Graduates of colleges of osteopathic medicine in the U.S. accredited by the American Osteopathic Association (AOA).
 - c. Graduates of medical schools outside the U.S. or Canada who meet one of the following qualifications:
 - ii. Hold a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment, or
 - iii. Hold a full and unrestricted license to practice medicine in a U.S. licensing jurisdiction in which they are training.
 - iv. Has graduated from a medical school outside the U.S. and has

- completed a Fifth Pathway program provided by an LCME-accredited medical school.
- d. Fellows entering an ACGME accredited fellowship program must be a graduate of an ACGME accredited or ACGME-I accredited residency or meet RRC- specific Fellow Eligibility Exception Requirements (if applicable).
2. Visas
 - a. UA COM programs will accept applicants eligible for a J-1 Visa status.
 - b. Requests for other visas will be reviewed on a case by case basis.
 3. Resident Selection
 - a. All residents should be appointed only when their documented prior experience and attitudes demonstrate the presence of the abilities necessary to master successfully the clinical knowledge and skills required of all program graduates.
 - b. All residents must have demonstrated understanding and facility in using the English language.
 - c. The UA COM will ensure that its ACGME-accredited programs select from among eligible applicants on the basis of residency program-related criteria such as their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. The UA COM does not discriminate with regard to sex, race, age, religion, color, national origin, disability, sexual orientation, veteran status, gender identity, genetic information or any other applicable legally protected status.
 - d. If a selected resident cannot satisfy all eligibility requirements as of the start date of the program, employment will not commence or will be suspended immediately pending proof of eligibility with **NO RIGHT TO REVIEW**.
 4. Falsification or Material Omission on Application Documents: Any falsification or material omission on any application document will be considered Physician Misconduct and warrant immediate Disciplinary Action up to and including dismissal, as defined and outlined in Section II, Due Process Guidelines & Policies.

Evaluation of Resident

All residency programs must demonstrate that they have an effective plan for objectively assessing resident performance throughout the program and for utilizing the results to improve resident performance.

This plan must include:

1. The use of objective performance evaluation based on the Competencies and the specialty-specific Milestones, and must: use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members, and provide that information to the Clinical Competency Committee.
 - a. Mechanisms for providing regular and timely performance feedback to a resident that includes, at a minimum:
 - i. Faculty members must directly observe, evaluate, and frequently

provide feedback on resident performance during each rotation or similar educational assignment, and document this evaluation at the completion of the assignment.

- For block rotations of greater than three months in duration, the evaluation must be documented at least every three months.
 - Longitudinal experiences, such as a continuity clinic in the context of other clinical responsibilities, must be evaluated at least every three months and at completion.
- ii. Written semi-annual evaluation of performance, including progress along the specialty-specific Milestones this is communicated to each resident in person in a timely manner by the program director or their designee.
 - iii. At least annually, a written summative evaluation of resident that includes their readiness to progress to the next year of the program, if applicable
 - iv. The maintenance of a record of evaluation for each resident that is accessible to the trainee.
2. The Program Director must provide a final evaluation for each resident who completes the program. The specialty-specific milestones, and when applicable the specialty-specific case logs, are used as tools to ensure residents are able to demonstrate the knowledge, skills, and behaviors necessary to enter autonomous practice. The final evaluation must be shared with the resident upon completion of the program, become part of the trainee permanent record maintained by the Institution.

Fingerprint Clearance Cards

1. All residents must obtain and maintain a valid Fingerprint Clearance Card, in accordance with A.R.S. §15-1881 and provide a copy prior to the start of their training program.
2. Any resident who is unable to obtain or maintain a Fingerprint Clearance Card will be ineligible for participation in the training program.
3. Individuals apply for Fingerprint Clearance Cards through the Department of Public Safety (applications available in the GME Office or online at <https://www.azdps.gov/services/public/fingerprint>).
4. Residents will not be reimbursed for the expenses related to applying for or maintaining Fingerprint Clearance Cards.

Grievance Process

In order to comply with ACGME Institutional Requirements, the UA COM GMCEC sets forth this policy to outline the procedures for submitting and processing resident grievances at the program and institutional level.

Residents are encouraged to address any problems they encounter while participating in a

training program. The majority of problems should be dealt with informally. If problems cannot be successfully handled informally, residents have the opportunity to file a formal written grievance, first with their Program Director, second with the DIO, and finally with the GMEC.

Informal Problem Solving

1. Residents encountering problems that they believe cause an undue personal burden or hamper education or patient care or both are encouraged to seek help from more senior residents, program faculty and/or the Program Director to address the situation.

Formal Grievance

1. Residents who are dissatisfied with the outcome(s) of informal methods may submit a written grievance and/or complaint to their Program Director. All grievances or complaints shall be filed in writing and should include:
 - a. A description of the nature of the problem in sufficient detail that the Program Director can conduct an investigation;
 - b. A description of the steps taken by the resident to bring about resolution using informal methods;
 - c. An explanation why the informal steps were unsatisfactory; and
 - d. The residents' recommendation of actions that they believe would bring about an appropriate remedy of the problem.
2. The Program Director will review the grievance or complaint and develop any factual information required for a decision on the matter. The Program Director will provide a written response within thirty (30) days of receipt of grievance.
3. Within ten (10) days after receipt of the Program Director's response, a resident may appeal the decision to the DIO for review. This written grievance should include:
 - a. A copy of the formal grievance submitted to the Program Director;
 - b. A copy of the Program Director's written response
 - c. An explanation of why the resident is dissatisfied with the outcome(s);
 - d. The resident's recommendation of actions that they believe would bring about an appropriate remedy of the problem.
4. The DIO will investigate the matter and will provide a written response within thirty (30) days.
5. Residents who are dissatisfied with the outcome(s) of the DIO's investigation and report may appeal the outcome(s) to the GMEC. This written grievance should include:
 - a. All formal documents pertaining to the grievance/complaint.
 - b. An explanation of why the resident is dissatisfied with the outcome(s); and
 - c. The resident's recommendation of actions that they believe would bring about an appropriate remedy of the problem.
6. The GMEC will hold an Executive Session to hear the grievance/complaint from the resident and to deliberate the matter. The GMEC will provide a written decision within thirty (30) days of the hearing. The GMEC's decision is final and not subject to further review.

The UA COM and Banner Health are committed to preventing any retribution against individuals who raise legitimate concerns about the terms and conditions of their participation in a UA COM training program or of their employment with Banner Health.

International Medical Graduates

An international medical graduate (IMG) is defined as any physician who received their medical degree from a medical school located outside the U.S. or Canada. The location of the medical school, not the citizenship of the physician, determines whether the graduate is an IMG.

Certification by the ECFMG is required for all IMGs to participate in any UA COM residency program. A copy of the resident's valid ECFMG certificate must be provided PRIOR to starting a training program. If the resident is unable to obtain a valid ECFMG certificate prior to the start of the program, the resident will be ineligible to begin the program and may be terminated from the program with no right to review or additional due process.

Any resident who is not a U.S. citizen is responsible for supplying documentation demonstrating their ability to work legally in the U.S. Employment will not commence or will cease immediately with NO RIGHT TO REVIEW should the individual's visa expire or should they be unable to document their ability to work legally in the United States.

Malpractice (Professional Liability Coverage)

Banner Health provides professional liability coverage for residents. Such coverage extends to professional acts occurring in the course of the resident's responsibilities in the training program. Professional liability insurance provides coverage on a claims made policy form and includes unlimited extended claims reporting coverage (tail coverage). This insurance does not cover the resident for any activities performed outside the scope of training program responsibilities. (e.g., "External Moonlighting").

A resident must:

1. Contact Banner Health's Risk Management Department as well as the Program Director whenever the resident becomes aware of an event that may lead to a claim.
2. Contact Banner Health Legal Department (Candace McClue) at (602) 747-4507, if a resident receives a subpoena.
3. Notify Banner Health's Risk Management Department and the Program Director immediately if a resident receives a claim or lawsuit.
 - a. At BUMC-T – Josephine ("Yvette") Carrillo (520) 874-7211
Josephine.cCarrillo@bannerhealth.com
 - b. At BUMC-P – Kristine Eide: (602) 747-7195
Kristine.Edie@bannerhealth.com.
4. Notify Claims/Litiga Banner Health's Risk Management Department and the Program Director if they receive a subpoena where Banner Health and/or the resident is a defendant
 - a. At BUMC-T – Josephine ("Yvette") Carrillo (520) 874-7211
Josephine.cCarrillo@bannerhealth.com
 - b. At BUMC-P – Kristine Eide: (602) 747-7195
Kristine.Edie@bannerhealth.com.

Risk Management is available 24 hours a day at 602-757-4750.

Meal Policy

Per ACGME requirements, access to food during clinical and educational assignments is ensured by UA COM.

The resident will be given meal cards with a preset amount. The dollar amount is determined by the individual program according to its call schedule. There is a \$10 fee if a meal card is lost or destroyed. The meal cards are renewed at the beginning of each academic year.

The amount programmed for each resident is provided to cover those meals while on required call. It is not intended to provide meals or snacks for other workers or family members, nor is it intended to provide for meals for those days when the resident is not on call.

Moonlighting

Any resident who wants to engage in professional activities outside the educational program for remuneration (“moonlighting”) must obtain prior written approval from the resident’s Program Director.

- a. This statement of permission will be included in the resident’s file.
- b. Residents are not required to engage in moonlighting.
- c. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program and must not interfere with the resident’s fitness for work nor compromise patient safety.
- d. Time spent in Internal and External Moonlighting must be counted towards the 80- hour Maximum Weekly Hour Limit.
- e. J1 visa holders and PGY-1 residents are not permitted to moonlight.

The Program Director will:

- a. Require a prospective, written request to moonlight.
- b. Monitor the resident’s performance to assure that the duty hour limits are not violated. Program Directors are also responsible for making sure that resident fatigue is not contributing to diminished learning or performance, or interfering with patient safety. If duty hours are exceeded, or the resident’s performance is noted to be suboptimal, the Program Director has the authority to revoke the resident’s moonlighting privileges.
- c. The resident will acknowledge by signature that, if required, the resident:
 - i. Has an independent medical license to participate in such activity
 - ii. Has the necessary DEA number (independent of the hospital’s DEA number) to prescribe applicable controlled substances.
 - iii. Has the necessary professional liability coverage separate and apart from the training program coverage, and
 - iv. Will not depend upon hospital personnel, supplies, equipment, e.g., hospital operators, secretaries, etc. for providing assistance in fulfilling the duties and responsibilities of such activities.

Internal Professional Activities

Any resident who wants to engage in professional activities outside the training program for remuneration but within the Banner Health network (“additional work/shifts”) may be eligible to receive additional compensation, as set by the home department. These additional duties may include, but are not limited to, working additional on-call shifts or covering responsibilities which are not part of the resident’s normal scheduled scope of training, but within the course and scope of the resident’s work as a trainee. J-1 visa holders and PGY-1 residents are not permitted to participate in internal additional work duties for compensation. Any internal professional activities for which a resident receives additional compensation must:

- Be voluntary
- Be pre-approved by the Program Director
- Be supervised; and
- Count towards the 80-hour maximum weekly hour limit.

Each residency program may add to the requirements or restrict moonlighting as it sees fit so long as the above basic elements are met.

Non-Competition

Neither UA COM , Banner University Medical Group nor its programs may require residents to sign a non-competition guarantee.

On-Call for Residents Rotating Between Departments

In order to ensure that residents do not have back-to-back call nights when rotating from one department to the next, the involved programs will coordinate the call schedules.

On-Call Rooms

Residents and medical students will have access to on-call rooms. Each training program has specified sleep rooms. Please respect their assignments.

Other Learners

In order to comply with ACGME Common Program Requirements, the UA COM GMEC establishes procedures for monitoring the presence of other learners (including, but not limited to, students (medical, PhD, nursing, and other students) to ensure resident education is not compromised.

If a concern is identified, the DIO and/or GMEC will consider the following actions until the issue has been resolved:

- Discussion at the next GMEC monthly meeting
- Focused Resident Survey
- Program Director must submit an action plan
- Request an update from the Program Director at each GMEC meeting until it is resolved

Pagers

1. Each resident will be issued a pager. The resident is expected to keep the pager functional and turned on during work and on-call hours (including electives).
2. The resident is expected to respond to a pager call in an appropriate time frame as determined by the program.
3. Should a pager not work due to normal wear and tear, it will be replaced at no charge by the resident's program. If the pager is stolen, lost or damaged, the resident will be charged a \$25 replacement fee. The resident will be provided a new pager once the fee is received.

Parking

The resident will be issued a name badge that will provide access to a designated parking area. The resident will not park at the Medical Center outside that parking area.

Patient Relationships

1. Residents should introduce themselves by name and ensure that the patient and family know them by name.
2. Residents should explain their role in the care of each patient they attend.
3. It is appropriate to address patients by their surname, preceded by Mr., Ms., Dr., etc. Residents are encouraged to ask patients how they wish to be addressed.
4. It is essential to explain to patients what is happening to them, what is recommended for them, and what the benefits and risks of your recommendations are.

Paychecks

1. The first paycheck for the resident will be issued on the first payday following the start date. Paychecks will be distributed every two weeks thereafter.
2. Direct or automatic deposit of your paycheck is available through Banner Health. After signing up for the program, it takes one to two pay periods for the direct deposit to begin. The resident can receive a receipt of deposit to verify that the money was transferred to their account through the Banner Health MyHR. Residents should contact their program coordinator for more information.

Promotion and Graduation

1. Residents are advanced to positions of higher responsibility on the basis of evidence of their satisfactory progressive scholarship and professional growth.
2. At least annually, there must be a summative evaluation of each resident that includes their readiness to progress to the next year of the program.
3. Each Program Director must prepare a final evaluation for each resident upon completion of their training program. This evaluation must document the trainee's performance during the final period of education, become part of the trainee's permanent record and, must be accessible for review by the resident.
4. The final evaluation must assess to what extent the resident has achieved the subspecialty-specific Milestones, and when applicable, the subspecialty-specific

Case logs.

5. In addition, the final evaluation must verify that the resident has demonstrated the knowledge, skills, and behaviors necessary to engage in autonomous practice upon completion of the program..

Scrubs

1. All residents will have access to ScrubEx vending machines in the hospital facility or stocked in the call rooms.
2. A preset number of scrubs will be available as determined by the individual programs. Once that preset number has been dispensed, scrubs will need to be returned before another set is available. Should you encounter any problems please contact your Program Coordinator.

Security ID Badges

Facility-issued identification badges must be worn on the upper part of the body at all times while on a Banner campus. The face of the ID badge must remain visible for identification and safety reasons and must not be defaced with stickers, ribbons or pins so that the employee's face or identifying information is covered. For safety concern, the use of lanyards is discouraged. Employees should immediately report a lost or stolen badge to their leader and/or Security.

Subpoenas

Please refer to the Malpractice section.

Supervision

The teaching physician has an ethical and legal responsibility for the overall care of their patients and for the supervision of the residents involved in the care of their patients. A chain of command that allows for graduated authority and increasing responsibility as clinical experience is gained is essential for trainees. Judgments regarding this delegation of responsibility must be made by the teaching physician based on their direct observation and knowledge of each resident's skill and ability according to the requirements of the program's Clinical Competency Committee. To ensure fulfillment of this responsibility, the following principles of supervision have been established:

1. Each ACGME-accredited training program is required to establish written program-specific supervision guidelines that identify circumstances and events in which residents must communicate with a teaching physician.
 - a. Each resident must know the limits of their scope of authority, and the circumstances under which they are permitted to act with conditional independence.
 - PGY-1 residents should be supervised either directly or indirectly with direct supervision immediately available. PGY1 Residents cannot take home calls. Each program will adhere to requirements as prescribed by the individual Clinical Competency Committee.
2. Ultimately, all patients admitted for care are the responsibility of the teaching physician. Residents must act under the direction and supervision of a qualified

teaching physician. Consequently, the teaching physician is responsible for all actions of the resident, whether or not the teaching physician is physically present when decisions or actions are undertaken.

3. Judgments on delegation of responsibility to a resident must be made by the teaching physician and it is the teaching physician's responsibility to determine the intensity of supervision required within the scope of the residency program. It is presumed that a resident who is progressing in their clinical training will demonstrate the ability to progress and be capable of functioning as an independent physician by the end of the training. It is the responsibility of the teaching physician to notify the Program Director of any resident who does not meet expected standards and discuss concerns.
4. Proper supervision must be completed in accordance with safe and effective patient care. The degree of supervision that is appropriate may vary with the clinical circumstances and the training level of the resident. In order to exercise these supervisory responsibilities properly, a designated teaching physician must always be immediately available for consultation and support.
 - a. For surgical and other invasive procedures performed in a surgical suite, a teaching physician must be physically present to supervise all critical or key portions of the procedure. During non-critical or non-key portions of the procedure, if not physically present, the teaching physician must be immediately available to return to the procedure. If circumstances prevent the teaching physician from being immediately available (e.g. supervising concurrent procedures) the teaching physician is responsible for arranging for another teaching physician to be immediately available to respond to the original case. The teaching physician's physical presence must be supported by the medical record documentation.
5. Any concerns regarding the ability of a member of the medical staff to supervise residents, or violations of the above principles should be brought to the attention of the Program Director for resolution.

Transition of Care

1. Each program will ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety and protective of the patient's privacy.
2. Programs must design clinical assignments to minimize the number of transitions in patient care.
3. Programs must ensure that residents are competent in communicating with team members in the hand-over process. There must be the availability of schedules that inform all members of the health care team of attending physicians and residents currently responsible for each patient's care.

Vacation Leave

1. A resident may use vacation leave with the Program Director's approval and subject to the staffing needs of the program.
2. Residents are provided four one-week periods of vacation leave each academic year, to be used upon a mutually agreed upon time by the resident and Program Director.

3. Vacation leave cannot be carried over from one academic year to the next unless there are extenuating circumstances and with program director approval.
4. Residents do not participate in Banner Health's Paid Time Off (PTO) plan.

Holidays

Residents can be expected to work for some holidays as determined by their program. Some holidays at the VA are not considered holidays at Banner Health.

Religious Accommodations

Residents seeking religious accommodations must discuss the request with your Program Director. The resident and Program Director must contact an Employee Relations Sr. Consultant. The Employee Relations Sr. Consultant will discuss options of supporting the requested religious accommodations and provide documentation if needed.

Vendor Interactions

The purpose of this policy is to establish guidelines for interactions with Industry representatives for medical staff, faculty, staff, students, and trainees of The UA COM . Interactions with Industry occur in a variety of contexts, including marketing of new pharmaceutical products, medical devices, and research equipment and supplies; training for newly purchased devices; the development of new devices; educational support of medical students and trainees; and continuing medical education. Faculty and trainees also participate in interactions with Industry off campus and in scholarly publications. Many aspects of these interactions are positive and important for promoting the educational, clinical and research missions of the College of Medicine . However, these interactions must be ethical and cannot create conflicts of interest that could endanger patient safety, data integrity, the integrity of our education and training programs, or the reputation of either the or its personnel.

Individuals must consciously and actively divorce clinical care decisions from any perceived or actual benefits expected from any commercial interest. It is unacceptable for patient care decisions to be influenced by the possibility of personal financial gain.

Management of conflict of interest in health sciences offers additional and unique challenges in comparison to other areas of research. This policy for the College of Medicine is intended to complement and not supersede or conflict with overall research integrity policies at the UA COM, including, but not limited to, The UA COM's Individual Conflict of Interest in Research Policy and Conflict of Commitment Policy. In research involving human subjects, potential financial conflicts may affect, or appear to affect, judgment regarding clinical care decisions, selection of human subjects, use of protected health information, adverse event reporting, data collection, and ultimate dissemination of findings. However, many new ideas and development of those ideas stem from interactions between academic and Industry contemporaries. Consulting and commercialization of intellectual property derived from academic pursuits are major drivers of practice-changing procedures, drugs, and devices. Thus, these conflicts of interest are unavoidable but can be minimized with appropriate oversight and management.

It is the policy of The UA COM and Banner that interactions with Industry should be conducted so as to avoid or minimize conflicts of interest. When conflicts of interest do arise

they must be addressed appropriately, as described herein.

The Conflict of Interest – Financial and Industrial Relationships Policy incorporates the following types of interactions with industry:

1. Gifts and compensation
2. Site access by sales and marketing representatives
3. Provision of scholarships and other educational funds to students and trainees
4. Support for educational and other professional activities
5. Disclosure of relationships with industry
6. Oversight of Conflict of Interest Policy
7. Training of students, trainees, and staff regarding potential conflict of interest in industry interactions

Visiting Residents

1. All visiting residents interested in participating in elective rotations at the UA COM must complete the Visiting Resident Application (available at <http://medicine.arizona.edu/education/graduate/graduate-medical-education/university/applicants/visiting>).
2. Participation in any elective rotation will be allowed on a space-available basis. Selection dates must have final approval from host Program Director.
3. The UA COM requires a completed Program Letter of Agreement (PLA) with the Home Institution prior to participation in UA COM program.
4. All visiting residents will check in with the GME Office at the start of their rotation.

Wellness

The UA COM is committed to addressing resident and faculty well-being. We encourage residents and faculty to lead healthy lives and seek to support them in their personal and professional growth. As an institution, we hold our program, leaders, faculty, and trainees responsible for assisting in the development of a safe and supportive training environment for all.

Institutional Responsibilities

- Research, advocate, and provide residents and faculty with resources and education for their personal health and well-being.
- Assist Program Directors in their initiatives to protect trainee time with patients, minimize non-physician obligations, provide administrative support to trainees, promote progressive autonomy and enhance professional relationships.
- Provide Program Directors with resources to educate faculty and trainees about the symptoms of burnout, depression, anxiety, suicidal ideation and substance use/abuse.
- Identify resources to improve trainee burnout, depression and substance use/abuse.
- Encourage trainees and faculty members to alert designated personnel when they are concerned about a community member who is displaying signs of burnout, depression, substance use, suicidal ideation or potential for violence, or who is not proactively engaging in self-care.
- Assist in creating a culture and psychologically safe environment for residents and faculty to utilize mental health resources.
- Provide resources that encourage safe well-being practices (i.e. sleep rooms, reimbursement for taxi/rideshare)

- Provide access to confidential and affordable mental health assessments.
- Provide access to confidential and affordable mental health providers.
- Ensure that programs have sufficient back-up plans to provide patient care in the event that a trainee is unable to perform their patient care responsibilities.
- Provide a culture of professionalism that supports patient safety and personal responsibility.
- Provide a way for residents to report mistreatment/unprofessional behavior
- Provide a respectful process for reporting, investigating and addressing mistreatment/unprofessional behavior concerns.
- Provide a forum for all Program Directors, residents, and faculty to share successes, concerns, ideas, or innovations to improve the overall well-being of all those working in the educational environment.

Program Responsibilities

In addition to working with the Institution on the initiatives described above, programs are responsible to:

- Pay attention to trainee schedules to look at work intensity and compression factors.
- Enhance the meaning that each resident finds in the experience of being a physician, including protecting time with patients, minimizing non-physician obligations, providing administrative support, promoting progressive autonomy and flexibility, and enhancing professional relationships.
- Design an effective program structure that is configured to provide residents with educational opportunities, as well as reasonable opportunities for rest and personal well-being.
- Allowing trainees to attend medical, dental, and mental health care appointments, including those scheduled during work hours.
- Educate trainees and faculty about burnout, depression, and substance use/abuse.
- Educate trainees in resilience strategies and healthy coping strategies to improve well-being
- Teach and model self-care practices.
- Providing a respectful, professional and civil environment that is free from mistreatment, abuse, and/or coercion.
- Educate trainees on professional behavior and mistreatment and describe the confidential process for reporting concerns.
- Evaluate current practices to continually improve the educational and training environment.

Residents and Faculty Responsibilities

Learning self-care is an important component of professionalism and patient care. Residents and faculty have a responsibility to themselves, to their patients, and to their programs to ensure that they are fit for work. Residents and faculty should be able to:

- Be proactive in their self-care - modeling healthy lifestyles and behaviors for patients, students, and colleagues.
- Advocate for their well-being and request time off for personal appointments (Annual physicals, dentist, mental health, etc.)
- Manage their time surrounding clinical assignments.
- Recognize personal impairment either from illness, fatigue and substance use and notify the appropriate party.
- Recognize personal impairment either from illness, fatigue and substance use in their peers and other members of the health care team and notify the appropriate party.

- Accurately report clinical and educational work hours, patient outcomes, and clinical experience data
- Have a commitment to lifelong learning
- Participate and recommend improvements to the educational and training environment.

Aetna Resources for Living/Employee Assistance

Available at no cost to all Banner employees and their household members, services are free, confidential and available 24 hours a day, 365 days a year. Aetna Resources for Living can provide resources for all aspects of wellbeing helpful to make life easier including:

- Emotional Support – Talk to a counselor about what’s on your mind – stress, relationships, mood issues and more. You are able to meet over the phone, face-to-face or by online video stream.
- Legal – Speak with an attorney about basic legal rights like estate planning, tenant disputes, family issues and more.
- Financial – Discuss budgeting, credit and more with a financial expert.
- Daily Life Assistance – Let our specialists help you solve everyday issues and coordinate caregiving needs
- Website – Check out articles, quizzes, webinars and more. Questions? Contact Resources for Living: 1-866-568-7554 www.resourcesforliving.com

Section II: Disciplinary Action

Procedures for Disciplinary and Non-Disciplinary Action

These procedures outline the due process rights of interns, residents for non-disciplinary and disciplinary actions.

Residents participate in a Graduate Medical Education (GME) program sponsored by the University of Arizona College of Medicine-Tucson or College of Medicine-Phoenix. While participating in the academic program, residents are employed by Banner--University Medical Group (BUMG) and are afforded the opportunity to practice medicine under specified conditions for a designated period of time. While participating in the residency/fellowship program (collectively “residency program”), residents are afforded the procedural rights described below.

Overview

1. Residents are not entitled to procedural rights outlined in the Banner--University Medical Staff Bylaws, the Human Resources policies of Banner--University Medical Center or Banner -- University Medical Group, nor the Human Resources policies of the University of Arizona.
2. The University of Arizona, as the sponsoring institution of the residency program, will make the final determination with regard to a resident’s participation or advancement in the program.
3. Incident reports, evaluations, and other information gathered or exchanged in the course of the resident's education do not constitute non-disciplinary or disciplinary action.
4. These guidelines do not outline the processes in place to address violations of Banner Health or University of Arizona policies (e.g. delinquent medical records, HIPAA violations, substance abuse, discriminatory/harassing behaviors). However, non-disciplinary action or disciplinary action may result from findings or determinations provided to a GME Program following an external process, review, or investigation.
5. Notice of proposed actions and/or decisions under these procedures are made in writing and delivered to the resident's employee email address or other designated preferred email address. All deadlines are calculated beginning the calendar day after the date of the email. All notices are deemed to be received on the day of the email, except where the resident has previously advised the Program Director of extenuating circumstances that will prevent receipt as determined in the sole discretion of the Program Director.
6. Nothing in these procedures restricts the authority of the Program Director to assign the job duties and responsibilities of the resident at all times, including the decision to assign the resident to clinical, non-clinical, research, or other duties at specified locations as deemed appropriate by the Program Director.
7. These procedures are intended to guide the sponsoring institution through a reasonable decision-making process that provides residents with notice of the action being considered, the opportunity to review and respond to the information in support of the action, and the opportunity for the Program Director and the resident to consider remediation when appropriate. Minor deviations from these procedures that do not deprive the resident of notice or the opportunity to respond will not render the decision invalid. All timelines may be reasonably extended for good cause.

Non-disciplinary Action

1. At any time, a Program Director may take non-disciplinary actions to address a resident's performance, including but not limited to lack of medical knowledge, professionalism concerns, or failure to satisfy ACGME Core Competencies or licensure requirements.
2. The Program Director is encouraged to consult with the GME Office before taking non-disciplinary action.
3. Non-disciplinary action includes, but is not limited to: placing a resident on a paid administrative leave, issuing a letter of concern, requiring a resident to repeat a rotation, placing the resident on a performance improvement plan, assigning a mentor and requiring regular meetings, or referring the resident to occupational health or house staff services.
4. The Program Director will give the resident written notice of the non-disciplinary action including the basis for the decision.
5. A resident has no right to appeal non-disciplinary action.
6. Non-disciplinary action is not required prior to disciplinary action.
7. Non-disciplinary actions will be reviewed and considered by the Program Director and the CCC when making a determination on recommended disciplinary action.

Disciplinary Action

Notice of Proposed Action and Opportunity to Respond

- a. Disciplinary action falls within the sole discretion of the Program Director, subject to the resident's right to appeal as outlined below.
- b. Disciplinary action is warranted when a resident fails to meet the academic requirements of the residency program. Academic requirements are guided by the ACGME Core Competencies; the policies and procedures of Banner Health, Banner – University Medical Group, and the University of Arizona; and the codes, rules, and regulation of licensing agencies, including the Arizona Medical Board and the Arizona Board of Osteopathic Examiners.
- c. If a Program Director concludes that a resident's performance warrants disciplinary action, the Program Director will consult with the GME Office to discuss disciplinary options and determine the appropriate next steps.
- d. Disciplinary action includes the following: 1) Probation; 2) Retention or repeat of post-graduate (PG) year; 3) Suspension; 4) Non-renewal of contract; or 5) Dismissal.
- e. If a resident resigns at any time after disciplinary action is proposed, the resident waives all due process rights. The resignation will be noted as "pending disciplinary action" at the sole discretion of the Program Director.
 - a. Whenever possible, the Program Director will meet with the resident to discuss the proposed disciplinary action. The Program Director will notify the resident of the proposed disciplinary action in writing. The notice of proposed disciplinary action will include:
 - i. The disciplinary action being considered;
 - ii. A summary of the basis for the disciplinary action, with documentation or information in support of the decision included as attachments;
 - iii. The core competencies, rules, policies, or standards the resident is failing to meet;
 - iv. The resident's opportunity to respond to the proposed disciplinary action at the next Clinical Competency Committee (CCC) meeting if a request for review is submitted timely and appropriately.

- e. The resident has seven (7) days from the date of the notice of proposed disciplinary action to submit a request, in writing, to the Program Director for an opportunity to respond to the proposed disciplinary action.
 - i. Failure to timely request an opportunity to respond results in a waiver of the opportunity and remaining due process rights.
 - ii. If the opportunity to respond is waived, the Program Director will confirm the disciplinary action in writing to the resident. The Program Director will note that all remaining due process rights were waived by the resident and that the disciplinary action is effective immediately.
- f. If the resident requests an opportunity to respond at a CCC meeting, the meeting will take place no more than fourteen (14) days from the date of the resident's request to respond.
- g. The resident will receive at least seven (7) days' notice prior to the CCC meeting. CCC meetings are an internal, academic process. The CCC meeting is the resident's opportunity to substantively respond to the proposed disciplinary action.
- h. Only the CCC members (or alternate faculty members when needed), the Program Director, the resident, and a support person of the resident's choosing may attend the CCC's discussion of the proposed discipline.
 - i. If the resident chooses to bring a support person, that person may not speak on the resident's behalf or participate in the meeting in any manner.
 - ii. The resident must provide the name of the support person at the time of the request for a CCC meeting and must indicate whether the support person is an attorney. If the support person is an attorney, the CCC may request the presence of legal counsel.
- i. No less than three (3) days before the scheduled meeting:
 - i. The Program Director will provide the CCC and the resident with a copy of the notice of proposed disciplinary action and supporting documents. The resident will not be provided supporting documents that were previously provided.
 - ii. The resident will provide the Program Director a copy of all documents and information the resident will rely on to support the resident's position at the CCC meeting. The Program Director will provide the CCC with a copy of the documents provided by the resident.
- j. At the CCC meeting, the resident may make a statement and ask questions.
 - i. If the CCC decides additional information is necessary, the meeting will be postponed and reconvened at a later date.
 - ii. All relevant, additional information will be exchanged no less than three (3) days in advance of the reconvened meeting to allow for adequate time to review.
- k. After presenting and responding to any questions, the resident will be excused from the CCC meeting. The Program Director and CCC members will consider the information presented at the meeting and discuss the proposed action. With the guidance of the CCC, the Program Director will make a decision regarding the proposed disciplinary action.
- l. The Program Director will inform the resident of the decision in writing. If the Program Director decides to impose disciplinary action, the notice of disciplinary action letter will include:

- i. Confirmation that the resident appeared before the CCC and exercised the right to responded to the proposed disciplinary action;
 - ii. The disciplinary action imposed;
 - iii. A summary of the basis for the disciplinary action, incorporating by reference the supporting documentation or information relied on in making the decision;
 - iv. A summary of the CCC's conclusions and recommendations;
 - v. When imposing dismissal or non-renewal, a statement as to whether opportunities for remediation were available, provided, or appropriate under the circumstances;
 - vi. The resident's right to appeal the decision to the DIO within seven (7) days of the date of the notice of disciplinary action, in accordance with these procedures.
 - m. A copy of notice of disciplinary action, including all documents considered by the CCC, will be sent to the DIO or designee ("DIO").
 - n. If the resident does not timely appeal the notice of disciplinary action the disciplinary action is immediately in effect and all remaining due process rights are waived.
 - o. The disciplinary action may be immediately implemented pending appeal to the DIO. If the decision is to dismiss the resident, the resident will be assigned to non-clinical duties and will continue to receive pay while the matter is pending on appeal.
2. Appeal of Disciplinary Action to the DIO
- a. A resident may appeal a notice of disciplinary action to the DIO, in writing, within seven (7) days of receiving the written notice imposing disciplinary action. The basis for the appeal is limited to the following grounds:
 - i. A material deviation from written procedures;
 - ii. The discovery of new, material information that was unavailable to the resident and Program Director at the time of the Program Director's decision; or
 - iii. Evidence that the disciplinary action is overly severe or unwarranted under the circumstances.
 - b. To appeal, the resident must submit a written statement to the DIO outlining the basis for the appeal and attaching all documentation the resident believes supports the appeal.
 - c. The DIO will review the Notice of Disciplinary Action letter and supporting documents as well as the resident's request for appeal and supporting documents
 - d. When the recommended disciplinary action is dismissal or non-renewal, the DIO will inform the GMEC Chair of the appeal and ask the GMEC Chair to appoint a three-member panel to review the appeal. No member of the panel may have prior involvement with the disciplinary action.
 - i. The panel will review the Notice of Disciplinary Action, the supporting documents, and all information submitted by the resident.
 - ii. Within seven (7) days of appointment, the panel will meet, discuss, and provide a written advisory opinion to the DIO addressing whether the decision is supported by the substantial evidence.
 - iii. The DIO will review the GMEC's advisory opinion before making a final decision.
 - e. The DIO may uphold, modify, or reverse the Program Director's decision to impose disciplinary action. The DIO can reduce the disciplinary action but cannot increase the sanction.

- f. If the disciplinary action is modified or reversed, the DIO will provide a basis for that decision and outline any additional or revised expectations.
 - g. The DIO's decision will be communicated in writing to the resident, the Program Director, the Dean of the College of Medicine, and Banner Human Resources.
 - h. The DIO's decision is final and not subject to further appeal. The decision is immediately effective unless otherwise stated.
3. The record of the appeal process, but not the action and grounds therefor, is confidential except to the extent authorized in writing by the resident and agreed to by the DIO, or as otherwise required in response to a governmental or legal process.
 4. In the event the resident is placed on probation, the GME Office will notify the appropriate medical board, the ACGME, the ECFMG, and/or Banner Human Resources as required.
 5. Dismissal from a residency program will result in termination of employment from Banner – University Medical Group.

Impairment

When a resident suspects they or another resident may be impaired, the resident should contact the resident's Program Director and provide the details of the behavior or information leading to this concern. When information suggests that a resident may be impaired, the Program Director will take necessary steps to determine whether credible evidence of impairment exists. If, in the judgment of the Program Director, no such evidence exists, the matter is dropped.

If, in the judgment of the Program Director, credible evidence exists to suggest impairment, the Program Director will institute the Drug Testing Policy protocol (below) and one or several of the following:

1. Testing of bodily fluids for misuse of chemical substances according to the section on Drug Testing described below;
2. Referral to an appropriate health professional including a psychiatrist or other mental health professional;
3. Periodic sessions with the resident/fellow's faculty advisor, Program Director or both; and/or
4. Disciplinary action in accordance with the section on Procedures for Disciplinary Action previously described.

Drug Testing Policy

Because chemical substance (including alcohol, illicit and licit drugs) abuse may impair a resident's performance, tests for alcohol and chemical substances will be required at the time of the initial employment physical. Refusal to submit to testing will result in the resident being deemed ineligible for employment and a withdrawal of the offer to participate in the GME program.

Testing is required whenever evidence suggests that a resident may be currently impaired or may have been impaired at any time during the performance of residency duties ("for cause testing"). Residents who are on stipulation with AMB/OBEX or have signed a Banner Health Stipulated Conditions of Re-entry Agreement ("Re-entry Agreement") will also be subject to random testing.

The Program Director or designee may require a resident to undergo “for cause” testing for drugs and/or alcohol. The basis for “ for cause” testing includes without limitation:

1. Evidence of misuse of prescribed or non-prescribed drugs
2. Evidence of use of alcohol or drugs while on duty
3. Evidence of impairment while on duty
4. Failure to meet duties and responsibilities that other residents regularly fulfill
5. Repeated absences which are inadequately explained
6. Repeated tardiness for scheduled responsibilities
7. Bizarre or disruptive behavior
8. Any performance which is overtly negligent
9. Physical or verbal abuse toward any colleague, hospital staff member, office staff member or patient
10. Any other circumstance which provides possible cause to believe that chemical substance abuse is present

All cases in which drug testing is required will be reviewed by the Program Director and CCC.

Residents will be immediately placed on administrative leave pending the results of the drug test. Any resident who refuses to submit to testing or who reschedules a test more than once will be placed on administrative leave. The refusal or repeated delay in testing will be deemed the same a positive test.

Any resident who has a positive test for a chemical substance may be immediately terminated from the residency program without appeal rights. If, in the sole discretion of the Program Director, the resident is not immediately terminated, the resident will remain on administrative leave pending disciplinary action.

All positive tests will be reported to AMB/OBEX. Actions taken by AMB/OBEX may be in addition to or concurrent with disciplinary action taken by the Program Director.

A resident with a positive drug test will not be permitted to return to work until: (1) the resident is cleared to return by AMB/OBEX; (2) the resident is cleared to return by Occupational Health; (3) the resident signs a Re-entry Agreement; and (4) the Program Director and the DIO agree that the resident may return to the program. The Re-entry Agreement will include the conditions imposed by AMB/OBEX as well as additional conditions set by Occupation Health and the GME program. Continuation in the residency program is conditional upon compliance with the terms of the Re-entry Agreement. Refusal to sign a Re-entry Agreement may result in immediate termination from the residency program, without appeal rights..

Performance and/or conduct issues suggesting evidence of impairment will be investigated and disciplinary action may be initiated as set forth above.

Administrative Leave Procedure

The DIO and the Program Director or their designee have the authority to place a resident on administrative leave from the residency program or summarily impose limitations whenever such action must be taken in the best interest of patient care, in response to a positive drug test, or to

investigate a disciplinary matter. Administrative leave will be reported to the Program Director and the DIO and will become effective immediately upon notification to the affected resident. A resident who is on administrative leave will be promptly informed of the parameters of the leave in writing by the Program Director. The administrative leave will remain in effect until lifted at the discretion of the DIO or Program Director.

Banner Health may suspend a resident when such action must be taken in the best interest of patient care. A suspended resident is automatically deemed to be on administrative leave from the residency program.

Automatic Revocation or Suspension

Action by ABM/OBEX revoking a resident's training permit to practice medicine will automatically terminate the resident's contract. Residents subject to automatic revocation will not be entitled to any of the procedural or appeal rights set forth in this manual.

Action by AMB/OBEX suspending a resident's training permit to practice medicine will automatically result in suspension of the resident without pay and without appeal rights under these guidelines. The suspension will remain in effect for no more than one year. If the AMB/OBEX suspension remains in effect after one year, the contract will automatically terminate and the resident shall not be entitled to any of the procedural or appeal rights set forth in this manual. If within one year the resident's suspension is lifted and the resident's training permit is reinstated, the affected resident has the right to request that the Program Director reinstate the resident into the residency program. If the Program Director denies the request, the resident may appeal that decision as set forth in the Procedures for Disciplinary Action.

Section III: Banner University Medical Group (BUMG) Policies

Compliance Education and Training Program

The purpose of the Compliance Education and Training Program is to facilitate the acquisition of these skills and knowledge to all Banner Health employees, medical staff members, directors and officers, and individuals not employed by Banner who, either directly or indirectly perform billing or coding functions for Banner Health or who provide direct patient care items or services on behalf of Banner (excluding vendors or suppliers whose sole relationship with Banner is the sale or lease of medical supplies and equipment to Banner Health). In accordance with the Banner Health policy “Compliance Program Obligations”, all Banner Health employees (“Covered Persons”) are required to complete assigned compliance training by the due date assigned. New “Covered Persons” will be assigned compliance orientation training with a due date that is 60 days from the start of employment date. All “Covered Persons” will be assigned compliance training annually which must be completed within 90 days of assignment.

These modules must be completed within the first 60 days of employment. Resident will have access to these modules as of the first day of orientation. An overview of how to access the mandatory compliance modules will be given during orientation.

Annual Mandatory Education for ALL Clinical - Patient Contact Employees: *(These modules are subject to change periodically)*

- a. Compliance
- b. Early Heart Attack Care
- c. HIPAA Privacy and Security Awareness
- d. Rapid Regulatory
- e. Raising Compliance Issues
- f. Cybersecurity
- g. Stroke Alert

Delinquent Record Policy

Residents are responsible for ensuring that all applicable patient charts are completed, i.e. documented and authenticated, within their specified time period.

1. Residents are advised of incomplete documentation via their electronic physician inbox. A medical record is considered delinquent based on the time frames below.

Documentation Requirement	Timeframe	Exclusions
Emergency Room Report	Documented within 24 hours of discharge/disposition from the ED	
Admitting Progress Note	Documented within 24 hours of admission	

History & Physical	Documented within 24 hours of admission and before invasive procedure	
Consultation Reports	Documented within 24 hours of consultation	
Post op Progress Note	Documented immediately post-op when there is a delay in the availability of the full report	
Provider Coding Clarification	Completed within 7 days of notice.	
Operative Report	Documented immediately post-op and no later than 24 hours after the procedure.	
Special Procedures Report	Documented within 24 hours of notice.	
Discharge Summary Report	Documented at the time of discharge but no later than 24 hours after discharge.	Not required on all admissions less than 48hrs, or for normal vaginal deliveries and normal newborns
Discharge Progress Note	Documented at the time of discharge but no later than 24 hours after discharge for all admissions less than 48hrs or for normal vaginal deliveries and normal newborns.	
Death Summary	Documented at the time of death/disposition or within 24 hours of death.	
Death Pronouncement Note	Completed at the time the patient is pronounced or within 24 hours of death.	
Transfer Summary	Documented at the time of transfer no later than 24 hours.	
Signatures	Authentication of transcribed or scanned reports and progress notes, within 7 days from the date of notice.	
Verbal Orders	Dated, time and authenticated within the timeframe specified by state regulation Alaska = 72 hours Arizona = 72 hours California = 48 hours Colorado = 48 hours Nebraska = 48 hours Nevada = 48 hours Wyoming = 24 hours	
Psychiatric Evaluation	Documented within 24 hours of admission	

2. The Program Director or designee in each residency/fellowship program will also receive a weekly delinquency/professionalism update from the HIMS Manager or designee. The Program Director or designee will be responsible to contact the resident to remind them of their delinquent records.
3. Any resident who has delinquent documentation can be automatically suspended from regular residency/fellowship responsibilities and/or required to use vacation days to complete all of their incomplete records based on the guidelines set forth by their residency/fellowship program and director.

Disability Benefits

Short Term Disability (STD) – provides benefits at the time disability or illness is incurred for lost work time for up to 26 weeks in a calendar year. Benefits begin immediately for non-occupational illness or injury. The Short Term Disability Plan protects your income if you cannot work due to an illness or injury. Newly eligible employees have 31 days to enroll. Residents will receive 100% of their pay for up to 26 weeks on STD.

Long Term Disability (LTD) - If you remain disabled from your own occupation for 24 months, you may be covered by LTD policy which provides a monthly benefit of \$3000 per month after six months of disability. Eligibility is after one year in an eligible position. Newly eligible employees have 31 days to enroll.

Documentation for Employment

All residents are responsible for supplying documentation demonstrating they are able to work legally in the United States. Employment will not commence or will cease immediately with NO RIGHT TO REVIEW should their visas expire or should they otherwise be unable to document their ability to work legally.

Employee Assistance Program (EAP)

Through Aetna, Banner Health provides a valuable benefit to you and your family members by making available independent counseling assistance and referral for marital, family, emotional and chemical-dependency problems. Aetna Resources for Living staff are dedicated to maintaining confidentiality. Aetna is required in some cases to report to licensing authorities, or report when a violation of law or regulations can potentially affect patient care. - You can contact Aetna Resources for Living by phone at 1-866-568-7554 or visit their website at www.resourcesforliving.com, Username: Banner, Password: EAP

Family Medical Leave (FMLA)

Any resident is eligible to request a Family Medical Leave if they have been a Banner Health employee for at least one year and has worked at least 1250 hours in the 12- month period previous to the FMLA leave request. If eligible, the resident is entitled to take up to 12 weeks of unpaid leave during any 12-month period for one or more of the following reasons:

- a. The birth of a child,
- b. The adoption of a child or the placement of a foster child,
- c. To care for a seriously ill spouse, child or parent, with a serious health condition or
- d. A personal health condition making it impossible for the resident to perform their job.
- e. For a qualifying exigency that arises

When a resident applies for a disability benefit, it will be considered that the resident also applied for a Family Medical Leave. The time period for which the resident is receiving a disability benefit will be counted toward the 12 weeks for which they may be eligible for Family Medical Leave.

Maternity Leave

Thirty days before their expected due date, residents should call CIGNA and they will start the filing of the leave process. The person assigned to the resident's maternity claim will guide them through Short Term Disability and FMLA. Residents are eligible for 100% of their pay under Short Term Disability (6 weeks vaginal delivery and 8 weeks c-section delivery) concurrent with FMLA (job protection, 12 weeks unpaid).

Harassment Policy

UA COM /Banner Health is committed to providing a professional work environment that maintains employee equality, dignity, and respect. In keeping with this commitment, Banner Health strictly prohibits unlawful discriminatory practices, including, but not limited to, Harassment, Sexual Harassment and Retaliation. Harassment, Sexual Harassment and Retaliation, whether verbal, physical or environmental, are unacceptable and will not be tolerated.

Sexual harassment in the workplace is unacceptable and will not be tolerated from employees, patients, visitors, physicians, volunteers, or any others doing business with Banner Health. To ensure that Banner Health provides an atmosphere free of any behavior or conduct that could be interpreted by any reasonable person as sexual harassment, there is strict adherence to the system's Sexual Harassment Policy.

We are all responsible for helping to enforce this policy against harassment. If you have been the victim of prohibited harassment, have witnessed such harassment, or been the victim of sexual harassment, you must immediately notify your Program Director, DIO or the Banner Health's Affirmative Action office so the situation can be promptly investigated and remedied. Banner Health takes all complaints of discrimination or harassment seriously. It is our policy to investigate all harassment complaints thoroughly and promptly. We will maintain the confidentiality of those involved to the fullest extent possible.

Health Insurance Benefits for Residents, Families & More

Health Insurance Benefits – your benefits begin as of the effective date of your contract which is usually the first day of orientation. You must enroll by your enrollment deadline (31

days from your date of hire) or you will have to wait to enroll during the annual enrollment period and will be without coverage during that interim period. Additional information regarding plan details and co-pays, refer to enrollment guide at www.bannerbenefits.com.

Banner Health Benefits is a way to provide health benefits to you that allow you to design the benefits to more specifically meet the needs of you and your family.

Available health benefits options:

- a. Medical/Pharmacy Plan Choices
- b. Dental Plan Choices
- c. Vision Plan

Other Benefits options:

- a. Legal Plan
- b. Flexible Spending Accounts
- c. Life/AD&D
- d. Short Term Disability
- e. Long Term Disability (After one year in an eligible position)
- f. 401(k)/403(b)
- g. Employee Assistance Program (EPA)
- h. Employee Discounts
- i. Sittercity (through Bright Horizons Care Advantage)
- j. Well-Being Programs
- k. Voluntary Benefits (auto, home, pet insurance, etc.)
- l. Supplemental Benefits (Accident Insurance, Critical Illness, Hospital Indemnity)
- m. Additional Local Benefits

Jury Duty

Employees are encouraged to serve on jury duty and fulfill their court-related, civic obligations. Banner Health provides staff members time off to do so without change in status or loss of pay. Employees should notify their leaders upon receipt of a summons or subpoena. Individuals summoned for jury duty or appearing as subpoenaed witnesses are expected to work during normal working hours whenever court is not in session or when their presence in court is not required. Jury duty served on a regular day off negates any pay from Banner for that day.

Leave of Absence

1. Leaves of absence must be approved by the Program Director and will be granted in accordance with Banner Health policy. Because of each specialty board's requirements, sick time, vacation time and combined leave should not exceed the cumulative time allowed by the specific specialty. Should the allowed cumulative leave time be exceeded, the resident will be required to extend the length of the training program.
2. The Program Director must specify the make-up period, the educational goals and the requirements of the relevant specialty. The curriculum agreed upon by the Program Director and resident will be documented.

3. During any extension period, the resident shall receive appropriate salary and benefits for the level of training.
4. A compelling personal issue may prompt the resident to request an extended Personal Leave of Absence (PLOA), which the Program Director may approve. PLOAs are available, with approval, for no more than 12 weeks; however, such leave will be limited to no longer than the resident's length of employment. Medical, dental and life insurance may continue if the resident pays the full cost.
5. A resident may qualify for leave under the Family Medical Leave Act (FMLA) to address their own medical issue or the medical issue of an immediate family member. The resident should discuss eligibility for this type of leave with both the GME Office and Banner Human Resources.

Occupational Health Services Policy and Procedure

The Occupational Health Services Department, or the designated area in those facilities without this service, is responsible for approving your return to work following an absence for an injury or illness for a duration of three (3) or more calendar days or following a Leave of Absence. You may be asked to present a physician's consent for return to work for any illness.

The Occupational Health Service may conduct routine tests on employees and other special tests as may be required from time to time. It is a condition for continued employment that you comply with the mandatory tests/immunizations as required by Occupational Health. Fitness for work examinations may be requested by management in consultation with Human Resources when there is a concern about your ability to continue to function in the role for which you are being paid.

HIPAA: Patient Photography, Videotaping, and Other Visual Imaging in the Clinical Setting for Treatment or Training Policy

It is essential to protect patients privacy and the following policy provide guidance to staff when obtaining a patient photograph for treatment or training.

1. BH workforce must have appropriate authority and approval and follow proper protocol in regard to photography and/or recording (video/tape/digital or other) of patients in order to prevent the wrongful disclosure of individually identifiable health information. (Also, see Policy #410 Workforce Confidentiality)
2. Original Patient Photographs taken for diagnostic monitoring and/or treatment purposes are included in the patient's Medical Record and stored in Cerner Care Aware Multi Media(CAMM) application and are considered Protected Health Information (PHI). If the Patient Photograph taken for diagnostic monitoring and/or treatment purposes cannot be stored within the Medical Record, a reference to its storage location will be noted in the Medical Record and appropriate access will be enabled when applicable.
3. Banner Health equipment/devices will be used, when available, for photographing patients for diagnostic monitoring and/or treatment.

- a. Banner Health equipment/devices such as digital cameras or tablets used solely for photography/videography must be stored securely in a locked cabinet or drawer in a locked office or suite. Banner Health Workforce members using such devices are responsible for ensuring the device is secured appropriately following use.
 - b. The photograph must be downloaded into the medical record promptly and deleted from the equipment/device immediately thereafter.
4. If Banner Health equipment/devices are not available, a personal mobile device can be used to take clinical photographs for diagnostic monitoring and/or treatment purposes. However, an approved application (e.g. Cerner Camera Capture) must be used to transmit the clinical photographs directly into the medical record.
5. For all mobile devices such as laptops, tablets, iPads, smart phones, external hard drives, flash drives/memory sticks, and CD/DVDs that may be used to record, store or access images, encryption and security safeguards are required and must be approved and in accordance with Banner Health policies. Personal devices can only be used when an approved application is being used. Cloud storage, if applicable, on the mobile device must be turned off for photo/media storage and further transmission. Texting, emailing, etc. of the photograph is not allowed. (See also Policy #504, Information Security Acceptable Use Policy)
6. When applicable, images taken for diagnostic monitoring and/or treatment purposes from all approved mobile devices that store photos/videos must be promptly uploaded from the device to the patient's medical record or a secure folder on the network drive and then wiped from the device as soon as possible and in no case more than 24 hours from the time the image was taken. Each location where these devices are used should have designated individuals who are responsible for removing the images from the device.
7. Patient Photographs, videotapes and other images taken for diagnostic monitoring and/or treatment purposes should be clearly identified with the patient's name, medical record number (MRN), location of body part photographed, date and time and the name and title of the person taking the photo.
8. Patient Photographs, videotapes and other images used for internal education/training may not include patient's name, medical record number, date of birth, full face, or other unique features that could potentially re-identify the patient.
9. When a Banner Health Workforce member requires a patient photograph to be taken for internal education/training purposes the image/photo must be de-identified and equipment/device used must be approved and in accordance with Banner Health policy regarding device encryption and security safeguards.
10. Practitioners will determine whether patients are permitted to take Patient Photographs or videos during treatment (also see Policy #785, Photography and Recording by Patients, Visitors and Non-Banner Staff)
11. Banner Health's Medical Treatment Agreement (Conditions of Admission) documents the patient's consent to take and use photographs or videotaping of diagnostic and surgical procedures for treatment and internal education/training purposes.
12. When parts of the body require photography, drapes and other material may be used to limit photography to a specific area of the body.
13. Photographs taken for diagnostic monitoring and/or treatment purposes must be maintained according to the Records Retention and Destruction , #739.

14. Photographs may not be used instead of required documentation, including documentation of medication lists, prescriptions, and surgical history.

Reporting and Prevention of Infections in Health Care-Workers

1. When a health care worker has an exposure to bloodborne pathogens, that worker should immediately perform first aid, then
 - a. In Arizona Region contact the Post Exposure Prophylaxis (PEP) hotline [(602) 747-8364] and his or her supervisor.
 - b. At BUMCT and BUMCS immediately report to your supervisor and Employee Health. After hours, report to the House Supervisor.
2. The nurse who answers the PEP hotline number shall determine risk based upon current protocol consistent with guidelines from the Centers for Disease Control and Prevention.
3. The health care worker or that worker's supervisor will report all occupational exposures to Occupational Health on the Employee Industrial Incident Report

Retirement 401(k) Plan

Banner Health offers a competitive retirement savings plans in the form of the 401(k) plan, the Roth 401(k) plan, the 403(b), and the Roth 403(b) plan. To view information on Banner benefits, simply visit MyHR.

Sick Time

1. All residents will have up to 40 hours of sick time per year in accordance with Arizona State Law. Arizona Sick Time accumulation and hours are recorded and kept in Kronos. Below are the details of sick time for residents:
2. AZ Sick Time accrues at .0333 per hour worked.
3. A maximum of 40 AZ Sick hours are accrued each year.
 - a. Once the 40-hour max is reached, team members will no longer accrue AZ Sick hours for that year.
4. Up to 40 hours of AZ Sick Time can be carried over from year to year.
 - a. Even if team members carry over 40 hours, up to 40 hours will be accrued the next year.
 - b. Team members may have a max of 80 hours in their AZ Sick Bank, but only 40 will carry over each year.
5. Under AZ law, PTO-ineligible team members must use available Sick Bank hours for themselves (or certain family members) only in the following circumstances:
 - a. Medical care or mental or physical illness, injury or health condition
 - b. Public health emergency
 - c. Absence due to domestic violence, sexual violence, abuse or stalking

*Time away from training for any type of leave may result in a delay in graduation depending on the specialty-specific board requirements.

Substance Abuse Stipulated Re-Entry Policy

A stipulated re-entry agreement between Banner Health (Banner) and an employee may occur:

1. After the employee self-discloses a substance abuse problem and has completed a chemical abuse rehabilitation program.
2. When the employee returns from Disability related to a substance abuse problem.
3. When a new hire discloses that their license has been stipulated due to a substance abuse problem, or
4. When management becomes aware that an employee's license has stipulations or the employee is otherwise required to submit to monitoring for a substance abuse problem.

Prior to returning to work Banner Occupational Health Services (BOHS) medical providers will meet with re-entry employees to discuss and explain the re-entry agreement. BOHS medical providers will work in conjunction with the employee's supervisor and Human Resource personnel for all stipulated re-entry agreements.

A re-entry conference will be held to review with the employee the conditions of the Stipulated Conditions of Employment Agreement and obtain written agreement from the employee. The conference attendees will include the employee, their supervisor, Human Resources representative, and when possible BOHS/Employee Health provider who did the medical evaluation.

Terms of the agreement require that the employee remain in the program for a minimum of one year and during this time will be randomly tested for the purpose of drug and alcohol testing by urine specimens, breath specimens or blood draw at least once a month. The employee will authorize Banner Health to contact their therapy program, therapist (psychiatrist, psychologist, or counselor), 12-step sponsor, and healthcare provider to determine if the employee is in compliance with the terms of the Agreement. The signed Agreement will be placed in the employee's BOHS/Employee Health medical file and no other copies will be filed in Human Resources or the supervisor's file. The employee will be given a copy of the signed Agreement.

Notification of random drug and breath testing will be administered through BOHS/Employee Health. BOHS/Employee Health will notify the employee's supervisor that the employee needs to be sent to BOHS for testing. The supervisor will determine what the best time is to send the employee to BOHS/Employee Health. Once the employee is notified by the supervisor they have one hour to report to BOHS/Employee Health. The supervisor will call the facility BOHS/Employee Health and advise them that the employee has been notified and should report within the hour. If the employee arrives after the one-hour time limit BOHS/Employee Health will still collect the specimen but will notify Human Resources of the last arrival of the employee. The employee is to be given a maximum of three hours to produce a urine sample. If a sample cannot be obtained within the timeframe the employee will be sent back to their department, and Human Resources and the supervisor will be notified. Human Resources and the department manager will make a decision as to what action is to be taken with the employee. If the employee remains

employed and is called again within the month and does not give a specimen they will be terminated for non-compliance of the terms of the Agreement.

If the employee's drug/breath test is deemed positive by the Medical Review Officer, Human Resources will be notified. Human Resources will work with the supervisor in terminating the employee. Exceptions to this must have approval of the facility CEO and the Senior Vice-President – Human Resources.

Tuberculosis Screening

BOHS will provide mandatory TB screening as outlined by the Tuberculosis (TB) Prevention and Control Plan per risk assessment of each Banner Health facility. BOHS complies with OSHA and CDC skin testing standards in an effort to detect exposure to Mycobacterium Tuberculosis or Active Tuberculosis.

Per the TB Prevention and Control Plan, TB testing is required annually at all facilities classified as medium risk or greater, based on current CDC guidelines.

Section IV: Tucson Specific Policies

Counselors

1. Access to confidential counseling and psychological support services are offered to all residents and their families.
 - a. The Residents Counselor is available through flexible office hours and pager service. Contact the receptionist at (520) 325-9176 and identify yourself as a resident or fellow.

Free and confidential mental health service are offered for residents.



Alison Sutton-Ryan
Director,
Mental Health Services
for GME and UME



Julie Demetree, MD
Housestaff Counselor



Mark Gilbert, MD
Housestaff Counselor

520-626-7200

For more information, please go to the website:

<https://mentalhealthservices.medicine.arizona.edu>

In case of an Emergency, please contact the Crisis Response Center, call 911, or go to your nearest Emergency Department.

For more information, please contact, Dr. Mari Ricker, Director of Resident Well-being Program at GMEwellness@email.arizona.edu.

Banner UA COM Partners in Medicine provides support, connections, and resources to the spouses, partners, and families of Banner/UA COM resident and fellow physicians. Recognizing that residency and fellowship can be a uniquely challenging time for a physician and the physician's family, this network of spouses and partners offers a way to connect with others who are in the same stage of the medical journey. To learn more contact BUAPIMTucson@gmail.com or BUAPIMMembership@gmail.com.

Appendix A: Policies

Policies are periodically updated and residents are responsible for adhering to the updated policies. Residents can access the polices below by clicking on the link. The policies are also located on the GME website.

[**Administration of Tuberculosis Skin Testing and Screening**](#)

[**Arizona Paid Sick Time Policy**](#)

[**Banner Employee Drug and Alcohol Testing**](#)

[**Compliance: Mandatory Compliance Training and Education**](#)

[**Conflict of Interest - Financial and Industrial Relationships Policy**](#)

[**Family and Medical Leave Act \(FMLA\) Policy**](#)

[**Harassment and Sexual Harassment Policy**](#)

[**HIPAA: Patient Photography, Videotaping, and Other Visual Imaging**](#)

[**Leave of Absence Policy**](#)

[**Pharmaceutical Representatives Policy**](#)

[**Photo Identification Badges and Access Provisioning**](#)

[**Return to Work Examinations**](#)

[**Stipulated Re-Entry**](#)

[**Tuberculosis \(TB\) Prevention and Control Plan**](#)