

RADIATION ONCOLOGY
RESIDENCY TRAINING PROGRAM

MANUAL OF POLICIES, PROCEDURES
AND OBJECTIVES

2009 - 2010



CITY OF HOPE NATIONAL MEDICAL CENTER

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Division of Radiation Oncology

Policies, Procedures and Objectives
for the
Radiation Oncology Residency Training Program

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INTRODUCTION

The City of Hope Medical Staff is committed to providing educational opportunities and training at the City of Hope National Medical Center (“Hospital” or “Sponsoring Institution”), a non-profit public benefit corporation. Training is offered to various categories of trainees, including Fellows, Residents, Medical Students and Psychology Students (collectively, “Trainees”). The Medical Staff’s Graduate Medical Education (GME) Committee oversees the activities of all trainee programs at the Hospital.

The Medical Staff Bylaws, Section 4.13 [*Trainee Staff (Fellows, Residents and other Trainees, including some ACGME-Program Enrollees)*] and the Medical Staff Rules and Regulations, Section 30.0 [*Professional Graduate Medical Education*] provide an overview of the general requirements associated with Trainees and their training, including criteria to be satisfied prior to rotation, prerogatives, duties, required supervision, record-keeping and documented supervision and corrective action (grievances).

In addition to this Manual, Trainees receive additional information and documentation through their (mandatory) attendance of the New Clinician Orientation which covers key policies and general practices at City of Hope as presented by the President of the City of Hope Medical Staff and administrators from various departments including Quality, Risk Management, Safety, and Health Information Management Sciences (HIMS). *A sample agenda for the New Clinician Orientation is attached as Appendix 1 to this Manual.*

The Division of Radiation Oncology has also developed policies tailored to its ACGME Resident Training Program (referenced in the Index to this Manual) to guide and to lend structure to this Residency Training Program. The objectives of this Program are to support the education and training of physicians to be skillful in the practice of radiation oncology and to be caring and compassionate in the treatment of patients.

Once an applicant is accepted as a Trainee to this Training Program, a Letter of Appointment from this Hospital as the Sponsoring Institution, signed by the Designated Institutional Official (DIO) and the Training Program Director is sent to the resident. A letter of offer of employment is generated by the California Cancer Specialists, Inc. doing business as City of Hope Medical Group to each accepted applicant; *See sample letters in Appendices 2 & 3.*

I. RADIATION ONCOLOGY RESIDENCY PROGRAM COMMITTEE

The Radiation Oncology Residency Program Committee is responsible for the oversight of the Training Program and for establishing policies and procedures of the Program. Membership on the Committee includes the Training Program Director (as Committee Chair); the Division Chief of Radiation Oncology; the Director of Radiation Biology Education; and the Director of Medical Physics; or designees. The Committee meets at least semi-annually. Issues that residents wish the Committee to consider are to be brought to the attention of the Committee Chair. Reports of Committee activities are distributed to the Designated Institutional Official (DIO) and to the Chair of the City of Hope Graduate Medical Education (GME) Committee who provide additional oversight.

II. RESIDENT SELECTION, APPOINTMENT AND PROMOTION

Preamble. The Division of Radiation Oncology accepts a post-graduate physician-in-training into its Residency Training Program with the expectation that she/he will make satisfactory progress during the course of the Program and achieve the goal of becoming a competent radiation oncologist capable of meeting the requirements for special proficiency certification by the American Board of Radiology and, more importantly, practicing the sub-specialty of radiation oncology competently and successfully. Appointments as postgraduate physicians are for one-year terms. Promotions and reappointment to the Program will be considered annually based on review of each resident's progress in achieving the educational objectives of the Program.

Resident Selection. Applicants for the Radiation Oncology Residency Training Program will be evaluated on the basis of certain criteria such as their academic credentials, ability, aptitude, communication skills, preparedness, and personal qualities including motivation and integrity. The Program does not discriminate on the basis of sex, race, age, religion, color, national origin, disability, or any other legally protected status. Residents who seek to transfer from another residency program must submit written verification(s) of prior educational experiences and evaluation(s) of performance signed by the Program Director(s) in order to be considered for acceptance to this Program.

Standards. Post Graduate Physicians in Training and Attending Medical Staff are bound by the provisions of the *City of Hope Medical Staff Bylaws* and the *Rules and Regulations of the Medical Staff*. The specific goals and objectives of the Residency Training Program are reflected in Section XIV of this Manual. These learning objectives also specify the level of knowledge and skills that residents are expected to achieve as they progress through the Program.

Evaluations. A resident will receive a formal, written evaluation of his or her performance for each 6 month period of participation in the Program. These evaluations will become part of the resident's individual folder as confidentially maintained in the offices of the Division of Radiation Oncology, and the folder is

accessible to the resident for review upon written request. In addition, the resident and the Training Program Director will receive photocopies of these performance evaluations. The Training Program Director is expected to meet at least twice a year with each resident to review his or her individual progress toward meeting the goals of the Residency Training Program. A resident may dispute the content of a written evaluation by submitting a written response to the attention of the Residency Training Program Director; this response will be added to the resident's individual folder.

Corrective Action. The Radiation Oncology Residency Program Committee shall regularly review performance evaluations, reports of poor performance or requests for corrective action from the Division Chief of Radiation Oncology. Taking into account factors such as severity and frequency of the problem, history of prior informal or formal corrective actions, and the resident's overall performance, the Radiation Oncology Residency Program Committee may recommend a specific course of action and timetable to the Division Chief.

Advancement and Certification. For reappointment to the second or third year of training, each resident must complete a new residency program application-agreement and provide documentation of possession of an active California medical license. Candidates for completion-of-program certificates must satisfactorily complete all aspects of the predetermined Program, including all administrative, patient care, and educational requirements.

The Division Chief shall notify a resident in writing, at least six months prior to the expected date of completion or advancement, if he/she will not be advanced to the next higher level or if he/she will not receive a certificate of completion. Except as provided below, the resident has the right to appeal this notification through the grievance process. The Division Chief and the resident may agree, and confirm in writing, to postpone a notification concerning advancement or certification until four months prior to the expected date of completion or advancement. If notification is given less than six months prior, or if there has been an agreement to postpone notification as discussed above to not less than four months prior, to the expected date then the resident has the right to appeal through the grievance process.

Appeals and Grievances. Grievances may be directed to either the Residency Training Program Director or to the Division Chief or directly to the Chair of the Medical Staff Graduate Medical Education Committee (GMEC). The Radiation Oncology Residency Program Committee and at least one resident (peer) representative, will address each grievance in a timely and fair manner and maintain documentation of the grievance process. If the grievance cannot be satisfactorily resolved by all parties or if the resident so desires from the start, the grievance will be heard by the Medical Staff GMEC. Membership on the GMEC consists of at least one Active Medical Staff member from six different clinical divisions (including a representative from the Division of Radiation Oncology), a hospital administrative representative, and representatives of the Trainee Staff (e.g., fellow, resident). The GMEC has responsibility for "establishing and implementing policies and procedure for discipline

and adjudication of complaints and grievances” as referenced in the Medical Staff Rules and Regulations, Section 31.3(g).

Final Evaluation. The Training Program Director must provide a final evaluation for each resident who completes the Program. This evaluation must include a review of the resident’s performance during the final period of education and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident’s permanent record maintained by the Sponsoring Institution.

III. NORMAL WORKING HOURS

Normal working hours are from 8:30 am to 6:00 pm, Monday through Friday. However, the supervising radiation oncologist may adjust these hours as required by the workload. For example, if essential work is not completed, the resident may be expected, at the discretion of the supervising staff, to stay beyond 6:00 pm to complete work assignments.

When not on an assigned rotation, a resident is expected to keep the Training Program Director and Radiation Oncology secretarial staff informed of the location and telephone number where he/she can be reached.

In accordance with ACGME requirements, resident duty hours are limited to eighty (80) hours per week, averaged over a four-week period, inclusive of all in-house call activities. When a resident is called into the Hospital from home, the hours he or she spends in-house will be counted toward the 80-hour limit.

Residents are provided with one day (one continuous 24-hour period) in seven free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. Adequate time for rest and personal activities will be provided: a 10-hour time period between all daily periods and after in-house call will be observed. Supervising physicians and trainees must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects and alter the work responsibilities to provide adequate rest.

[Reference: Medical Staff Policy, *Resident/Trainee Duty Hours (ACGME Accredited Only)*]

3. On-Call Activities

- A. The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is not provided by the Division of Radiation Oncology.
- B. At-home call (or pager call) is defined as a call taken from outside the medical center.

- 1) The frequency of at-home call is not subject to every-third-night limitations. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 calendar days completely free from all educational and clinical responsibilities, averaged over a 4-week period.
 - 2) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
 - 3) 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.
4. A resident's obligation to patients is not automatically discharged at any given hour of the day or any particular day of the week. Daytime hours and night and weekend call must be sufficient to permit implementation of the concept of responsibility for patients and to provide for adequate patient care. The Division Chair and Program Director will decide on the frequency of nightcall for house officers in the program.

IV. POLICIES RE: TIME OFF

Residents accepted to the Radiation Oncology Training Program are not employees of City of Hope National Medical Center as the Sponsoring Institution; instead, residents will be employed by California Cancer Specialists, Inc., doing business as the City of Hope Medical Group ("Group"). The Group is a for-profit corporation separate and distinct from the Hospital, with whom the Hospital has an agreement for professional services. Residents will remain employees of the Group during the entirety of their participation in the Residency Training Program. Residents must therefore comply with the Group's Human Resource Policies and all questions should be directed to the Group.

A. VACATION POLICY

Residents are granted four (4) weeks (20 days) of vacation time per year. A vacation request must be in writing and submitted to the Training Program Director at least thirty (30) days in advance of the start of the requested vacation date. Vacation time off must be approved in writing by the Training Program Director and the Division Chief of Radiation Oncology in order to be considered granted and effective.

Vacation requests for periods of more than 2 weeks are not permitted during the months of June-July. The resident is responsible for arranging coverage for service

responsibilities while on vacation and to provide written notification of coverage to both the Training Program Director and to the Division Chief for Radiation Oncology.

Vacation carryover requests must be in writing and made at least thirty (30) days in advance of the resident's anniversary date. Unused vacation and other leave cannot be accumulated to reduce the overall duration of training.

See Attached Time-Off Form: Appendix 7

B. TIME-OFF FOR REQUIRED EXAMINATIONS

Time-off to take required examinations (eg. RAPHEX, RABEX) shall not be charged to accrued vacation time.

C. LEAVE TIME ALLOWANCES (eg. SICK LEAVE, LEAVES FOR MEETINGS & CONFERENCES, MATERNITY LEAVE, BEREAVEMENT/FAMILY SICK LEAVE, AND LEAVES OF ABSENCE)

Leave time allowances will follow City of Hope Medical Group policies. Please see the City of Hope Human Resources Handbook for details.

V. GRIEVANCE POLICY

To provide a mechanism for resolving disputes and complaints which may arise between postgraduate residents and their Program Director or other faculty member

Policy: Postgraduate residents may appeal disagreements, disputes, or conflicts with their program using the procedure outlined below. This grievance procedure does not cover controversies or complaints arising out of (1) termination of resident during an annual contract period; (2) alleged discrimination; (3) sexual harassment; (4) salary or benefit issues.

Definitions: Grievance: any unresolved dispute or complaint a resident has with the policies or procedures of the Residency Training Program or any unresolved dispute or complaint with his or her Program Director or other faculty member.

Procedure

Informal Resolution – Step I:

A good faith effort will be made by an aggrieved resident and the Program Director to resolve a grievance at an informal level. This begins with the aggrieved resident notifying the Program Director, in writing, of the grievance. This notification must occur within 15 calendar days of the event precipitating the grievance and should include all pertinent information and evidence that supports the grievance. Within (7) calendar days after notice of the grievance is given to the Program Director, the

resident and the Program Director will set a mutually convenient time to discuss the complaint and attempt to reach a solution. Step I of the informal process of the grievance procedure will be deemed complete when the Program Director informs the aggrieved resident in writing of the final decision. A copy of the Program Director's final decision will be sent to the Department Chair and to the Director of Graduate Medical Education.

Informal Resolution - Step II

If the Program Director's final written decision is not acceptable to the aggrieved resident, the resident may choose to proceed to a second informal resolution step which will begin with the aggrieved resident notifying the Division Chairman of the grievance in writing. Such notification must occur within 10-work-days of receipt of the Program Director's final decision. This notification should include all pertinent information, including a copy of the Program Director's final written decision, and evidence that supports the grievance. Within seven (7) calendar days of receipt of the grievance, the resident and the Division Chairman will set a mutually convenient time to discuss the complaint and attempt to reach a solution. Step two of the informal process of this grievance procedure will be deemed complete when the Chairman informs the aggrieved resident in writing of the final decision. Copies of this decision will be kept on file in the Chairman's office and sent to the Director of Graduate Medical Education.

Grievances may be directly raised with Chairman of the Medical Staff Graduate Medical Education Committee (GMEC). The GMEC is composed of medical staff representatives and a hospital administrative representative. This group has the specific function of "establishing and implementing policies and procedure for discipline and adjudication of complaints and grievances" as stated in the COHNMC Medical Staff Rules and Regulations, Section 30.1(g).

Formal Resolution: Visiting Fellows, Residents, Psychology Fellows and Students as trainees shall not be entitled to the hearing and appellate procedures specified in Article 9 of City of Hope Medical Staff By-Laws.

In the event that any corrective action recommended or taken against a licensed Resident would constitute grounds for a hearing under Section 9.2, the following procedures shall apply: Within fifteen (15) days of the Resident's receipt of Notice of Corrective Action, he/she may challenge such action by filing a written grievance with the Chair of the Division. Upon receipts of such a grievance, the Chair shall initiate a careful investigation and afford the Resident an opportunity for an interview before an ad hoc Grievance Committee consisting of the hospital's Chief Executive Officer, the Medical Staff President, the Chair of the Graduate Medical Education Committee and the Chair/Director, or their respective designees. Before the interview, the Resident will be informed of the nature of the circumstances, giving rise to the proposed action, and be given an opportunity to review any evidence supporting the action.

The interview shall not constitute the same type of “hearing,” as is established in Article 9, and shall not be conducted according to the procedural rules applicable with respect to such hearings. At the interview, the Resident may present any information relevant thereto. Following the interview, a report of the findings and recommendations shall be made by the Grievance Committee for transmittal to the medical Executive Committee with a copy to the Resident. Within seven (7) days of the date of the Grievance Committee report, the Resident may request an appellate review by the Medical Executive Committee, who shall consider the appeal at its next regularly scheduled meeting. Thereafter, the action of the Medical Executive Committee shall be final, subject to approval by the Governing Body, with notice to the Resident.

VI. MOONLIGHTING

Outside employment commonly known as “moonlighting” is permitted only at the discretion of the California Cancer Specialists, Inc. as the resident’s employer with approval from the Sponsoring Institution’s Division Chief and the Residency Training Program Director.

Because residency education is a full-time endeavor, moonlighting must not interfere with a resident’s ability to carry out duties, responsibilities and the learning objectives of the educational program. All moonlighting hours must be counted toward the 80-hour per week limit on duty hours. Residents are responsible for ensuring that the addition of moonlighting hours does not result in a work week in excess of the 80-hour maximum, or result in fatigue which might affect patient care or learning.

The City of Hope Medical Group and City of Hope Medical Center will not provide malpractice insurance for moonlighting activities. Residents who request approval for such outside employment must provide written documentation from the employer that malpractice insurance will be provided.

It is the responsibility of the resident to notify the Residency Training Program Director of his or her interest in moonlighting and to make a formal request for approval to engage in moonlighting. The Program Director may require detailed information on the timing and level or activity to assure the moonlighting does not cause fatigue or interfere with patient care and the goals and objectives of the training program. The Residency Training Program Director and the Division Chief will provide a written response to the resident, and this correspondence will become part of the resident’s individual folder. If approval is given, the resident has a continuing responsibility to notify his or her Training Program Director of any changes in moonlighting (place, hours, duties) and to obtain further approval for such changes.

The Program Director will monitor the resident’s performance to ensure that moonlighting activities are not adversely affecting patient care or learning at the Sponsoring Institution. If the Program Director determines that resident performance is suffering, permission for continued moonlighting activities will be withdrawn.

See Attached Moonlighting Form: Appendix 6

VII. (SEXUAL) HARASSMENT POLICY

Sexual harassment and other forms of legally-recognized harassment are not tolerated. The City of Hope Medical Staff Bylaws Section 3.8 [Harassment Prohibited] prohibits all forms of harassment and states that allegations of harassment shall be immediately investigated by the medical staff. If confirmed, appropriate corrective action will be imposed.

The Sponsoring Institution also has in place a Harassment policy which is applicable to all City of Hope workforce, including physicians, allied health professionals and trainees. The policy defines sexual harassment (see below) and other forms of harassment and states that harassment on the basis of race, religion, color, national origin, ancestry, physical disability, mental disability, medical disability, marital status, sex, gender or sexual orientation shall not be tolerated.

"Sexual harassment" is unwelcome verbal or physical conduct of a sexual nature which may include verbal harassment (such as epithets, derogatory comments or slurs), physical harassment (such as unwelcome touching, assault, or interference with movement or work), and visual harassment (such as the display of derogatory cartoons, drawings, or posters). Sexual harassment includes unwelcome advances, requests for sexual favors, and any other verbal, visual, or physical conduct of a sexual nature when: (1) submission to or rejection of this conduct by an individual is used as a factor in decisions affecting hiring, evaluation, retention, promotion, or other aspects of employment; or (2) this conduct substantially interferes with the individual's employment or creates an intimidating, hostile, or offensive work environment. Sexual harassment also includes conduct which indicates that employment and/or employment benefits are conditioned upon acquiescence in sexual activities.

Should you experience what you perceive to be harassment, please notify the Residency Training Program Director and the Division Chief. If either of these persons are the source of harassment, please notify the President of the City of Hope Medical Staff.

VIII. EQUAL OPPORTUNITY POLICY

We will comply with the policy of the Americans with Disabilities Act (ADA).

IX. IMPAIRED PRACTITIONER POLICY

We will comply with the City of Hope Medical Staff Services Departmental Impaired Practitioner Policy and Procedure

See Attached Policy: Appendix 8

X. EARLY RESIGNATION FROM TRAINING PROGRAM

A resident may voluntarily resign from the Radiation Oncology Residency Training Program at any time by giving a minimum of ninety (90) days advance written notice to the Training Program Director. However, a resident should understand that premature departure from the Program is a unilateral abrogation of a mutual commitment and creates serious problems for the Division. Letters of recommendation may reflect a resident's decision to prematurely depart from the Program. Therefore, a resident contemplating leaving the Program prior to completion of the year is strongly encouraged to meet with the Training Program Director before submitting written notice. This may aid the resident in his/her decision making process and will allow the Division to meet its needs and those of others. A resident is expected to make every effort to complete research projects in the time remaining before departure.

XI. CONTINUING EVALUATION OF EFFECTIVENESS OF PROGRAM

The Radiation Oncology Residency Program Committee is always searching for ways to improve the Program and residents' interactions with faculty to further support the learning process and the effectiveness of the Program. One of the ways in which it accomplishes this task is by soliciting and receiving feedback from residents participating in the Program. The Committee has developed a Residency Program Evaluation form to be completed annually for this purpose. Those residents who do not wish to identify themselves may complete and submit the form anonymously. The Committee reviews all forms returned and seriously considers all suggestions made to better the Program and interactions with Program faculty.

XII. RESIDENT ON-CALL POLICY

A major function of the Division of Radiology Oncology is to provide treatment services in support of patient care. The resident on-call serves an important role and is expected to give the highest priority to patient care and safety and to address all problems that arise, in collaboration with supervising staff, both promptly and effectively. If, at any time, a resident is unsure as to how best to answer a question or to resolve a problem, he or she must seek the advice and help of experienced Program faculty and other professionals on staff. Immediate availability throughout the call period is critical, as is responsiveness. Pagers and/or personal cellphones should be activated on a daily basis to verify the effectiveness of these means of these communication systems. When the call schedule is published, it is the resident's responsibility to verify that the number(s) posted on the schedule are correct.

On-Call Activities

- A. The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is not provided by the Division of Radiation Oncology.
- B. At-home call (or pager call) is defined as a call taken from outside the medical center.
 - 1) The frequency of at-home call is not subject to every-third-night limitations. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 calendar days completely free from all educational and clinical responsibilities, averaged over a 4-week period.
 - 2) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
 - 3) 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.
- 5. A resident's obligation to patients is not automatically discharged at any given hour of the day or any particular day of the week. Daytime hours and night and weekend call must be sufficient to permit implementation of the concept of responsibility for patients and to provide for adequate patient care. The Division Chair and Program Director will decide on the frequency of nightcall for house officers in the program.
- 6. The Program Director in collaboration with the Division Chair will endeavor to equitably distribute holiday call among house officers subject to patient care requirements (generally observed holidays are New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day).

This policy conforms to the Medical Staff Training Duty Hours.

XIII. CLOSURE OR REDUCTION OF RESIDENCY PROGRAM

The City of Hope National Medical Center, as Sponsoring Institution, will inform the Designated Institutional Officer (DIO) and the Chair of the Graduate Medical Education Committee (GMEC) whenever it intends to reduce the size or close a residency program. The ACGME Residency Review Committee (RRC) for the specialty will be notified as soon as possible.

Affected residents will be notified as soon as possible. The Sponsoring Institution will allow residents already in the program to complete their education or will assist residents with enrollment in another ACGME-accredited program in which they can continue their education.

XIV. PROGRAM GOALS AND LEARNING OBJECTIVES

Overall educational goals

The primary objective of the residency training program at City of Hope is to produce highly skilled and compassionate radiation oncologists. We expect that physicians who complete their training here will be able to practice radiation oncology in any setting and will be respectful and caring of their patients. A second, but important goal is that graduating physicians will be able to participate fully in the advancement of the science of radiation oncology and will be capable of assuming positions of leadership in the field.

To accomplish these goals, a rigorous training program has been designed that complies with state, federal, and ACGME guidelines for the training of radiation oncologists. That program is described in this Handbook. Furthermore, the City of Hope recognizes that it is our responsibility to ensure that the residents are provided with the resources necessary to accomplish the goals set for them. The City of Hope is committed to providing the facilities, faculty, infrastructure, patient experience, technology, and learning environment consistent with the highest level of training and scholarship.

a) Patient Care

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of cancer and certain other disease and for the promotion of health. Residents will have adequate numbers and variety of patients to gain in-depth knowledge of clinical radiation oncology, including the indications for irradiation and special therapeutic considerations unique to each site and stage of disease. Residents will have the opportunity to learn about the problems of recurrent and disseminated tumors and of late effects and complications of radiation therapy.

b) Medical Knowledge

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. Residents will gain a foundation in the clinical and basic sciences from regularly-scheduled lectures, case presentations, conferences, and discussions relevant to the practice of radiation oncology. Regularly scheduled lectures will include the radiation and cancer biology, medical physics, and medical statistics. Special lectures and conferences will be given on oncologic

pathology, with special emphasis on neoplasia and radiation effects, and diagnostic imaging;

c) Practice-based Learning and Improvement

Residents will demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and continuously to improve patient care based on constant self-evaluation and life-long learning. Toward this end residents will learn to: (1) identify strengths, deficiencies, and limits in their knowledge and expertise; (2) set learning and improvement goals; (3) identify and perform appropriate learning activities; (4) analyze their practice using quality improvement methods, and implement changes with the goal of practice improvement; (5) incorporate formative evaluation feedback into daily practice; (6) locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems; (7) use information technology to optimize learning; and, (8) participate in the education of patients, families, students, residents and other health professionals.

d) Interpersonal and Communication Skills

Residents will demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents will: (1) communicate effectively with patients, families and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds; (2) communicate effectively with physicians, other health professionals, and health related agencies; (3) work effectively as a member or leader of a health care team or other professional group; (4) act in a consultative role to other physicians and health professionals; and, (5) maintain comprehensive, timely, and cogent medical records.

e) Professionalism

Residents must demonstrate a commitment to professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate: (1) compassion, integrity, and respect for others; (2) responsiveness to patient needs that supersedes self-interest; (3) respect for patient privacy and autonomy; (4) accountability to patients, society and the profession; and, (5) sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

f) Systems-based Practice

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents will: (1) work effectively in various health care delivery settings and systems relevant to radiation oncology, including regulatory systems; (2) coordinate patient care within the health care system relevant to radiation oncology; (3) incorporate considerations of cost

awareness and risk-benefit analysis in patient and/or population based care as appropriate; (4) advocate for quality patient care and optimal patient care systems; (5) work in interprofessional teams to enhance patient safety and improve patient care quality; and, (6) participate in identifying system errors and implementing potential systems solutions.

PGY - 2		
CORE COMPETENCY	OBJECTIVE	LEARNING VENUE
Patient Care	Develop/refine skills in:	
	<ul style="list-style-type: none"> Gyn, rectal, head and neck, lymphatic and breast examinations 	MD mentorship in the clinic
	<ul style="list-style-type: none"> Catheterization of the bladder, insertion of rectal tubes/markers, vaginal markers, administration of IV contrast, performing urethrograms 	MD mentorship in simulation
	<ul style="list-style-type: none"> The basic management of spinal cord compression and other oncologic emergencies 	MD mentorship
	<ul style="list-style-type: none"> Palliative management of patients with metastatic disease such as brain and bone metastases 	MD mentorship
	<ul style="list-style-type: none"> Differing approaches to the curative and palliative patient. 	MD mentorship, tumor boards
	<ul style="list-style-type: none"> Formulation, evaluation and defense of a treatment plan, including the basic uses of combined chemotherapy and radiotherapy. 	MD mentorship, patient presentations, physics classes, physics mentorship
	<ul style="list-style-type: none"> Assessment of follow-up patients; ability to distinguish recurrence from late effects of therapy 	MD mentorship in the clinic
	<ul style="list-style-type: none"> Counsel patients with assistance regarding treatment options and obtain informed consent. 	MD and nursing mentorship in the clinic
Medical Knowledge	Begin to develop understanding of:	
	<ul style="list-style-type: none"> SSD and isocentric technique, AP/PA, oblique, 3 and 4 field set-ups, rotational fields, conformal therapy and basics of stereotactic therapy. 	Physics classes and mentorship
	<ul style="list-style-type: none"> Interpretation of cross-sectional imaging anatomy. 	Diagnostic imaging tumor board, MD mentorship
	<ul style="list-style-type: none"> Basic principles of cancer care and oncology and modes of spread of cancer by type. 	Radiation biology classes, MD mentorship, tumor boards, clinical lecture series
	<ul style="list-style-type: none"> Natural history and basic principles of treatment for common cancers. 	Radiation biology classes, MD mentorship, tumor boards, clinical lecture series
<ul style="list-style-type: none"> The principles of radiation physics and radiation biology 	Radiation biology classes, physics classes	

PGY - 2 (continued)		
CORE COMPETENCY	OBJECTIVE	LEARNING VENUE
Medical Knowledge continued	<ul style="list-style-type: none"> Acute toxicities of radiation treatment and their management. 	Radiation biology classes, MD mentorship, M&M conferences, clinical lecture series
	<ul style="list-style-type: none"> The rationale for the "set-up" of patients for a range of cancer sites, ex. head and neck, lymphoma, breast, prostate including basic principles of conventional and CT-simulation. 	MD mentorship, physics classes, clinical lecture series
	<ul style="list-style-type: none"> The basics of pediatric oncology and use of radiotherapy for pediatric malignancies. 	MD mentorship, pediatric tumor boards
	<ul style="list-style-type: none"> Ability to identify and manage late complications of treatment and tumor recurrences. 	Radiation biology classes, MD mentorship, M&M conferences, clinical lecture series
	<ul style="list-style-type: none"> Comparison of portal and simulation films, basic anatomy and radiographic correlation. 	Diagnostic imaging rotation, MD mentorship
Practice-Based Learning and Improvement	Develop the ability to or increase ability to: <ul style="list-style-type: none"> Identify and use sources for information, including textbooks and journals, computer-based resources and means of finding appropriate references. 	MD mentorship, physics mentorship
	<ul style="list-style-type: none"> Read and analyze the literature critically. 	MD, physics, radiobiology mentorship, tumor boards, visiting professors
	<ul style="list-style-type: none"> Learn principles of evidence-based medicine and statistics 	MD, physics, radiobiology mentorship, biostatistics classes, tumor boards, clinical lecture series
Professionalism	Develop a commitment to: <ul style="list-style-type: none"> professional competence 	Observed and evaluated by training team
	<ul style="list-style-type: none"> honesty with patients 	Observed and evaluated by training team
	<ul style="list-style-type: none"> patient confidentiality 	Observed and evaluated by training team
	<ul style="list-style-type: none"> maintaining appropriate relations with patients. 	Observed and evaluated by training team
	<ul style="list-style-type: none"> maintaining trust by managing conflicts of interest 	Observed and evaluated by training team

PGY - 2 (continued)		
CORE COMPETENCY	OBJECTIVE	LEARNING VENUE
Interpersonal and Communication Skills	Develop the ability to:	
	<ul style="list-style-type: none"> Write a therapy prescription to effectively communicate the details of treatment delivery to the technical staff. 	MD, physics, therapist mentorship
	<ul style="list-style-type: none"> Understand and work with the 'team' aspect of radiation oncology in which the physician interacts effectively with physicists, nurses, therapists, administrative and secretarial staff. 	Observed and evaluated by training team
	<ul style="list-style-type: none"> Interact as part of the team including other physician colleagues, nurses, social workers dieticians, etc. 	Observed and evaluated by training team
	<ul style="list-style-type: none"> Communicate effectively with patients and families with respect to their emotional needs, intellectual capabilities/understandings, ethnic/racial backgrounds 	Observed and evaluated by training team
Systems-Based Practice	Develop:	
	<ul style="list-style-type: none"> A commitment to improving quality of care 	Observed and evaluated by training team
	<ul style="list-style-type: none"> A commitment to improving access to care 	Observed and evaluated by training team
	<ul style="list-style-type: none"> A commitment to just distribution of finite resources 	Observed and evaluated by training team
	<ul style="list-style-type: none"> An understanding of the methodology to analyze system problems and initiate change. 	PI committee, MD mentorship, physics mentorship
	<ul style="list-style-type: none"> Knowledge of types of medical practices and delivery systems including methods of controlling health care costs and allocating resources. 	MD mentorship, multidisciplinary conferences and tumor boards
	<ul style="list-style-type: none"> Practice cost-effective health care and resource allocation that does not compromise the quality of care. 	MD mentorship, multidisciplinary conferences and tumor boards
	<ul style="list-style-type: none"> An understanding of the interdependencies of health care systems of series of systems and one's own practice impact on them. 	MD mentorship, multidisciplinary conferences and tumor boards
	<ul style="list-style-type: none"> Ability to advocate for quality patient care and assist patients in dealing with system complexities. 	MD mentorship, multidisciplinary conferences and tumor boards

PGY - 3		
CORE COMPETENCY	OBJECTIVE	LEARNING VENUE
Patient Care	Further develop understanding of prior objectives and skills:	
	<ul style="list-style-type: none"> Perform an evaluation, presentation, work-up, simulation and treatment of a range of common tumors. 	MD mentorship in the clinic and simulation
	<ul style="list-style-type: none"> Carry a full service of patients with efficiency and order. 	MD mentorship
	<ul style="list-style-type: none"> Present and defend cases at tumor boards. 	MD mentorship, tumor boards, case presentations
	<ul style="list-style-type: none"> Brachytherapy: gyn, prostate, head and neck, sarcoma, intravascular, unsealed sources. 	MD and physics mentorship, physics classes
	<ul style="list-style-type: none"> Ability to pre-plan and present a plan for simulation. 	MD mentorship
	<ul style="list-style-type: none"> Counsel patients with straightforward problems independently. Work towards independent counseling of patients with complex problems. 	MD and nursing mentorship
Medical Knowledge	Further develop understanding of prior objectives and:	
	<ul style="list-style-type: none"> Continue to expand knowledge of radiotherapy via textbooks, one-on-one teaching and journal review. 	General mentorship, conferences, tumor boards
	<ul style="list-style-type: none"> Learn the technical nuances of the more difficult set-ups: e.g. 4-field breast, mantle - pariaortic match, cranio-spinal, other junctioned fields, thyroid, paranasal sinus, stereotactic therapy. 	MD, physics, and therapist mentorship
	<ul style="list-style-type: none"> Expand knowledge of pediatric radiotherapeutic management. 	MD mentorship and tumor boards
	<ul style="list-style-type: none"> Learn/refine the rationale for the "set-up" of patients with other cancer sites, ex. GYN, GI, sarcomas including basic principles of conventional and CT-simulation. 	MD, physics, and therapist mentorship
	<ul style="list-style-type: none"> Improve knowledge and understanding of complimentary and alternative medicine as it applies to oncology. 	MD mentorship and tumor boards
	<ul style="list-style-type: none"> Indications for treatment of selected benign conditions 	MD mentorship

PGY - 3 (continued)		
CORE COMPETENCY	OBJECTIVE	LEARNING VENUE
Practice-Based Learning and Improvement	Further develop understanding of prior objectives and:	
	<ul style="list-style-type: none"> Critically evaluate clinical studies with regard to their design, statistics, and the validity of their conclusion. 	Mentorship, physics and biostatistics classes
	<ul style="list-style-type: none"> Develop familiarity with alternative forms of cancer treatment, including surgery and chemotherapy, as well as the benefits and toxicities of combined modality treatment. 	MD mentorship, Tumor boards
	<ul style="list-style-type: none"> Appreciate the limitations and value of diagnostic studies (pathology and imaging) related to cancer management and apply to patients. 	MD mentorship, Tumor boards
	<ul style="list-style-type: none"> Understand the basic tools of statistical analysis and their limitations. 	Physics and biostatistics classes, tumor boards
Professionalism	Continue to develop the professional ideals previously enumerated and:	
	<ul style="list-style-type: none"> Identify of ethical problems that arise in cancer treatment and the means available to resolve them 	MD mentorship, tumor boards, PI and QA committees
	<ul style="list-style-type: none"> Develop familiarity with the role of health care provider as an advocate for patients with cancer and their families. 	MD mentorship, tumor boards, PI and QA committees
	<ul style="list-style-type: none"> Develop familiarity with the role of consultant, including the preparation of concise and specific consultation notes. 	MD mentorship, tumor boards, PI and QA committees
	<ul style="list-style-type: none"> Determine career goals as a radiation oncologist. 	MD mentorship
Interpersonal and Communication Skills	Continue to develop the skills previously enumerated and:	
	<ul style="list-style-type: none"> Articulate the options, as well as their risks and benefits, in the management of common malignancies, with emphasis on the use of radiation therapy. 	MD mentorship
	<ul style="list-style-type: none"> Develop the ability to interact in a positive fashion with patients who may be angry, distraught, depressed, etc. 	General mentorship
	<ul style="list-style-type: none"> Develop the ability to deliver bad news in an appropriately caring fashion. 	General mentorship

PGY - 3 (continued)

CORE COMPETENCY	OBJECTIVE	LEARNING VENUE
Systems-Based Practice	Develop:	
	<ul style="list-style-type: none"> • A commitment to improving quality of care 	Observed and evaluated by training team
	<ul style="list-style-type: none"> • A commitment to improving access to care 	Observed and evaluated by training team
	<ul style="list-style-type: none"> • A commitment to just distribution of finite resources 	Observed and evaluated by training team
	<ul style="list-style-type: none"> • An understanding of the methodology to analyze system problems and initiate change. 	PI committee, MD mentorship, physics mentorship
	<ul style="list-style-type: none"> • Knowledge of types of medical practices and delivery systems including methods of controlling health care costs and allocating resources. 	MD mentorship, multidisciplinary conferences and tumor boards
	<ul style="list-style-type: none"> • Practice cost-effective health care and resource allocation that does not compromise the quality of care. 	MD mentorship, multidisciplinary conferences and tumor boards
	<ul style="list-style-type: none"> • An understanding of the interdependencies of health care systems of series of systems and one's own practice impact on them. 	MD mentorship, multidisciplinary conferences and tumor boards
	<ul style="list-style-type: none"> • Ability to advocate for quality patient care and assist patients in dealing with system complexities. 	MD mentorship, multidisciplinary conferences and tumor boards

PGY - 4 and 5		
CORE COMPETENCY	OBJECTIVES	LEARNING VENUE
Patient Care	Further develop understanding of prior objectives and skills and:	
	<ul style="list-style-type: none"> Demonstrate independence and responsibility in work-up, treatment planning and simulation and patient counseling. 	General mentorship
	<ul style="list-style-type: none"> Run simulation with attending as 'back-up' only. 	MD and therapist mentorship
	<ul style="list-style-type: none"> Perform brachytherapy with attending as 'back-up' only. 	MD mentorship
	<ul style="list-style-type: none"> Assume greater responsibility for administering a course of radiotherapy, including determining dose prescription, managing side effects, and deciding when patients need to go on break. 	MD mentorship
	<ul style="list-style-type: none"> Be able to counsel all patients and obtain full informed consent independently. 	MD and nursing mentorship
Medical Knowledge	Further develop understanding of prior objectives and:	
	<ul style="list-style-type: none"> Familiarity with the likelihood of the long term potential toxicity of radiation related to dose and volume. 	Physics, radiobiology, and biostatistics classes, literature review
	<ul style="list-style-type: none"> Further refine knowledge of physics and radiobiology. 	Physics, radiobiology, and biostatistics classes
Practice-Based Learning and Improvement	Further develop understanding of prior objectives and:	
	<ul style="list-style-type: none"> Develop and execute clinical research projects as means of assessing practice outcomes and developing practice improvements. 	Area specific mentorship
	<ul style="list-style-type: none"> Analyze practice experience and perform practice-based improvement activities using a systematic methodology 	MD and administrative mentorship

PGY - 4 and 5 (continued)		
CORE COMPETENCY	OBJECTIVES	LEARNING VENUE
Professionalism	Continue to develop the professional ideals previously enumerated and:	
	<ul style="list-style-type: none"> Participate in teaching junior residents. 	MD mentorship
	<ul style="list-style-type: none"> Solidify clear career goals as a radiation oncologist 	MD mentorship
	<ul style="list-style-type: none"> Assume greater independence in resolution of social and ethical problems. 	MD mentorship, Risk management mentorship, PI committee
Interpersonal and Communication Skills	Continue to develop the skills previously enumerated and:	
	<ul style="list-style-type: none"> Participate in conferences, learning to articulate and defend an opinion. 	MD mentorship, tumor boards, multidisciplinary conferences
	<ul style="list-style-type: none"> Work effectively with ancillary support services. 	General mentorship
	<ul style="list-style-type: none"> Develop communication skills to inspire confidence of colleagues in multi-disciplinary patient care. 	MD mentorship, tumor boards, multidisciplinary conferences
Systems-Based Practice	Develop:	
	<ul style="list-style-type: none"> A commitment to improving quality of care 	Observed and evaluated by training team
	<ul style="list-style-type: none"> A commitment to improving access to care 	Observed and evaluated by training team
	<ul style="list-style-type: none"> A commitment to just distribution of finite resources 	Observed and evaluated by training team
	<ul style="list-style-type: none"> An understanding of the methodology to analyze system problems and initiate change. 	PI committee, MD mentorship, physics mentorship
	<ul style="list-style-type: none"> Knowledge of types of medical practices and delivery systems including methods of controlling health care costs and allocating resources. 	MD mentorship, multidisciplinary conferences and tumor boards
	<ul style="list-style-type: none"> Practice cost-effective health care and resource allocation that does not compromise the quality of care. 	MD mentorship, multidisciplinary conferences and tumor boards

PGY - 4 and 5 (continued)

CORE COMPETENCY	OBJECTIVES	LEARNING VENUE
Systems-Based Practice (continued)	<ul style="list-style-type: none"> • An understanding of the interdependencies of health care systems of series of systems and one's own practice impact on them. 	MD mentorship, multidisciplinary conferences and tumor boards
	<ul style="list-style-type: none"> • Ability to advocate for quality patient care and assist patients in dealing with system complexities. 	MD mentorship, multidisciplinary conferences and tumor boards

XV. RESIDENT RESPONSIBILITIES AND DUTIES

Each resident participating in the Radiation Oncology Residency Training Program is expected to fulfill the following duties and responsibilities:

1. Perform history and physical exams, simulations and set-ups on assigned patients in conjunction with staff radiation oncologists. (See, *Assignment of Consults to Radiation Oncology Residents*, Appendix 2 hereto.) Present cases and Simulation/Port films at New Patient Conferences.
2. Observe and assist on all implant cases performed in the operating room. This includes cases not initially consulted by the resident.
3. Attend all regularly scheduled Tumor Boards and activities (See, accompanying list of *Tumor Board Conferences*, Appendix 3 hereto.)
4. Perform one presentation each month for Current Concepts in Radiation Oncology. (See Appendix 4)
5. Dictate consults, progress notes, summaries, admit notes, discharge notes, and operative reports on cases assigned to him/her.
 - a. The assigned staff radiation oncologist's name will be given at the end of each dictation.
 - b. At the end of consults and summaries, the names of outside physicians who should receive copies will be listed. This should include the referring physician and other physicians who play an important role in the patient's care. List outside office addresses.
 - c. All resident dictations will be co-signed by both the resident and the assigned staff radiation oncologist.
6. The following essential elements of informed consent must be given to the patients and documented in the consultation dictation. Dictate all of the elements below in the discussion section. When a treatment decision cannot be made at the time of initial consultation (e.g. pending Tumor Board discussion or further diagnostic tests), the documentation of the consent discussion held with the patient may be deferred and referenced in a later, specific note. Mention all persons present at the time of the consent discussion (e.g. a family member).
 - a. Patient condition, patient understanding of his/her disease status.
 - b. Goals of treatments: Curative vs. palliative
 - c. Alternative: That alternative treatment options were discussed; risk/benefits.
 - d. Consequences of no treatment.
 - e. Available support programs: Referral to other services, e.g. social, dental, dietary, OT or PT services.
 - f. Procedures of radiation therapy, brachytherapy, TBI, etc.
 - g. Side effects: Both acute and chronic toxicities need to be discussed. In particular, risk of death or serious bodily harm must be discussed.

- h. Language barriers: If applicable, obtain the services of an interpreter; document use of a qualified interpreter who appeared to be competent to translate and interpret the conversation and documentation with the patient, and that you perceive the patient to have understood the discussions and documentation.

[References: Medical Staff Rules & Regulations, Section 7.0 (*Patient Consent for Medical and Surgical Treatment*); and Hospital patient-care related policies: *General and Informed Consent for Treatment and Research Studies*; and *Interpreter and Translation Services*]

7. Inpatient discharge summaries must include the following information:

- a. Type of dictation
- b. Date of admission and discharge
- c. Reason for admission
- d. Significant findings during hospitalization
- e. Procedures performed and treatment rendered
- f. Discharge diagnosis
- g. Instructions to patient: physical activity, medication, diet, follow-up care
- h. Condition at discharge

[Reference: Medical Staff Rules & Regulations, Section 21.16 (*Patient Discharge Summary*)]

- 8. Simulation plans will be discussed with the staff M.D, in advance of the simulation appointment. Simulation studies, port films, and computer dosimetry plans will be approved and signed simultaneously by the resident and the staff M.D. All such work will be brought initially to the resident by the physicist or dosimetrist. The resident then reviews the work and brings it to the staff M.D. for approval. Patient treatment cannot be started without both sets of signatures or initials. If the staff M.D. assigned to the case cannot be present, it is his/her responsibility, (not the resident's) to find another staff M.D. to cover the case. The staff M.D. will enter the prescription into IMPAC and approve it.
- 9. All patients on treatment will receive a physician evaluation at least once a week. The resident is to do the weekly evaluations. The resident will report to the staff M.D. before the patient leaves the department so that the staff M.D. can also evaluate the patient.
 - a. Follow-up appointments for Radiation Oncology patients are usually to be performed in the Outpatient Clinic.
- 11. Residents will present assigned cases at the monthly Division of Radiation Oncology Morbidity and Mortality Conference. In addition, during PGY-5, the resident will perform a Performance Improvement/Quality Assurance audit project assigned by the Residency Director. The purpose of the audit will be to review a cohort of treated patients for radiation toxicities and to draw conclusions about patient management and treatment.

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Page: 1 of 4 (attachment)

Vendor Relations/
Sales Representatives

APPROVALS:

ELT: 2/03; BOD: 2/03

Scope: Medical Center Beckman Research Development Group

PURPOSE / BACKGROUND

The purpose of this policy is to set the criteria for Vendor Relations/Sales Representatives visits to City of Hope National Medical Center (“COHNMC” or “Hospital”).

Hospitals generally provide direction to vendor representatives as to their role and collaboration with Hospital personnel, patients, and staff members regarding facilities, products, and services.

POLICY

- A. COHNMC recognizes the importance of establishing and maintaining a good working relationship with vendors and sales representatives. These relationships must be coupled with a prudent use of time and resources for the COHNMC Staff, as well as, providing a safe and secure environment where access to our staff, facility and grounds are effectively monitored.
- B. The **Materiel Services Division** is designated as the responsible agency to act for COHNMC to monitor all materiel services-related vendor/sales representatives.
 1. Vendor/sales representatives are not allowed to contact Supervisors, Department Heads and/or Medical/Nursing Staff directly, unless an appointment has been prearranged.
 2. Requests for appointments and statements of reason or business must be made through Materiel Services.
- C. The **Pharmacy Services Department** is designated as the responsible agency to act for COHNMC to monitor all Pharmaceutical Sales Representatives (PSRs)
 1. When visiting COHNMC, all Pharmaceutical Sales Representatives (PSRs) must first sign-in at the Pharmacy Administration Office for all visits to COHNMC, including but not limited to in-services, lecture programs and speaker programs.
 2. Once the PSR has signed in, a COH Visitor’s PSR badge will be issued that must be worn at all times in addition to his/her company identification badge.
 3. The PSR must abide by the attached “Rules and Regulations Pertaining to Pharmaceutical Sales Representatives” (see Attachment A).
 4. PSR must have prearranged appointment visits.
- D. Departments requesting a meeting/appointment with any Other Sales Representatives/Vendors
 1. The Department requesting a meeting/appointment with any other Sales Representatives/Vendors from other companies is designated as the responsible party to act for COHNMC to monitor such Sales Representatives/Vendors who visit COHNMC upon their request.

E. Samples must be controlled within the institution.

1. All drug samples must be delivered to the Pharmacy Department and provided in accordance with the Pharmaceutical Samples Policies and Procedures.
2. Materiel related samples must be delivered to and controlled by the Materiel Services Department.
3. Sales Representatives/Vendors may not leave pharmaceutical or materiel samples with any individual or department except the Pharmacy Department or Materiel Services Department.
4. Use of Samples must be approved by the Director of Pharmacy (pharmaceutical samples) or the Director of Purchasing (materiel samples).

F. Vendor/Sales Representative Registration Protocol:

1. Vendors/sales representatives who come in for their appointment must sign in and sign out at the Guest Services Desk in the front lobby of the Hospital (exception PSR's see Attachment A, Attachment B and/or paragraph C and D above). Sales representatives may park in the Patient/Visitor parking lot. Parking for Vendors depends on their business and/or function on a given day.
 - a. The vendor/sales representative will receive a visitor's badge/pass upon arrival.
 - b. The Guest Services Desk is generally manned 24 hours a day, seven days a week.
 - c. The visitor's badge/pass must be prominently displayed along with the individual's company badge.
2. Vendors/sales representatives will not be allowed on the campus after 5 p.m. unless prior arrangements have been made for such activities as product fairs, demonstrations, training/in-service programs and/or appointments.

G. Vendor/Sales Representatives Expectations

1. Vendors/Sales Representatives sponsored lunches are to be approved by the Department Director. The lunches are to be accompanied by an educational program/ opportunity for employee staff, including but not limited to in-services and speaker programs
2. Vendors/sales representatives, while conducting business on campus, are subject to the obligations set forth in the Administrative Policy and Procedure Manual including the Harassment and Dress Code policies.
3. Vendors/sales representatives are required to conduct themselves appropriately and respect the privacy and confidentiality of patients. Vendors/sales representatives will have limited access to patient areas and incidental access to personal health information. No additional access will be permitted unless pursuant to a separate agreement

PROCEDURE

RESPONSIBLE PERSON(S)/DEPT.	PROCEDURE
<p>Vendors/Sales Representatives (Note: see Paragraph B for procedures for Pharmaceutical Sales Representatives-PSRs)</p>	<p>A. Appointments at COHNMC-Vendors/Sales Representatives</p> <ol style="list-style-type: none"> 1. Proceed directly to the Guest Services Desk in the Hospital lobby <ol style="list-style-type: none"> a. Sign the register, indicate reason for visit and identify member of COH staff or physician they are meeting and pick up a vendor's badge/pass prior to proceeding to any other department(s). b. Display your vendor's badge/pass along with your company identification in a prominent location at all times. <p>B. Sign in at the Pharmacy Administration Office for all appointment visits at City of Hope.</p> <p>C. Receive COH "Visitor's PSR or Vendor Badge" upon signing in and wear the badge in a prominent location.</p> <ol style="list-style-type: none"> 1. Badge/Identification/Pass indicating name of company being represented is mandatory and must be worn in conjunction with the COH Visitor's Badge. <p>D. Abide by "Rules and Regulations Pertaining to Pharmaceutical Sales Representatives" (see Attachment A) or "Rules and Regulations Pertaining to Non-Pharmaceutical Sales Representatives" (see Attachment B).</p>
<p>Director of Pharmacy / Director of Materiel Services</p>	<p>E. Product Fairs/Displays, Speaker Programs and Inservices</p> <ol style="list-style-type: none"> 1. Follow appropriate protocol for setting up product fairs, displays, speaker programs and/or inservices. Depending on the type of activity, the approval of the Director of Pharmacy or the Director of Materiel Services is required. <ol style="list-style-type: none"> a. Approve only displays and programs on products on the Hospital Formulary. b. Approve only displays and programs on those items approved for use by Pharmacy Department or Materiel Services Department. c. Follow the procedure in the Event Planning Policy as appropriate if COH grounds will be used or (e.g., auditorium).
<p>Clinical Nurses Practice Council (CNPC) / Products Review Committee</p>	<p>F. Handling of Vendor Issues</p> <ol style="list-style-type: none"> 1. Review products for possible use in the institution as presented by vendors/sales representatives.

RESPONSIBLE PERSON(S)/DEPT.	PROCEDURE
Departmental Director	<ol style="list-style-type: none"> 2. Review issues regarding vendors and recommend appropriate actions. 3. Maintain policy and procedure on this issue and monitor the overall program. <p>G. Vendor Relations</p> <ol style="list-style-type: none"> 1. Abide by the above criteria relative to vendor visits. If a vendor arrives without an appointment, do not see the vendor. If a vendor arrives without a vendor's badge/pass, to indicate he/she has signed in, do not see the vendor. 2. Report any vendor problems to the Clinical Nurses Practice Council (CNPC).

Reference:

- Selis, S. 'Shelter from the Store,' California Medicine October/November 1999, Pages 22, 23, and 50.
- 'HIPAA Privacy Rule-Business Associate Contract Requirements,' Memo, November 23, 2002.

Related Policies:

- Event Planning and Management
- Harassment
- Dress Code
- Vendor, Visitor, Observer in Treatment Areas Policy

Author(s): Debra Fields and Marvin Chow (Chief Compliance Officer and Pharmacy OPD Director)

Sponsor(s): Debra Fields and Scott Drugan (Chief Compliance Officer and VP Pharmaceutical and Nutrition Services)

Appendix One: Terms and Definitions Applicable to this Policy

- **SALES REPRESENTATIVE** - An individual who markets products/services to the institution, including a medical liaison working with COH staff, including physicians, researchers, coordinators on investigational protocols and studies.
- **VENDOR** - Any third party, including individuals or entities, with whom COH contracts for items or services on a regular, random, and/or continuous basis, i.e. contractor, consultant.

Attachment A

RULES AND REGULATIONS PERTAINING TO

PHARMACEUTICAL SALES REPRESENTATIVES

All Pharmaceutical Sales Representatives (PSRs), which includes all vendor personnel or their agents, are subject to the following rules and regulations upon visiting City of Hope National Medical Center (“COHNMC” or “Hospital”).

These rules and regulations apply to all contacts including functions such as continuing education regardless of whether the person contacted is a physician, nurse practitioner, pharmacist, physicians assistant or other healthcare provider. All pharmaceutical sales representative privileges will be reviewed as indicated by the Pharmacy and Therapeutics Committee. Policy issues concerning such privileges may be re-reviewed or clarified by the Pharmacy and Therapeutics Committee on an as needed basis.

RULES AND REGULATIONS

District managers, company supervisors, or the equivalent are responsible to ensure that each PSR complies with the following rules and regulations.

NON-COMPLIANCE/REVOCAION OF PRIVILEGES

- *Failure to observe all provisions of these rules and regulations may result in a letter of complaint, immediate, temporary, or permanent revocation of PSR visit privileges for the individual and/or the vendor, or cancellation of all existing/future contractual agreements. Revocation of privileges for one vendor may result in similar sanctions for vendors sharing ownership or involved in joint ventures.*
- *Failure of vendors or PSRs to follow FDA regulations or COH utilization guidelines regarding pharmaceutical products may also lead to revocation of privileges.*

SIGN-IN, SIGN-OUT, AND IDENTIFICATION

- When visiting the COH for any reason, each PSR must first sign-in at the Pharmacy Administration Office. The vendor must write onto the document provided:
 - a. The names of all physicians, other individuals, or group meetings with whom the PSR has appointments and the nature of the visit.
 - b. The name of the product(s), which will be promoted.
 - c. PSRs must wear the special badge provided by the Pharmacy Administrative Office and his/her Company identification badge at all times while at COH.
 - d. Visit must be based on prearranged appointment, including a scheduled appointment time with a member of the COH staff.

REQUIREMENTS

- Sponsored lunches must be approved by Department Director. Lunches must be accompanied by an educational program/opportunity for COH staff, including but not limited to in-services and speaker programs.
- PSRs are required to conduct themselves appropriately and respect the privacy and confidentiality of patients. PSRs will have incidental exposure to patient areas and patient health information. No additional

access will be permitted unless subject to a separate agreement.

AREAS PROHIBITED

- *PSRs are prohibited from entering patient care areas and clinical areas. PSRs are prohibited from entering the offices of physicians, nurse practitioners, physician assistants, pharmacists as well as, nursing units, corridors, and waiting rooms without an appointment. At all times, PSRs are excluded from mail rooms, copier rooms, libraries, employee or physician lounges, are off-limits to PSRs unless escorted by Unit Managers/designated representative of the Unit Manager. Authorization to be present in an area is granted 15 minutes prior to and after the scheduled appointment time.*

APPOINTMENTS

- *PSRs may visit a physician, nurse practitioner, physician assistant, pharmacist, or other patient care provider with an appointment. This means the provider has reserved a specific date and time to see the PSR. A request for literature or material should not be considered a reason to drop in without a scheduled appointment. Physicians or other providers may contact PSRs by obtaining a telephone number from the Pharmacy Administration Office.*
- *The Pharmacy Administration Office will maintain a list of physicians and other providers who have asked that PSRs not attempt, by telephone, mail, or otherwise, to contact them. When such a request is recorded, the PSRs or vendor representative shall **not** contact these individuals.*

CATALOG INFORMATION

- Each PSR or pharmaceutical vendor will provide the Pharmacy Department with the current information regarding their products upon request.

EDUCATIONAL OR PROMOTIONAL INFORMATION

- *Detailing or promotion of any Non-Formulary drugs is prohibited unless the healthcare provider specifically requests the information. No detailing in any group setting shall occur of new or Non-Formulary products prior to evaluation by the Pharmacy and Therapeutics Committee. Moreover, detailing which opposes COH guidelines or restrictions are strictly prohibited. Detailing is defined as the transfer of medical or general information about product(s) by the PSR or agent speaking on behalf of, or funded by, the PSR to physicians or other healthcare personnel in an institution-sponsored educational activity. This includes the citing of journal studies, side effects, and superiority over competitors' products, or general product information, for the purpose of promoting sales.*

POSTING OF MATERIAL

- *The posting of any kind of direct-to-consumer or “educational” material referencing a specific product(s) with the name of the pharmaceutical company by either the pharmaceutical representative or COH employee on the COH premises is strictly prohibited. Only a COH employee may post educational material for agents currently on the COH formulary.*

DRUG SAMPLES

- *All drug samples must be delivered to the Pharmacy Department and provided in accordance with the Pharmaceutical Samples Policies and Procedures.*
- *All materiel related samples must be delivered to the Materiel Services Department.*
- *Vendors/Sales Representatives may not leave pharmaceutical or materiel samples with any individual or department except the Pharmacy Department or Materiel Services Department.*

CERTIFICATION

- **I have reviewed the Rules and Regulations Pertaining to Pharmaceutical Sales Representatives and agree to abide by and comply with the requirements.**
- **I will not offer any gifts, hospitality, or subsidies offered to physicians if such gift, hospitality or subsidy might influence or appear to others to influence the objectivity of clinical judgment of members of the COH staff.**
- **I understand that I am required to review and comply with COH's Code of Conduct, Corporate Compliance Plan and Patient Confidentiality/HIPAA requirements and can access such information via [insert web link] or upon request to the Pharmacy Department/Materiel Services Department.**
- **The most current versions of this policy that will be maintained at each facility's designated registration area. Each PSR shall sign this policy and the designated registration area shall keep all up-to-date signed copies on file.**

AGREEMENT AND SIGNATURE

I agree to comply with the above rules and regulations concerning pharmaceutical sales representatives.

PSR Signature _____

Date _____

Attachment B
RULES AND REGULATIONS PERTAINING TO
NON-PHARMACEUTICAL SALES REPRESENTATIVES

All Non-Pharmaceutical Sales Representatives (NPSRs), which includes all vendor personnel or their agents, are subject to the following rules and regulations upon visiting City of Hope National Medical Center ("COHNMC") or Beckman Research Institute ("BRI").

These rules and regulations apply to all contacts including functions such as continuing education and product trials regardless of whether the person contacted is a physician, nurse practitioner, physicians assistant or other healthcare provider. All non-pharmaceutical sales representative privileges will be reviewed by the Materiel Services Department. Policy issues concerning such privileges may be re-reviewed or clarified by the Materiel Services Department on an as needed basis.

RULES AND REGULATIONS

District managers, company supervisors, or the equivalent are responsible to ensure that each NPSR complies with the following rules and regulations.

NON-COMPLIANCE/REVOCAION OF PRIVILEGES

- Failure to observe all provisions of these rules and regulations may result in a letter of complaint, immediate, temporary, or permanent revocation of NPSR visit privileges for the individual and/or the vendor, or cancellation of all existing/future contractual agreements. Revocation of privileges for one vendor may result in similar sanctions for vendors sharing ownership or involved in joint ventures.
- Failure of vendors to follow FDA regulations or COH utilization guidelines regarding products may also lead to revocation of privileges.

REGISTRATION

- Prior to the initial visit to COH, District Managers (DM) or the equivalent shall ensure that all NPSRs register with the Materiel Services Office at each visit. All NPSRs are required to register, even for a one-time visit only. Each registrant must provide the following:
 - a. Current address and both business and after-hours telephone numbers
 - b. Name, business address, and telephone number of immediate supervisor or DM
- Note: The number of PSRs per vendor with visit privileges may be limited. The number of vendors with shared ownership or cross-licensing agreements that will be allowed to promote the same products may be limited.

SIGN IN, SIGN OUT AND IDENTIFICATION

- When visiting the COH for any reason, each NPSR must first sign-in at the Materiel Services Office. The vendor must write onto the document provided:
 - a. The names of all physicians, other individuals, or group meetings with whom the PSR has appointments and the nature of the visit.
 - b. The name of the product(s), which will be promoted.

- c. PSRs must wear the special badge provided by the Pharmacy Administrative Office and his/her Company identification badge at all times while at COH.
- d. Visit must be based on prearranged appointment, including a scheduled appointment time with a member of the COH staff.

AREAS PROHIBITED

• NPSRs are prohibited from entering patient care areas and clinical areas. NPSRs are prohibited from entering the offices of physicians, nurse practitioners, physician assistants, pharmacists or other providers as well as nursing units, corridors, and waiting rooms without an appointment. At all times, NPSRs are excluded from mail rooms, copier rooms, libraries, employee or physician lounges, are off-limits to NPSRs unless escorted by Unit Managers/designated representatives of the Unit Manager. Authorization to be present in an area is granted 15 minutes prior to and after the scheduled appointment time.

APPOINTMENTS

- NPSRs may visit a physician, nurse practitioner, physician assistant, or other patient care provider with an appointment. This means the provider has reserved a specific date and time to see the NPSR. A request for literature or material should not be considered a reason to drop in without a scheduled appointment. Physicians or other providers may contact NPSRs by obtaining a telephone number from the Materiel Services Office.
- The Materiel Services Office will maintain a list of physicians and other providers who have asked that NPSRs not attempt, by telephone, mail, or otherwise, to contact them. When such a request is recorded, the NPSRs or vendor representative shall **not** contact these individuals.

SAMPLES

- All product samples must be delivered to the Materiel Services Department unless an exception has been made such that the sample has been otherwise pre-approved for delivery elsewhere by the Materiel Service Department.
- NPSRs may not leave materiel samples with any individual or department except the Materiel Services Department.

CATALOG INFORMATION

- Each NPSR will provide the Materiel Service Department with the current information regarding their products upon request.

CERTIFICATION

- I have reviewed the Rules and Regulations pertaining to the Non-Pharmaceutical Sales Representatives and agree to abide by and comply with the requirements.
- I will not offer any gifts, hospitality, or subsidies offered to physicians if such gift, hospitality or subsidy might influence or appear to others to influence the objectivity of clinical judgment of members of the COH staff.
- I understand that it is my responsibility to ensure compliance and maintain the most current versions of the policy that will be available at the Materiel Services registration area.
- I understand that I am required to review and comply with the COH's Code of Conduct, Corporate Compliance Plan and Patient Confidentiality/HIPPA requirements and can access such information via [insert web link] or upon request to Materiel Services Department.
- The most current versions of this policy that will be maintained at each facility's designated registration area. Each PSR shall sign this policy and the designated registration area shall keep all up-to-date signed copies on file.

AGREEMENT AND SIGNATURE

I agree to comply with the above rules and regulations concerning Non Pharmaceutical Sales Representatives.

NPSR Signature_____

Date_____

XVII. RESIDENT SUPERVISION POLICY

1. All clinical Radiation Oncology patient care performed by residents will be supervised by attending Radiation Oncologists.
 - a. Supervision is described in detail in the Division of Radiation Oncology Resident Responsibility and Duties Policy. (See Resident Manual, Pages 24-25)
 - b. Attending physician supervision of residents will comply with the City of Hope Medical Staff Rules and Regulations, Section 30.0. (See attached)
2. Residents will be supervised by attending Radiation Oncologists in a progressively increasing level of responsibility. The Resident Manual Program Goals and Learning Objectives describe goals on a PGY basis. (See Resident Manual, Pages 12-23)
3. Supervision of residents will comply with the City of Hope Division of Radiation Oncology Duty Hours Policy. Duty hours will not be allowed to exceed ACGME requirements. (See Resident Manual, Pages 4-6)
4. All medical records completed by the resident will be co-signed by the attending in a timely fashion as specified by the City of Hope Medical Staff Rules and Regulations, Section 30.0, and Division of Radiation Oncology Patient Care policies. (See Division of Radiation Oncology Resident Responsibilities and Duties Policy in Resident Manual, Page 24-25, and Section 30.0 (attached))

SECTION 30.0
CITY OF HOPE MEDICAL STAFF
RULES AND REGULATIONS

30.0 PROFESSIONAL GRADUATE MEDICAL EDUCATION (GME):
Fellows, Residents, Students and Other Trainees (Medical and Psychology)

The Medical Staff is committed to providing educational opportunities and training at the Hospital to the following categories of trainees: Fellows, Residents, Medical Students and Psychology Students (sometimes collectively referred to as “trainees”). Those participating in training programs at the Hospital shall act in accordance with the contract/agreement governing their training at the Hospital and be supervised by Medical Staff Members. All Trainees must be supervised by Medical Staff Members.

30.1 Fellows and Residents

Fellows and Residents must be currently enrolled in an approved training program and meet those eligibility qualifications listed in the “Essentials of Accredited Residencies in Graduate Medical Education”, as set forth in the AMA Graduate Medical Education Directory.

Fellows are either:

- (1) California-licensed physicians engaged in postgraduate medical education at the Hospital on rotation from, and under the auspices of, a Medical Board of California-approved training program; or
- (2) Commissioned officers on active duty in the Medical Corps of any branch of the U.S. Armed Forces with a valid, unrestricted license to practice medicine (or osteopathic medicine) or dentistry in any State or Territory of the United States [10 U.S.C. 1094; Calif. Bus. & Prof. Code Sec. 718].

Residents are California-licensed practitioners (with the exception of PGY1 and PGY2 and commissioned military medical officers as specified above) who are practicing at the Hospital only in connection with an approved postgraduate medical or dental education training program.

The duties of Fellows and Residents at the Hospital shall be defined by their training programs, subject to the Hospital's approval. They shall be supervised by Medical Staff Members as more particularly described in these Medical Staff Rules and Regulations.

Fellows and Residents are not Members of the Medical Staff and are not entitled to the procedural rights set forth in Article 9 of these Bylaws. Fellows and Residents practicing outside of their affiliated training programs must apply and qualify for Medical Staff membership (usually On Call status) and privileges.

30.1.1 Criteria To Be Satisfied Prior to Rotation. Fellows and Residents must provide the following documentation to the Medical Staff Services Department sixty (60) days prior to his/her commencement of training at the Hospital:

- (1) Completed and signed Hospital application and all supporting documentation requested;

- (2) Evidence of current professional liability insurance coverage for the entire duration of his/her training at the Hospital;
- (3) Letter of recommendation and of good standing from the chair of the training program from which the Fellow and/or Resident is on rotation;
- (4) Written recommendation of the Director of the Department (or Chair of the Division) to which the Fellow and/or Resident will be assigned at the Hospital;
- (5) Completion of an appropriate health screening with medical clearance; and
- (6) Written acknowledgment of his/her receipt of, or access to, the Rules and Regulations of the Medical Staff and pertinent portions of the Bylaws and his/her agreement to comply with and be bound by the terms thereof.

30.1.2 Prerogatives. Fellows and Residents do not have Clinical Privileges at the Hospital and only provide coverage for patients admitted by Medical Staff Members. Fellows and Residents cannot manage patients independently and must coordinate care with the Attending Medical Staff Member as referenced in these Medical Staff Rules and Regulations.

Fellows and Residents may attend, in a non-voting capacity, meetings of the Medical Staff, Medical Staff committees, and the Division/Department to which he/she is assigned.

30.2 Psychology Fellows.

Psychology Fellows are unlicensed practitioners who have completed a doctoral program in clinical psychology, are working toward the completion of clinical hours to obtain a license from the California Board of Psychology, and are registered with the State of California to provide psychological services under the supervision of a licensed Psychologist Member of the Medical Staff. The State of California requires that supervising psychologists must register with the State and certify, on the State's "Supervised Professional Experience" (SPE) form, that he/she has completed six hours of formal training in supervision as mandated by the California Code of Regulations, Section 1387 et. seq. At this institute, Psychology Fellows are registered Psychology Assistants and, per state regulations, must be supervised by a licensed psychologist with at least three years of experience post-licensure who is a member of the Medical Staff.

Psychology Fellows are not Members of the Medical Staff and are not entitled to the procedural rights set forth in Article 9 of these Bylaws. They will be assigned to the Department of Psychology within the Division of Medical Specialists for a period of time not to exceed two (2) years and are expected to comply with the policies and procedures of the assigned Division.

30.2.1 Criteria To Be Satisfied. A Psychology Fellow must provide the following documentation to the Medical Staff Services Department sixty (60) days prior to his/her commencement of training at the Hospital:

- (1) Completed and signed Hospital application and all supporting documentation requested;

(2) Evidence of current professional liability insurance coverage for the entire duration of his/her training at the Hospital;

(3) Letter of recommendation and of good standing from the chair of the training program from which the Psychology Fellow is associated;

(4) Written recommendation of the Director of the Department (or Chair of the Division) to which the Psychology Fellow will be assigned at the Hospital;

(5) Completion of an appropriate health screening with medical clearance; and

(6) Written acknowledgment of his/her receipt of, or access to, the Rules and Regulations of the Medical Staff and pertinent portions of the Bylaws and his/her agreement to comply with and be bound by the terms thereof.

30.2.2 Prerogatives. The Psychology Fellow, under the supervision of a State-approved Psychology Staff Member, may perform the following activities: (1) Administer, score, analyze and report results of psychological tests; (2) Assist Psychology Staff Members in performing clinical psychology activities, including psychodiagnostic evaluations, psychology consultation-liaison services, and psychological treatment; (3) Participate in patient care conferences; (4) Participate in research activities; and (5) Perform related work as assigned.

Every Psychology Fellow must inform a potential patient that he/she is a Hospital trainee and that he/she will be treating the patient under the supervision of a licensed Psychology Member of the Medical Staff. All progress notes and reports written by a Psychology Fellow must be reviewed and countersigned by the supervising Psychologist Staff Member before these are placed on the patient's medical chart.

Psychology Fellows may attend, in a non-voting capacity, meetings of the Medical Staff, Medical Staff committees, and the Division/Department to which he/she is assigned.

30.3 Student Training (Medical and Psychology Students)

Medical Students and Psychology Students are not members of the Medical Staff and are not entitled to the procedural rights provided in Article 9 of these Bylaws.

30.3.1 Qualifications. Medical Students and Psychology Students who are enrolled in training programs recognized and licensed under an appropriate licensing Board, and/or accrediting agency located within, or outside of, the State of California ("U.S.-trained Students"), may be considered for acceptance to the Hospital for training.

Medical Students and Psychology Students who are enrolled in training programs at an academic institution located in a country outside of the United States of America which is accredited or licensed by the appropriate licensing Board and/or agency of that particular country ("Foreign-trained Students") may also be considered for acceptance to the Hospital for training.

Certain criteria, including but not limited to the following, must be satisfied by the U.S.-trained Student or the Foreign-trained Student with documentary proof (in the English language) to the Medical Staff Services Department sixty (60) days in advance of the anticipated start date in order to be considered for acceptance to the Hospital for training:

- (1) The Student must be a full-time student in good standing;
- (2) The Student must be authorized by the academic institution in which he/she is enrolled to participate in a training program at the Hospital;
- (3) The Student must complete an appropriate health screening with medical clearance prior to his/her commencement of training at the Hospital; and
- (4) The Student must provide evidence of professional liability (malpractice) insurance coverage for the entire duration of his/her training at the Hospital.

30.3.2 Medical Students. Medical Students may apply for rotation at the Hospital in accordance with the procedures applicable to Residents.

The Medical Student is expected to carry out his/her activities: (i) subject to the responsible Division's policies and procedures; (ii) in compliance with the supervisory requirements and guidelines established by the assigned Medical Staff Member(s); and (iii) consistent with the requirements of his/her approved training program.

Medical Students do not receive admitting or Clinical Privileges at the Hospital; they cannot manage patients or write orders independently and only function under the direct supervision of a Medical Staff Member: with respect to patient procedures, excluding histories and physicals (H&Ps), the Medical Staff Member must be physically present at the time of performance; with respect to orders, the Medical Staff Member must co-sign before orders are carried out. Ultimate responsibility for patient care, supervision and evaluation of the Medical Student rests with the Medical Staff Members in the Division or Department to which the Student is assigned.

30.3.3 Psychology Students.

Psychology Students are those who have received a 4-year college degree and are currently enrolled in a masters or doctorate program in psychology accredited by the Western Association of Schools and Colleges (WASC) and/or the American Psychological Association (APA).

The Psychology Student is expected to carry out his/her activities: (i) subject to the responsible Division's policies and procedures; (ii) in compliance with the supervisory requirements and guidelines established by the assigned Psychologist and (iii) consistent with the requirements of his/her approved training program.

Ultimate responsibility for patient care, supervision and evaluation of the Psychology Student rests with the supervising State-approved Psychologist Member(s) in the Department of Psychology. The State of California requires that a supervising psychologist must register with the State and certify, on the State's "Supervised Professional Experience" (SPE) form, that he/she has completed six hours of formal

training in supervision as mandated by the California Code of Regulations, Section 1387 et. seq.

All notes and reports written by the Psychology Student must be reviewed and countersigned by the supervising Psychologist Medical Staff Member before these are considered for placement in the patient's medical chart.

30.4 Duties of Fellows, Residents, Students and Other Trainees (Medical and Psychology)

In carrying out his/her anticipated duties, the trainee must:

- (a) Act in accordance with the program/agreement governing his/her training at the Hospital;
- (b) Follow the Medical Staff Bylaws, Rules and Regulations, policies and procedures of the Division to which the trainee has been assigned;
- (c) Perform activities commensurate with his/her level of advancement and competence;
- (d) Carry out all duties under the supervision of appropriately privileged Members of the Medical Staff;
- (e) Be dedicated to the provision of safe, effective and compassionate patient care;
- (f) Participate in the Hospital's New Clinician Orientation Program and educational programs and activities of the Medical Staff and Allied Health Professional staff;
- (g) Participate in educational activities of the training program;
- (h) Assume responsibility for teaching and supervising other trainees, as appropriate and at the request of the Trainee's supervising physician(s);
- (i) Attend Division and Department meetings and Medical Staff committee meetings, as appropriate; and
- (j) Perform in accordance with established Hospital practice and policy, program requirements, clinical services, and standards set by regulatory agencies and accreditation organizations.

30.5 Required Supervision of Instructors, Fellows, Residents and Medical Students

The Attending Physician, as a Member of the Medical Staff, has ultimate responsibility for his/her patient's welfare and clinical care and must supervise the Instructor, Fellow, Fellow, Resident and Medical Student in carrying out patient care. See Section 30.6 and the table referenced therein.

With respect to Instructors (who are Medical Staff Members), the supervision requirements also appear in Bylaws Section 4.9.

Supervision consists of:

Validation and authentication of patient history and physical examination findings;

Discussion and oversight of patient management techniques and determinations, participation in joint patient rounds;

Participation in Hospital and Medical Staff education and quality assurance programs.

Recommendations and/or orders regarding significant diagnostic, management, and therapeutic interventions (e.g. invasive and operative procedures, chemotherapy regimen, significant ventilatory settings) by Fellows and/or Residents must be reviewed and approved by the Medical Staff Member who is the patient's primary Attending Physician or the Attending's physician-designee prior to implementation.

30.6 Utilization of Fellows, Residents and Medical

Students [Refer to the table at the end of this Rule Section denoting the permitted activities and the supervision (review and countersignatures) required for each level of Trainee]

Patient Care Participation: Fellows, Residents and Medical Students under the supervision of Medical Staff Members may participate in aspects of care of any patient as deemed appropriate by the supervising physician and commensurate with their levels of training, experience, and competence and in accordance with their training program agreement with the Hospital. Fellows, Residents and Medical Students must first be properly introduced to the patient and the patient's verbal consent to their presence must be obtained. Should a patient or surrogate decision maker object to the participation of Fellows, Residents or Medical Students in their care, other Medical Staff Members will provide needed services.

Admissions and Consultations: Fellows, Residents and Medical Students will be supervised and notes will be reviewed by Medical Staff Members for all patient admissions and consultations within 48 hours.

Progress Notes: All notes charted in the patient's medical record must reflect when Attending Staff rounds occurred, and with whom (i.e., Fellow, Resident or Medical Student) as well as the observations and the recommendations for care that were made. With respect to notes charted by Medical Students, the supervising Fellow or Attending Physician shall enter daily progress notes on the patient's medical record concurring or commenting on the Medical Student's evaluation of the patient and counter-sign. With respect to notes charted by Residents and Fellows, the responsible Attending Physician shall enter a progress note on the patient's medical record concurring or commenting on the patient's treatment at least once a week, or more frequently as appropriate, based upon the condition of the patient and the level of training of the Resident or Fellow.

Orders: Orders shall be written only by Members of the Medical Staff and by those Fellows and Residents who are licensed physicians.

DNR Orders: A Medical Staff Member (including Instructors in consultation and with the approval of the Attending/Attending designee) is permitted to write DNR orders.

Chemotherapy and High Risk Medication Orders: These privileges are restricted to Medical Staff Members (including Instructors in consultation with an Attending/Attending designee).

Procedures: Procedures performed in the Hospital require the supervision (presence) of an appropriately privileged Member of the Medical Staff. Surgical, high-risk, or other complex procedures require the Attending Physician to be physically present during all critical and key portions of the procedure and to be immediately available to furnish services during the entire procedure, as more particularly described herein:

(a) **Surgical Procedures (Including Endoscopic Procedures).** The Attending Physician remains primarily responsible for the preoperative, operative, and post-operative care of the patient. The Attending Physician must be physically present for all critical or key portions of the surgical procedure and document his or her presence in the patient’s medical record. During non-critical or non-key portions of the surgery, and where the Attending Physician is not physically present, the Attending Physician must be immediately available to return to the procedure. If circumstances prevent the Attending Physician from being immediately available, then he/she must arrange for another qualified surgeon to be immediately available to assist with the procedure, if needed.

(b) **Endoscopy Procedures.** The Attending Physician must be physically present for the entire viewing, which starts at the time of insertion of the endoscope and ends at the time of removal of the endoscope. (Viewing of the entire procedure through a monitor in another room does not meet the presence requirement.)

For the purposes of this section, “**physically present**” means that the Attending Physician is located in the same room (or partitioned or curtained area, if the room is subdivided to accommodate multiple patients) as the patient and/or performs a face-to-face service. To be “**immediately available**” means that the Attending Physician remains “within shouting distance” (close enough to the patient’s procedure so that contact by telephone or pager is not required), and he/she cannot be performing another procedure. The Attending Physician’s designation of another physician to be “immediately available” in his/her place must be documented in the patient’s medical record.

The table below denotes the permitted activities and the supervision (review and countersignatures) required for each level of Trainee:

ACTIVITY	Non-COH Medical Staff Members (Trainee Staff)			Medical Staff Members
	Medical Student	Unlicensed Resident (PGY1 & PGY2)	Licensed Resident and Fellow (ACGME)	Instructor (Non-ACGME)
Admitting Privileges	No	No	No	Yes
Admission H&P	Yes *	Yes *	Yes *	Yes
Progress Notes	Yes*	Yes*	Yes*	Yes
Consultations	No	No	Yes*	Yes***
Order Meds (Must have a current and valid DEA in order to write orders independently)	No	No	Yes	Yes
Order Treatment	No	No	Yes	Yes
Order DNR	No	No	Yes, with Attending consult*	Yes, with Attending consult

Chemo orders	No	No	Yes, with Attending consult *	Yes, with Attending consult
Pre-op Note	No	Yes*	Yes*	Yes
Operative Note	No	Yes*	Yes*	Yes
Discharge summary	No	Yes*	Yes*	Yes
After Hours Coverage	No	No	Yes**	Yes

Note: * Must have countersignature within 48 hours and affirmative note from the Attending Physician or Physician-Designee

** ACGME Fellows who desire to participate in after-hours coverage must complete all applicable training/module requirements as set forth by the Medical Staff.

*** Within the context of applicable duties and responsibilities and approved job description

30.7 Record-Keeping and Documented Supervision

The competence of each Fellow, Resident and Medical Student in areas such as patient assessment and management will be evaluated in accordance with the table above by the supervising Medical Staff Member. A confidential, written evaluation is prepared and forwarded to the post-graduate training program in which the Fellow, Resident or Medical Student is enrolled. The evaluation shall include, as appropriate, information about the quality of care, treatment and services and any educational needs of the participant.

30.8 Corrective Action. Fellows, Residents, Psychology Fellows and Students as trainees shall not be entitled to the hearing and appellate procedures specified in Article 9.

In the event that any corrective action recommended or taken against a Fellow or licensed Resident would constitute grounds for a hearing under Section 9.2, the following procedures shall apply: Within fifteen (15) days of the Fellow/Resident's receipt of Notice of corrective action, he/she may challenge such action by filing a written grievance with the Chair/Director of the Division/Department to which he/she has been assigned. Upon receipt of such a grievance, the Chair/Director shall initiate a careful investigation and afford the Fellow/Resident an opportunity for an interview before an ad hoc Grievance Committee consisting of the Hospital's Chief Medical Officer, the Medical Staff President, the Chair of the Graduate Medical Education Committee and the Chair/Director, or their respective designees. Before the interview, the Fellow/Resident will be informed of the nature of the circumstances giving rise to the proposed action, and be given an opportunity to review any evidence supporting the action.

The interview shall not constitute the same type of "hearing," as is established in Article 9, and shall not be conducted according to the procedural rules applicable with respect to such hearings. At the interview, the Fellow/Resident may present any information relevant thereto. Following the interview, a report of the findings and recommendations shall be made by the Grievance Committee for transmittal to the Medical Executive Committee with a copy to the Fellow/Resident. Within seven (7) days of the date of the Grievance Committee report, the Fellow/Resident may request an appellate review by the Medical Executive Committee, who shall consider the appeal at its next regularly scheduled meeting. Thereafter, the action of the Medical Executive

Committee shall be final, subject to approval by the Governing Body, with notice to the Fellow/Resident.

With respect to Psychology Fellows and Students, the grounds for disciplinary action and procedural due process associated with the imposition of proposed disciplinary action shall be determined by the policies established by these trainees' training programs. The Hospital and the training program will cooperate and assist one another in investigating facts which may serve as a basis for taking disciplinary action against these trainees.

APPENDIX 1

NEW RESIDENT ORIENTATION AT CITY OF HOPE

- I. City of Hope Employee Orientation Lectures
- II. City of Hope Medical Staff New Clinician Orientation
 - a. One-day orientation to be oriented with the Medical Staff policies and procedures (See Attached Schedule)
 - b. Fill out paperwork to become member of Medical Staff (See Attached)
 - c. Medical Staff contact: Anna Robb-Rios: 626-256-4673, ext. 63889
- III. Education Modules to be Completed As Required
 - a. HIPAA Compliance
 - b. Compliance
 - c. Conflict of Interest
- IV. City of Hope Medical Group Orientation
 - a. One-day orientation at Medical Group office located at 1333 South Mayflower, 2nd Floor, Monrovia 91016. You will be oriented with the policies and procedures of the City of Hope Medical Group and fill out appropriate paperwork (eg. I-9, Health Benefits, Direct Deposit form)
 - b. Medical Group HR contact: Emma Ibarra: (626) 775-3200
- V. City of Hope Medical Group Compliance Education Module
- VI. Sleep Deprivation and Fatigue Education Program
 - a. Residents will be required to review "Sleep Deprivation, Fatigue and Effects on Performance - The Science and Its Implication for Resident Duty Hours" on the ACGME website
http://www.acgme.org/acWebsite/dutyHours/dh_DingesPresent.asp
- VII. Association of Residents in Radiation Oncology (ARRO) membership
<http://www.arro.org/index.htm>



CLINICIAN ORIENTATION PROGRAM

JULY 1, 2008

8:00 AM – 5:00 PM (Needleman 2)

Clinician – Please Print Name

To Clinician: *Upon completion of your orientation to the various departments and services, please return the orientation outline containing the appropriate signatures to the Medical Staff Services Department located in Modular 170 prior to returning to your clinical base.*

8:00-8:15 a.m. A. Welcome & Introduction
Mordecai N. Dunst, MD, President of the City of Hope Medical Staff

8:15-8:30 a.m. B. The History of City of Hope and Important Facts
Kevin Koga, City of Hope, External Affairs

8:30-9:15 a.m. C. The Medical Staff Organization and Its Functions
Mordecai N. Dunst, MD, President of the City of Hope Medical Staff

1. Introduction to the Role and Functions of the Medical Staff
 - a. Medical Staff Leadership
 - b. Medical Staff Bylaws, Rules and Regulations, Policies
 - c. Medical Staff Dues/Meeting Attendance
 - d. Committee/Functional Structure
2. Confidentiality & Peer Review
3. Medical Staff's Code of Professional Conduct
4. The Importance of Good Communication
 - a. Use of Interpreters
 - b. Patient Hand-Offs: SBAR
5. Review of Key Policies & Procedures
 - a. Professional Conduct: Behavior Standards
 - b. Professional Conduct: Clinical Practice Expectations
 - c. Privileges and Proctoring
 - d. Informed Consent
 - e. DNR, Withholding & Withdrawal of Life Support
 - f. Medical Record Requirements
 - g. Confirmation of Outside Diagnosis
 - h. Consultations & Urgent Consults
 - i. Verbal and Telephone Orders
 - j. Autopsies and Coroner's Cases
 - k. Restraints
 - l. Sedation
 - m. Herbal & Alternative Medicine
 - n. Disclosure of Unanticipated Outcomes

9:15 - 9:45 p.m.

D. QA/PI Process and the Risk Management Program
Janna Hoff, RN, BSN, MSA, Vice President, Quality and Patient Safety

1. Role of QRRM
2. Overview of Quality Improvement
3. Process for Conducting QI/PI Studies (Tools, techniques and examples)
4. Patient Safety
5. 2007 National Patient Safety Goals
6. Occurrence Notification System – TIPS
7. Adverse Events (Including California 28 “Never Events”)
8. Case Reviews and Sentinel Events
9. Root Cause Analysis

9:45 -10:00 a.m.

E. The Clinical Social Work Department
Nellie Garcia, Director, Clinical Social Work Department

1. Role of the Clinical Social Worker
2. Patient Self-Determination Act/Advance Directive
3. Abuse Mandated Reporting

10:00-10:15 a.m.

F. BREAK

10:15-10:45 a.m.

G. Utilization Review and Case Management
Laura Crocitto, MD, Active Medical Staff Member, Division of Surgery
Anne Tanner, RN, Director, Case Management

1. Case Management
 - a. Model of Case Management
 - b. Physician Advisor
 - c. Telephone List
2. Utilization Review
 - a. Supporting Effective Utilization
 - b. Observation vs. Admission
 - c. Successful Documentation Tips
3. Discharge Planning
 - a. Timely Orders
 - b. Prescription Pitfalls

10:45-11:30 a.m.

H. Health Information Management (HIMS)
Susan Armstrong, Manager, Coding and Data Quality
Elizabeth Dailey, Manager Documentation Support

1. Medical Record Content
2. Medical Record Chart Order
3. Documentation Guidelines
4. Dictation Guidelines
5. Dictation System – Dictating System/Instructions
6. Transcription Reports
7. Record Completion Guidelines

11:30-11:45 a.m.

I. The Patient Advocacy & Customer Service Program

Louise Sipos, Manager, Patient Advocacy Office

1. Role of the Patient Advocate
2. Patient Rights & Responsibilities
3. Complaint and Grievance Management

11:45-12:45 p.m.

LUNCH

12:45-1:30 p.m.

J. Introduction to Nursing Services
Sharon Steingass, RN, Director, Nursing Services

1. Patient Care Services Organizational Structure
2. Introduction to Clinical Units
3. Admission and Discharge
4. Physician Orders
5. Restraint
6. Critical Values
7. Code Blue and Rapid Response Teams
8. Invasive Procedures and Universal Protocol

1:30-2:00 p.m. K.

Institutional Safety and Occupational Health Program
Charles Pickering, Director, Safety and Occupational Health

1. Overview of Occupational Safety and Health
2. Management Plans
3. Safety Policies and Procedures
4. Personal Protective Equipment-Selection/Use
5. Fire Prevention
6. Biohazard Safety
7. Hazard Communication
8. Chemical Safety
9. Radiation Safety
10. Hazardous Waste Disposal
11. Emergency/Disaster Response

2:00-2:30 p.m. L.

The Infection Control Program
Annemarie Flood, RN, Infection Control Program Coordinator

1. Overview of the Infection Control Program
2. Isolation/Standard Precautions
3. Protective Isolation
4. Reporting Requirements

2:30-3:15 p.m. M.

Introduction to Pharmacy Services
Sally Htoy, PharmD, Manager, City of Hope Pharmacy

1. Review of Select Pharmacy Policies
2. Investigational Drug Service
3. Location of Satellite Pharmacies
4. Reimbursement Service
5. Chemotherapy Orders

3:15-3:30 p.m. BREAK

3:30-4:00 p.m. N. **Orientation to the PACS/Radiology System**
Lori Van Amberg, Diagnostic Radiology, PACS Administrator
[Location: ITS Training Room]

4:00-4:30 p.m. O. **Orientation to the OACIS Electronic Record System**
Patti Ramos, Senior Systems Analyst, Information Technology Services
Diana Thornton, Manager, Information Technology Services
[Location: ITS Training Room]

4:30-5:00 p.m. P. **Tour of Patient Care Areas**
David Seck, Visitor & Hospitality Services
[Location: Meet at the Spirit of Life Fountain]

1. Helford (OR, ICU, Clinical Areas)
2. Laboratory – Machris - 2nd Floor
3. Unit A
4. Brawerman – Evaluation & Treatment Center (ETC)

***CERTIFICATION OF ATTENDANCE AND COMPLETION OF
CLINICIAN ORIENTATION:***

**This acknowledges my participation in and completion of the Clinician Orientation
Program held at the City of Hope National Medical Center on:**

_____ **Date**

_____ **Print Name**

_____ **Signature**

***** IMPORTANT *****

**Please return your signed program to the Medical Staff Services Department, Modular Unit
170, Ext. 62706, in order to receive credit for your required attendance!**

***** THANK YOU *****

**CITY OF HOPE NATIONAL MEDICAL CENTER
APPLICATION REQUIREMENTS FOR:
APPOINTMENT TO THE TRAINEE STAFF
FELLOWS, RESIDENTS, STUDENTS AND OTHER TRAINEES
(MEDICAL AND PSYCHOLOGY)**

Please use this checklist to assist you in gathering the required information. When you have completed the information-gathering process, please return it with your completed application.

1. _____ Letter of Recommendation and of Good Standing from the Dean of the Medical School.
2. _____ Request for visitation letter from Department Director and/or Division Chair including dates of rotation.
3. _____ Small Passport-size Photograph.
4. _____ Completed application for rotation – including copies of current:
 - ✓ Medical License (if applicable)
 - ✓ DEA (if applicable)
 - ✓ Malpractice Insurance from sponsoring institution
 - ✓ Curriculum Vitae (Medicare requirement for graduate physician training reimbursement)
 - ✓ Medical School Diploma (Medicare requirement for graduate physician training reimbursement)
5. _____ Provide your National Physician Identification Number (NPI number – page 3 of application (website <https://nppes.cms.hhs.gov/NPPES/Welcome.do>.)
6. _____ Executed Confidentiality Statement
7. _____ Executed Acknowledgement of Receipt and Access to COHNMC Medical Staff Bylaws/Rules and Regulations/Policies.
8. _____ Completed Pharmacy Signature Verification (if applicable)
9. _____ Health History and Immunization Record Form -- Please provide written documentation of a TB test and dates of two (2) MMR immunizations if you were born after 1957. If you are unable to provide this information but can attest to having had these immunizations and you are able to cite actual dates, the Hospital will accept this information;

IMPORTANT:

Please note that the completed application and all required documentation must be submitted to the Medical Staff Services Department at the City of Hope at least sixty (60) days prior to the commencement of the rotation at City of Hope. Failure to abide by this deadline or failure to provide any of the required information may result in a delay in the approval of your rotation at City of Hope.

Revised 11/26/07; 04/09/08



1500 East Duarte Road
Duarte, CA 91010-3000

APPLICATION FOR APPOINTMENT TO THE TRAINEE STAFF
FELLOWS, RESIDENTS, STUDENTS AND OTHER TRAINEES
(MEDICAL AND PSYCHOLOGY)

- INSTRUCTIONS:
1. Please print or type information. Application must be thoroughly and accurately completed.
2. Return this form with all required information attached as soon as possible.

1. IDENTIFYING INFORMATION

Last Name First Name Middle Name Degree
Post-Graduate Training Level: PG1 PG2 PG3 or Other:
Specialty/Sub-specialty (Please circle)

Residency Program Affiliation Residency Program Director

Work/Business Address City State Zip Telephone

Home Address City State Zip Home Telephone

Date of Birth Place of Birth Social Security Number Marital Status Name of Spouse

Legal Name Changes, if any (please provide previous name)

Other Name Used, if any (please provide other name used)

Please provide complete name as it appears on your Education/Training Records

Citizenship Languages Spoken Other Than English

2. MEDICAL

EDUCATION
Medical School or University Degree Dates: From To
Address City State Zip

3. E.C.F.M.G.

E.C.F.M.G. Number	Date Issued
-------------------	-------------

4. INTERNSHIP

Hospital	Address			
City	State	Zip		
Type of Internship	Name of Program Director	Dates:	From	To

5. RESIDENCY

Hospital	Address	City	State	Zip
Type of Residency	Name of Program Director	Dates:	From	To
Hospital	Address	City	State	Zip
Type of Residency	Name of Program Director	Dates:	From	To

6. FELLOWSHIP

Hospital/Facility	Address	City	State	Zip
Type of Fellowship	Name of Program Director	Dates:	From	To
Hospital/Facility	Address	City	State	Zip
Type of Fellowship	Name of Program Director	Dates:	From	To

7. HOSPITAL AFFILIATIONS List all current and previous hospital affiliations (including temporary privileges, locum tenens, and applications currently pending). Please start with your most recent affiliations. Attach additional sheets if necessary.

Hospital	Dates:	From	To
Address	City	State	Zip

Hospital	Dates:	From	To
----------	--------	------	----

Address	City	State	Zip
---------	------	-------	-----

8. LICENSURE/D.E.A. REGISTRATION/
NPI NUMBER

California Medical License Number	Year Received	Expiration Date	DEA Number	Expiration
-----------------------------------	---------------	-----------------	------------	------------

National Provider Identifier (NPI)

Please attach copies of your California Medical License and D.E.A. Certificate.
List all other past and present State Medical Licenses you have had. Please attach copies.

State	License Number	Year Received	Expiration
-------	----------------	---------------	------------

State	License Number	Year Received	Expiration
-------	----------------	---------------	------------

9. HEALTH STATUS STATEMENTS
AND
PERSONAL INFORMATION

Please answer the following questions:

1. Do you have any physical, mental or emotional condition(s) which might affect your ability to provide appropriate patient care services or otherwise carry out your duties and responsibilities? NO YES
2. Since your training, have you been hospitalized for treatment of any physical, mental or emotional conditions?*
3. Have you ever been treated, or are you currently under treatment for alcoholism, drug dependency, or any condition involving misuse of controlled substances? NO YES
4. Have you ever received psychiatric treatment, been hospitalized for psychiatric problems, or been unable to practice because of psychiatric problems? NO YES
5. Have you ever been convicted of a felony or misdemeanor (other than minor traffic offenses)? NO YES
6. Have you ever had an academic/residency program affiliation suspended, limited, revoked, or otherwise acted against? NO YES
7. Have there been any lapses in your training/residency, or discontinuation of training in excess of one month or more other than for routine vacations? NO YES

If you answered YES to any of the above questions, please provide a full detailed explanation under separate cover and submit with this application.

10. APPLICATION INFORMATION

Please indicate the City of Hope Division or Department of the Medical Staff in which you seek clinical rotation:

- Division of Anesthesiology
- Division of Diagnostic Radiology
- Division of Hematology and HCT
- Division of Medical Oncology and Therapeutics Research
- Division of Pathology

- Division of Pediatrics
- Division of Radiation Oncology
- Division of Surgery
- Division of Medical Specialists

Please return all necessary information with your completed application. Refer to separate attachment included in the application packet for the list of documentation requested.

Attach
Small
Photo
Here

STATEMENT OF APPLICANT

In making application for rotation in the Hospital, I hereby:

- * acknowledge that it is my duty and ethical responsibility as an applicant for rotation, to cooperate with and assist the Medical Staff in evaluating my qualifications, competence, and accordingly signify my willingness to appear for interviews in regards to my application;
- * authorize the Hospital, its Medical Staff and their representatives, to consult with and obtain information from applicable state and federal licensing, certification and data collection agencies, previous and current insurance carriers, administrators and members of medical staffs of other hospitals, or institutions with which I am or have been associated, my present and prior associates, or others who may have information bearing on my qualifications, competence and character;
- * consent to the release, to the Hospital, its Medical Staff, and their representatives, of all information, including documents, which may be material to an evaluation of my qualifications, competence and character;
- * release from liability, the Hospital, its Medical Staff and their representatives, for acts performed and statements made in good faith and without malice in connection with evaluating my application and my qualifications, competence and character;
- * release from liability, any and all individuals and organizations who provide information to the Hospital or the Medical Staff in good faith and without malice concerning my qualifications, competence and character;
- * acknowledge that I have received, or been given access to, the Bylaws and Rules and Regulations of the Medical Staff and Hospital, Policies and Procedures, and any other relevant materials, and agree to be bound by the terms thereof;
- * agree to comply with State and Federal laws governing the practice of medicine, standards established by the Joint Commission on Accreditation of Healthcare Organizations, and the principles of medical ethics of the American Medical Association;
- * acknowledge that I, as a Resident/Fellow making application for rotation, have the burden of producing adequate information for a proper evaluation of my qualifications, competence and character, and for resolving any doubts about such matters;
- * agree that, during the time this application is being processed, I will update this application should there be any change in information initially provided;
- * certify that I have no physical, mental, or emotional condition(s) that would preclude me from fulfilling my responsibilities as a House Staff physician and exercising any clinical privileges, and that my physical and mental health are adequate for the satisfactory performance of my professional duties and activities, and agree that I will submit to mental or physical examination(s), including testing for the presence of alcohol or controlled substances as requested from time to time by the Medical Staff;
- * understand that I shall not be afforded a fair procedure as set forth in the Medical Staff Bylaws in the event that action on this application for House Staff affiliation is adverse;

* affirm that the information I have furnished in the application is true to the best of my knowledge and is furnished in good faith, and acknowledge that any significant misstatements for omissions shall constitute cause for denial of appointment, or cause for modification or revocation of my rotation.

Applicant's Signature Date

Typed or Printed Name

The Hospital will treat this application and any information secured in connection therewith in strict confidence and will employ all reasonable safeguards to protect the applicant's privacy.

APPLICATION ACTION/APPROVALS:

Having reviewed this application, and appended required documentation, limited clinical rotation for this trainee is approved as signified by the following signatures.

Department Director (as applicable) Date

Division Chair (as applicable) Date

Medical Staff President Date

FOR MEDICAL STAFF SERVICES OFFICE USE ONLY:

The following information must accompany the completed Application form:

- Letter of Recommendation from C.O.H. Chair/Director to Which House Staff will be Assigned
- Confidentiality Statement
- Completed Personal Medical History Form
- Completed Bylaws "Acknowledgement of Receipt and Access" Form
- Copy of License and D.E.A.

Refer to separate attachment included in the application packet for additional required information.

2/94/MSO\tle\resident\house.app

Revised: 8/96; 03/03, 11/07; 04/08



1500 East Duarte Road
 Duarte, CA 91010-3000
 Medical Staff Services Department
 Phone (626) 256-4673
 Fax (626) 301-8889

TO: DIRECTOR OF AFFILIATE RESIDENCY/FELLOWSHIP TRAINING PROGRAM

FROM: THE MEDICAL STAFF SERVICES DEPARTMENT

RE: AFFILIATE RESIDENT/FELLOW CLINICAL TRAINING

 (Name of House Staff Applicant)

The Trainee noted above has applied to the House Staff of City of Hope National Medical Center to serve a clinical rotation at our facility in the near future. During the rotation, the House Staff applicant may have the opportunity to perform certain procedures. To ensure both a learning and rewarding experience for the applicant, and to enable us to determine how best to utilize his/her services, we ask that you please provide us with the following information concerning the Trainee's training and experience obtained thus far at your institution.

PROCEDURE	Is the House Staff Applicant Trained?	Indicate Number(s) Performed	Has Proficiency been Satisfactorily Demonstrated?
SWAN GANZ PLACEMENT	YES NO		YES NO
CENTRAL VENOUS ACCESS	YES NO		YES NO
ENDOTRACHEAL INTUBATION	YES NO		YES NO

LAPAROSCOPIC PROCEDURES	YES NO		YES NO
ASSISTING IN SURGERY	YES NO		YES NO

Should you have any specific comments regarding the above, please indicate these in the space provided, or you may submit additional information under separate cover. A return envelope has been enclosed for your convenience.

COMMENTS:

Signature of Training Program Director

Date

Title

If you have any questions regarding the process outlined, please do not hesitate to contact the Medical Staff Services Department at (626) 256-4673, extension 62706.

cc: Intensive Care Unit
Operating Room

This part to be completed by the Credentialing Coordinator:

Please indicate if: Medical Group or COH employee

Start Date: _____ Dept: _____

End Date: _____ Extension: _____

INITIAL SCREENING ASSESSMENT FOR MEDICAL GROUP, TRAINEES, AND ALLIED HEALTH

TB Status My last TB skin test was on _____ at _____.

The results were Positive Negative
 Have you ever received the BCG vaccine? Yes No

Do you have any of the following symptoms:

Persistent cough (Longer than 2 weeks)	Yes	No
Blood streaked sputum	Yes	No
Weight loss (Unrelated to dieting)	Yes	No
Night Sweats	Yes	No
Unusual fatigue for more than 2 weeks	Yes	No
Unexplained fevers	Yes	No

If TB skin test was positive, what were the chest x-ray result? _____

The chest x-ray was taken on _____ at _____

Did you receive any treatment? Yes No

Comments _____

Immune Status: I am considered immune to the following diseases either through immunization, having had the disease, or having record of an immune blood titer.

Rubella	Yes	No	Don't know
Rubeola	Yes	No	Don't know
Mumps	Yes	No	Don't know
Varicella	Yes	No	Don't know
Hepatitis B	Yes	No	Don't know

My last Tetanus shot was on _____

Comments _____

If you are not sure of any of the above questions and would like to discuss your immunity status, immunizations, or TB status, please call Employee Health Service at x 62713.

Health Statement: To the best of my knowledge, I am free of any infectious disease and am safe to be around immuno-compromised patients.

Name (please print) _____

Signature _____

ID# _____

Reviewed by _____

Date _____



1500 East Duarte Road
Duarte, CA 91010-3000
Medical Staff Services
Department
Phone (626) 256-4673
Fax (626) 301-8889
www.cityofhope.org

ACKNOWLEDGEMENT OF RECEIPT AND ACCESS to the CITY OF HOPE NATIONAL MEDICAL CENTER MEDICAL STAFF RULES & REGULATIONS

*By my signature below, I hereby acknowledge receipt of, or access to the Rules and Regulations of the Medical Staff. I have read these documents and agree to comply with all provisions stated therein as amended from time to time, in particular, **Section 30.0 of the Medical Staff Rules & Regulations, which concerns Graduate Medical Education.***

Signature

Print Name

Date

[VstngPhysBylawsAckRecptFrm]



1500 East Duarte Road
 Duarte, CA 91010-3000
 Medical Staff Services Department
 Phone (626) 256-4673
 Fax (626) 301-8889
 www.cityofhope.org

FELLOWS, RESIDENTS, STUDENTS AND OTHER TRAINEES
(Medical and Psychology) [“TRAINEE STAFF”]
CONFIDENTIALITY STATEMENT

As a Trainee Staff involved in the evaluation and improvement of the quality of patient care rendered in the Hospital, I recognize that confidentiality is vital to the free and candid discussions for a successful quality assurance program, peer review process, and other related matters of the City of Hope National Medical Center. I agree to respect and maintain the confidentiality of all discussions, deliberations, records, and other information generated in connection with these activities, and to make no voluntary disclosure of such information except to persons authorized to receive it in the conduct of Medical Staff/Allied Health Professional Staff affairs.

Furthermore, my participation in quality assessment and/or peer review activities is in reliance on my belief that the confidentiality of these activities will be similarly preserved by every other Trainee Staff at this Hospital. I understand the Hospital and the Medical Staff are entitled to undertake such action as is deemed appropriate to ensure that this confidentiality is maintained, including application to a court for injunctive, or other relief in the event of a threatened breach of this agreement.

 Signature

 Date

 Print Name

Confidentiality.Stmt.



Center for Graduate and Professional Studies

The Clinical Research Training Office (CRTO), located in the Center for Graduate and Professional Studies, benefits all departments at City of Hope that train residents, fellows and clinical research staff. The requested information below will be entered into a single database that includes trainees in all clinical departments on campus. This basic information will help us understand who is utilizing our training programs and will allow us to keep in touch with you while you are here at City of Hope.

First Name:	Last Name:
-------------	------------

Gender: Male Female

Ethnicity (Optional):	African American American Indian/Alaskan Native Asian/Indian Sub-Continent	Caucasian Hispanic Pacific Islander/Native Hawaiian Other
-----------------------	--	---

COH Title or Status (i.e. Fellow, Resident, Instructor):
--

Training or Appointment Dates	Start:
	End:

Degree(s) at time of entry:

Award Year(s):	
----------------	--

Awarding Institution(s):	
--------------------------	--

Post Graduate Training:		Location:
-------------------------	--	-----------

Where did you work prior to coming to COH?
--

* We would like to contact you close to completion of your training at City of Hope to get the following information: Research Projects, Publications, Mentor(s) at COH, Date you left COH, Where you will be going after you leave City of Hope, New Position, Current address, email, phone.

Please let us know if you agree to have us contact you:
Agree Disagree

Signature:	
------------	--



MEDICAL STAFF SERVICES DEPARTMENT

FOR PHARMACY USE ONLY

The Pharmacy is required to maintain sample physician signatures and initials of all practitioners that will be writing prescriptions/medication chart orders. Please sign the signature/initial that you will be using on your prescriptions/medication orders. Also, please complete the additional information as requested.

Please print your name

Signature

Initial

(Additional information)

Supervising Physician

APPENDIX 2

SAMPLE RESIDENT MEDICAL STAFF APPOINTMENT LETTER

RESIDENT APPOINTMENT LETTER

Date

NAME
ADDRESS
CITY, STATE, ZIP CODE

Dear Dr. _____:

I am pleased to inform you that on the recommendation of your Preceptor and the Training Program Coordinator, the Graduate Medical Education (GME) Committee on _____, has approved your appointment to the Trainee Staff at the City of Hope National Medical Center (City of Hope) as a Resident with rotation in the Division of Radiation Oncology. Your appointment is effective from _____ through _____. This appointment is:

- Pursuant to Section 4.13 [Trainee Staff] of the City of Hope Medical Staff Bylaws and Section 30.0 [Professional Graduate Medical Education (GME): Fellows, Residents, Students and Other Trainees] of the Medical Staff Rules and Regulations;
- Contingent upon your meeting the residency training program goals, objectives, requirements and activities specified by your assigned Division to meet the criteria and standards of the Accreditation Council for Graduate Medical Education (ACGME), and
- Contingent upon your compliance with policies and requirements established by City of Hope and your assigned Division.

Information regarding your responsibilities as a member of the Trainee Staff are defined in the City of Hope training manual, Radiation Oncology Residency Training Program Manual of Policies and Procedures and Objectives. Comprehensive medical malpractice insurance coverage is extended to you at no cost for your professional activities on-site which fall within the course and scope of your training program but does not extend to any external moonlighting employment.

Next steps:

1. Obtain an ID Badge: As part of City of Hope's Safety and Security Plan, you are required to wear a Hospital-issued photo identification (ID) badge which is to be readily visible at all times while on City of Hope grounds. This badge is necessary to gain access to restricted areas on campus through use of the reader function embedded within the ID badge. Therefore, please **promptly contact the City of Hope Security Department** at (626) 256-4673, Ext. 63562 to obtain a photo ID badge.

2. Participation in Orientation Program Requirement: *City of Hope offers a New Clinician Orientation which must be completed **within four (4) weeks of the***

date of this letter. This Orientation covers key information necessary to support your practice at this Hospital, including important education on the Medical Staff Bylaws and Rules & Regulations, patient care-related policies, patient safety measures, pharmacy practices, medical records, case management, patient advocacy and risk management. Please contact the Medical Staff Services Department at (626) 256-4673, Ext. 62706 to register for the next Orientation.

NAME

Letter of Appointment to Trainee Staff

Date

3. Review Code of Conduct, Clinical Expectations and Behavior Standards. The City of Hope Medical Staff Rules and Regulations reference a *Professional Code of Conduct and Ethical Obligations*. The Medical Staff has also approved and implemented policies regarding appropriate conduct, the *Behavior Standards Policy* and the *Clinical Practice Expectations Policy*. Please familiarize yourself with these documents, copies of which are enclosed, as they are illustrative of expectations and standards concerning your professional interactions with patients and staff.

We welcome you to the City of Hope. We hope that you have an informative, productive and meaningful educational experience at our Hospital. Please do not hesitate to contact your Preceptor and the Training Program Coordinator with any questions.

City of Hope Preceptor:

Training

Program

Coordinator:

Sincerely,

Joshua D. Ellenhorn, M.D.
Chair, Graduate Medical Education Committee

JDE/gsl

Enclosure(s)

APPENDIX 3

SAMPLE OFFER LETTER FROM MEDICAL GROUP



Administrative Offices
1333 S. Mayflower Ave.
2nd Floor
Monrovia, CA 91016
Phone 626.775.3200
Fax 626.775.3227
www.cohmg.com

Letter of Offer

Dear Dr. _____:

The California Cancer Specialists Medical Group, Inc., doing business as City of Hope Medical Group (Medical Group) is pleased to formally extend to you an offer as a Fellow in Division of _____ Medicine, at the City of Hope National Medical Center.

You will be directly responsible to _____, M.D., Chairman of the Division of _____.

The starting salary is \$ _____ per annum.

In addition to your salary, you will receive standard Medical Group pension, health, dental, life and long-term disability insurance. The long-term disability insurance is provided as an employee funded benefit. You will receive \$350,000 of life insurance and the premiums are paid on your behalf. The Medical Group will pay for your health and dental insurance coverage, but you will need to pay the cost for dependent coverage, if you desire such coverage. A vision plan is also available, but the employee funds the cost of this benefit. The Medical Group will contribute an amount equivalent to 20% of your salary into a qualified retirement plan, up to the federal limit. Vesting in the retirement plan is graded over a period of six years. Our retirement plan year is defined as a year in which a minimum of 1000 hours is worked during the period January 1st through December 31st. Contributions made for employees who stay less than 2 plan years are forfeited to the retirement plan.

You will accrue 23 days of vacation per year (accruing at 15.34 hours per month). You will also receive six legal holidays per year, and you will accrue 18 sick days per year. Vacation and sick time is a **paid benefit based upon accrued time only**. The Medical Group does not advance vacation days or sick time.

Enclosed is a description of the current fringe benefits associated with this position. The Medical Group reserves the right to change the fringe benefits for employees of the Medical Group.

This effective date of this position will be _____ and will continue through _____.

This position is contingent upon your maintaining a California License and your appointment to the active attending medical staff by the Medical Staff Credentials and Executive Committees.

This appointment is also contingent upon the fact that you do not have any contractual obligations that interfere with your ability to practice for the Medical Group on a full time basis.

In accordance with JCAHO regulations, the City of Hope Medical Staff Bylaws provide for a 90-day provisional proctoring period for new members of a medical staff category.

Further, California law requires health examinations for all personnel employed in hospitals who have contact directly or indirectly with patients. Such examination must confirm that the candidate's health is adequate to fulfill the terms of the contract. Additionally, prior to seeing patients at City of Hope you are required to provide documentation of a negative PPD test taken within the last year.

Please be advised that you will need to participate in the Medical Group formal orientation process. This orientation includes meeting with the Medical Group's Compliance Officer, Benefits Manager, and Payroll Manager. An appointment will be set up for you.

The commencement of your employment with California Cancer Specialists Medical Group, Inc., dba City of Hope Medical Group, is conditioned upon completion of a satisfactory background check. Please sign the enclosed form authorizing a background check and return it with your signed letter or offer.

This letter of offer supersedes any and all other offers, either oral or in writing, with respect to salary, fringe benefits and other issues addressed in this letter of offer.

Please indicate your acceptance of this position by signing in the space provided for your signature and return the original letter to Marc Goldstein, 1333 Mayflower Street, 2nd Floor, Monrovia, CA. 91016. The enclosed copy is for your records. If the signed letter is not returned to Mr. Goldstein within 3 weeks of the date of this letter, this offer shall be rescinded.

Chairman
Division of _____

Marc R. Goldstein
Chief Executive Officer

Accepted: Name of Candidate / Date

RELEASE AND AUTHORIZATION FORM

In accordance with my right to privacy, I have been advised by City of Hope Medical Group that the information described below is required to assist the same in making an employment advancement determination concerning me and that execution of this form is voluntary.

I hereby authorize any qualified agent reading this document or a copy thereof, to obtain information from all personnel, educational institutions, government agencies, to include The Department of Justice and The Youth Authority, companies, corporations, worker's compensation information, law enforcement agencies or individuals relating to my past activities, to supply any and all information concerning my background, and release same from any liability resulting from providing such information. The information received may include, but is not limited to academic, job performance, attendance, personal history, financial record history, disciplinary and criminal records.

I understand that the information released is for consideration of my employment application, resume and possibly for the purpose of determining my qualifications for future assignment.

I further hereby release any individual associated with the compilation of such information to include record custodians, directors, officers, agent, employees, if authorized representatives of the same, from any and all liability for damages of whatever kind of nature, which may at any time accrue to me on account of (1) reliance by such person on the information submitted in my employment application; (2) reliance by such persons on the information obtained pursuant to this authorization; (3) compliance with, or any attempt to comply with, this authorization; and (4) termination of my employment based on information obtained after commencement thereof pursuant to validity of this authorization. If adverse action is taken based in whole or in part on the consumer report, we will provide to you a copy of the consumer report and a summary of the consumer's rights as prescribed by the FCRA. This report will not be used in violation of any Federal or state laws and/or equal employment opportunity laws or regulations.

I hereby certify that all the statements and answers set forth on this application form and documents signed are true and complete to the best of my knowledge, and I understand that if, subsequent to employment any of such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for termination of my employment.

I understand that I have a right to receive a copy of any consumer report created as a result of this release form, by Liberty Alliance Inc. I have also stated clearly in the boxes listed below as to my desire to receive that report from this company to which I am applying upon its completion. The investigative consumer-reporting agency preparing the report(s) is Liberty Alliance, Inc., 1913 N. Batavia, Suite J, Orange, CA 92665, telephone (714) 363-0283. Their files are available for review by appointment, by certified mail or telephonically with proper identification.

PLEASE PRINT CLEARLY

SIGNATURE OF APPLICANT

PRINT FULL NAME (First, Middle & Last Name)

DATE

APPLICANT'S ADDRESS

For purposes of gathering this information, I agree to supply the following information which may be required by law enforcement agencies and other entities for positive identification purposes in checking records. It is confidential and will not be used for any other purpose.

DATE OF BIRTH DRIVERS LICENSE NUMBER STATE SOCIAL SECURITY NUMBER

LAST NAME AS IT APPEARS ON LICENSE
(PLEASE PRINT CLEARLY)

- Yes, I would like a copy of any investigative consumer report that is conducted by Liberty Alliance, Inc.
- No, I do not need a copy of any investigative consumer report that is conducted by Liberty Alliance, Inc.

APPENDIX 4

Procedure re: Assignments of Consults to Radiation Oncology Residents

1. Assigned consults should be of teaching value for the resident. For example:
 - a. Patients needing SRS, IMRT, or other complex set-ups.
 - b. Patients expected to have an implant while resident on City of Hope rotation.
 - c. Patients with rare diseases or unusual clinical presentations.
2. The resident should be assigned an average of one consult per day.
3. Photocopies of assigned consults will be given to resident and assigned staff radiation oncologist.
4. It will be the resident's responsibility to coordinate the consult appointment with the assigned staff physician. In the process of scheduling appointments, the resident may be involved in more than one patient evaluation per day.

Resident Presentations at Current Concepts in Radiation Oncology

Meetings of Current Concepts in Radiation Oncology occur Wednesdays at noon. Attendees include radiation oncologists, physicists, therapists, and nurses from the Division of Radiation Oncology. There may also be staff from other departments. Each meeting typically includes a 45-50 minute presentation by a departmental member or guest speaker on a relevant topic of interest.

The resident will be expected to perform one presentation per month. For journal club, the resident will review 2-4 articles on a subject selected by the Program Director, Dr. Pezner. It will be the resident's responsibility to have photocopies of each article distributed to all radiation oncologists, physicist, and nurses several days prior to the presentation. The goal of this journal club is to critically review the articles and arrive at recommendations for patient management. Prepared slides will usually be of benefit for the presentation.

Every fourth presentation, a topic review will be performed. The topic can be a particular disease such as Hodgkin's Disease, breast cancer or carcinoma of the nasopharynx. It can be a particular technique such as prostate brachytherapy or total body irradiation. The topic will be approved in advance by Dr. Pezner. The review should include subsections covering epidemiology, etiology, staging, work-up evaluation, treatment techniques, side effects, complications, and treatment results. The overall presentation should run about 45 minutes. An outline of the presentation, including significant tables and charts and a bibliography, should be prepared with sufficient copies to distribute to everyone in the audience.

The library review to prepare for the topic review need not be exhaustive. Major radiation oncology textbooks should first be consulted. Consider searching

indexes of the International Journal Radiation Oncology, Biology and Physics, the Journal of Clinical Oncology, and Cancer. The City of Hope library can perform a computer literature search. Finally, staff members can be asked for relevant articles on the subject. Relevant articles should be mainly clinical, as opposed to laboratory research, unless a particular basic science work is directly applicable to clinical studies.

The table below denotes the permitted activities and the supervision (review and countersignatures) required for each level of Trainee:

ACTIVITY	Non-COH Medical Staff Members (Trainee Staff)			Medical Staff Members
	Medical Student	Unlicensed Resident	Licensed Resident and Fellow (ACGME)	Instructor or Surgical Fellow (Non-ACGME)
Admitting Privileges	No	No	No	Yes
Admission H&P	Yes *	Yes *	Yes *	Yes
Progress Notes	Yes*	Yes*	Yes*	Yes
Consultations	No	No	Yes*	Yes***
Order Meds	No	No	Yes	Yes
Order Treatment	No	No	Yes	Yes
Order DNR	No	No	Yes, with Attending consult*	Yes, with Attending consult
Chemo orders	No	No	Yes, with Attending consult *	Yes, with Attending consult
Pre-op Note	No	Yes*	Yes*	Yes
Operative Note	No	Yes*	Yes*	Yes
Discharge summary	No	Yes*	Yes*	Yes
After Hours Coverage	No	No	Yes**	Yes

Code:* must have countersignature within 48 hours and affirmative note from the Attending Physician or Physician-Designee

Code:** ACGME Fellows who desire to participate in after hours coverage must complete all applicable training/module requirements as set forth by the Medical Staff.

Code:*** within the context of clinical privileges granted.

APPENDIX 5

LIST OF TUMOR BOARDS

Date/Time/Location	Title	Chair
Mon - Every / 12 Noon 2 nd flr Brawerman Conf Rm	Colorectal Cancer	Multidisciplinary Lily Lai / Stephen Shibata
Mon - Every Except 2 nd Mon / 4:30 Path Conf Rm 2243	Breast	Multidisciplinary Carlos Garberglio
Tues - 1 st & 3 rd Mo/4:30 - 5:30 Helford Radiol Conf. Room	Pancreas	Multidisciplinary Vincent Chung/Dr. Ellenhorn
Wed - Every/9 am - 10 am Helford Conf. Room	Head/Neck	Multidisciplinary Ellie Maghami
Wed - 1 st & 3 rd Mo / 5:00 p.m. Helford Radiol Conf Rm	GU/Prostate	<i>Multidisciplinary</i> Przemyslaw Twardowski
Wed - 1 st Mo / 4:30 p.m. Helford Radiol Conf Rm	GI Oncol Conf	Multidisciplinary Stephen Shibata / Dr.Ellenhorn
Wed - 2 nd & 4 th Mo / 5:30 - 6:30 Helford Radiol Conf Rm	Endocrine	Multidisciplinary Fouad Kandeel
Thurs - Every / 05:00 - 06:00 Helford Radiol Conf Rm	Chest Conf	Multidisciplinary David Horak
Thurs - 1 st Mo / 12:30 pm Helford Radiol Conf Rm	Liver Tumor Board	Multidisciplinary Lawrence Wagman
Fri - Alt w/Lymp / 01:30 - 02:30 Helford Radiol Conf Rm	Lymphoma Conf	Hematology Pathology
Fri - Alt w/Lymp / 01:30 - 02:30 Pathology Conf Rm	Leukemia Conf	Pathology Radiology
Fri - 2 nd & 4 th Mo / 8:15-9:30 a.m. Helford Radiol Conf Rm -	NeuroOncology	Multidisciplinary Jana Portnow

Date/Time/Location	Title	Chair
Mon - Every / 12 Noon 2 nd flr Brawerman Conf Rm	Colorectal Cancer	Multidisciplinary Lily Lai / Stephen Shibata
Mon - Every Except 2 nd Mon / 4:30 Path Conf Rm 2243	Breast	Multidisciplinary Carlos Garberglio
Tues - 1 st & 3 rd Mo/4:30 - 5:30 Helford Radiol Conf. Room	Pancreas	Multidisciplinary Vincent Chung/Dr. Ellenhorn
Tues - 2 nd & 4 th Mo / 4:30 - 5:30 Helford Radiol Conf Rm.	Head/Neck	Multidisciplinary Mark Wakabayashi
Wed - 2 nd & 4 th Mo / 5:30 - 6:30 Helford Radiol Conf Rm	Endocrine	Multidisciplinary Fouad Kandeel
Wed - 1 st & 3 rd Mo / 5:00 p.m. Helford Radiol Conf Rm	GU/Prostate	<i>Multidisciplinary</i> Przemyslaw Twardowski
Wed - 1 st Mo / 4:30 p.m. Helford Radiol Conf Rm	GI Oncol Conf	Multidisciplinary Stephen Shibata / Dr.Ellenhorn
Wed - 5 pm / 4:30 p, Helford Radiol Conf. Room	Multidisciplinary	Multidisciplinary Lily Lai
Wed. - 2 nd Mo /4:30 - 5:30 Helford Radiol Conf Rm.	Gynecologic	Multidisciplinary Mark Wakabayashi
Thurs - Every / 05:00 - 06:00 Helford Radiol Conf Rm	Chest Conf	Multidisciplinary David Horak
Thurs - 1 st Mo / 12:30 pm Helford Radiol Conf Rm	Liver Tumor Board	Multidisciplinary Lawrence Wagman
Thurs - 2 Mo / 7:30 am Pathology Conf Rm	Sarcoma/Melanoma	Multidisciplinary Vijay Trisal/Judith Sato
Fri - Alt w/Lymp / 01:30 - 02:30 Helford Radiol Conf Rm	Lymphoma Conf	Hematology Pathology
Fri - Alt w/Lymp / 01:30 - 02:30 Pathology Conf Rm	Leukemia Conf	Pathology Radiology
Fri - 2 nd & 4 th Mo / 8:15-9:30 a.m. Helford Radiol Conf Rm -	NeuroOncology	Multidisciplinary Jana Port now

Division of Radiation Oncology Resident Conference Schedule

<u>DAY</u>	<u>TIME</u>	<u>FREQUENCY</u>	<u>CONFERENCE</u>
Monday - Friday	8:00 AM	Every Day	New Patient Conf.
Wednesday	12:00 PM	Every 2 nd Wed.	M&M Conf.
Wednesday	12:00 PM	Every 3 rd Wed.	Journal Club
Friday	12:30 PM	Once a Month	PI Committee
Friday	2:30 PM	Every Friday	Active Patient Conf.

APPENDIX 6

CITY OF HOPE RADIATION ONCOLOGY RESIDENCY

MOONLIGHTING NOTIFICATION FORM

The special nature of residency programs requires extensive clinical activity and frequent availability to patients at times other than the regular working day. In addition, residency programs have a continuing academic component that requires additional personal effort. The general policy of the Division of Radiation Oncology is not to encourage outside employment; however, it is permissible if it does not interfere with a resident's ability to achieve the goals and objectives of the training program and if it is in compliance with total work hour restrictions.

All moonlighting hours must be counted toward the 80-hour weekly limit on duty hours. Residents are responsible for ensuring that the addition of moonlighting hours does not result in a work week in excess of the 80-hour maximum, or result in fatigue which might affect patient care or learning.

Houseofficer: _____, M.D.

I plan to begin moonlighting on _____.

I will be working approximately _____ hours per month.

I have read the above policy, and I understand that under no circumstances may I work in excess of 80 hours per week, which includes my moonlighting hours. I also understand that I will not be able to moonlight if it causes fatigue or interference with my patient care.

I also understand that, while I am moonlighting, I am not covered by the City of Hope malpractice insurance or DEA number.

Signature _____ Date _____

APPENDIX 7

CITY OF HOPE RADIATION ONCOLOGY TIME-OFF REQUEST FORM

Name _____

Employee Number _____

Program _____

PGY Level _____

Reason for leave _____

Dates request from _____ through _____

Sick leave from _____ through _____

Annual leave from _____ to _____

Leave without pay from _____ to _____

Return to work date _____

Estimated date of promotion _____

Signature

Date

Are there any fiscal implications? _____ Yes _____ No

If so, what are they? _____

Approved

Not Approved

Program Director

Date

Approved

Not Approved

Division Chair

Date

APPENDIX 8

Written: 07/00
Reviewed: 11/07
Revised: 09/04; 11/07
Page 1 of 7

APPROVALS:

MEC: 10/04; 09/05; 12/07
Board: 10/04; 09/05; Q07-4
Scope: x Medical Center

Impaired Practitioners:

- **Obligations of Division Chair,**
- **Role of the Physician Well-Being Committee,**
- **Referrals for Treatment,**
- **Monitoring Agreements,**
- **Consequences of Lack of Cooperation including Referral to the MEC**

I. PURPOSE / BACKGROUND

To encourage referral of practitioners [who self-refer or who are referred by others] who possibly suffer from chemical dependence or a physical, mental, or emotional impairment which affects, or has the potential to affect, patient care to the Physician Well-Being Committee (“PWBC”) for evaluation and referral for treatment to assist the practitioner and to protect patients, other practitioners and Hospital employees.

Untreated or relapsing physical, mental or emotional impairment is incompatible with safe clinical performance and poses serious risk to general workplace safety and efficiency. Chemical dependence (including dependence on mood-altering drugs, such as alcohol, cocaine, opiates, and depressants) is seen as a medical condition that requires treatment.

The Physician Well-Being Committee is a medical peer review committee dedicated to helping practitioners identify these problems and obtain treatment. The Committee is not authoritative and not punitive. The Committee maintains strict confidentiality; it releases information only with the express agreement of the affected practitioner, as needed to carry out Medical Staff duties, or as required by law.

II. POLICY

- A. **Possibly Impaired Physician** - City of Hope National Medical Center (“COHNMC” or “Hospital”) places a high priority on cooperation and teamwork as a means of delivering quality patient care. It is recognized that a possibly Impaired Practitioner cannot be a productive member of the patient care team without intervention, assistance and as necessary, treatment. Where there is concern that an individual may be an Impaired Practitioner, this concern must be shared with the individual’s supervisor (Division Chair) and the Physician Well-Being Committee (PWBC). Patient safety must be of primary concern; the PWBC is committed to identifying an Impaired Practitioner at the earliest opportunity and supporting the Impaired Practitioner’s return to safe clinical practice whenever possible.

1. Where there is concern that an individual may be an Impaired Practitioner, that concern should be shared with the individual's supervisor (Division Chair).
 - a. If the possibly Impaired Practitioner holds the title of Division Chair or Department Director, the concern should be shared with the Medical Staff president who will in turn contact the PWBC Chair.
 2. The supervisor shall contact the PWBC Chair to advise of the concern and invite the Chair to join him/her in a meeting with the possibly Impaired Practitioner (see Section III A below).
 3. The duties of the possibly Impaired Practitioner may be modified by his/her supervisor (or Medical Staff president, as appropriate) during the time the Practitioner is being evaluated by, or otherwise under the monitoring of, the PWBC.
- B. **Obligations of the PWBC– Strict Confidentiality**– The PWBC maintains strict confidentiality of information it receives from sources, interviews, and outside evaluators. It will re release information to third parties only with the express agreement of the affected Practitioner, as needed to carry out medical Staff duties, or as required by law.
1. The PWBC shall maintain the confidentiality of its source(s) of information and shall not disclose the name(s) of the source(s) to the possibly Impaired Practitioner.
 2. All records regarding an individual Practitioner will be maintained by the PWBC separately from its general records in a secure place to provide maximum confidentiality.
 3. On a quarterly basis, the PWBC shall report its activities to the Medical Executive Committee, without identifying individuals.
 4. The PWBC shall report directly to the Medical Staff President on the status of particular cases, including when an evaluation is complete and the PWBC's recommendations.
 5. At the conclusion of its evaluation, the PWBC shall report its recommendations regarding the affected Practitioner to the Medical Staff President. The Practitioner's supervisor will also be advised of these recommendations for the purpose of determining whether the Practitioner's duties must remain under modification in order to assure safe clinical practice.
- C. **Obligations of the PWBC– Inquiry / Evaluation**– The PWBC will request the Practitioner's cooperation in addressing the concerns brought to it, and will make inquiry regarding these concerns to determine whether a problem exists. This protocol applies to current medical Staff Members as well as to applicants. (See Section III-C below)
- D. **Obligations of the PWBC– Assurance of Patient Safety** – Though the PWBC serves as an advocate for the Practitioner, appropriate limits on that advocacy must be exercised in order to protect patients from harm. (See Section III-D below)
- E. **Obligations of the PWBC– Leave of Absence** - If the PWBC concludes that, even with a modification of duties, the Practitioner cannot practice

safely at the Hospital, the Practitioner will be requested to take a voluntary leave of absence. (See Section III-E below)

- F. **Obligations of the PWBC– Referral for Treatment** - An Impaired practitioner will be referred for treatment approved by the PWBC. (See Section III-F below).
- G. **Obligations of the PWBC– Monitoring Agreements** - The PWBC will draw up a Monitoring Agreement between it and the Impaired Practitioner, delineating the Committee’s expectations for treatment and monitoring. At a minimum, the Monitoring Agreement will require the Impaired Practitioner to agree to one or more of the conditions outlined in Section III-G below, depending upon the nature of the impairment:
- H. **Obligations of the PWBC– Continued Monitoring After Successful Completion of Treatment** – After two (2) years, the PWBC will close the active case. It will then open a monitoring case for a defined period of time, such as three (3) years, and review the Practitioner’s status every six (6) months.
- I. **Obligations of the PWBC– Consequences of Lack of Cooperation: MEC-Initiated Investigation and Required Report to the Medical Board** - If, at any stage, the Practitioner refuses to cooperate, the matter will be referred to the Medical Staff President, along with a statement that the Practitioner is not participating in a PWBC program and there is reason to suspect that the Practitioner may be impaired.
 - 1. The Medical Staff President shall refer the matter to the Medical Executive Committee (MEC) for the purpose of initiating its own formal investigation and initiating corrective action, as necessary. (See Section III-I below).
- J. **Medical Board of California (MBC) – Reporting Responsibilities**
 - 1. In accordance with Business and Professions Code Section 821.5, the MEC is required to complete and file an Initial Report and a Final Report with the Medical Board of California (MBC) concerning its “formal investigation” of concerns that “a physician or surgeon” may be suffering from a “disabling mental or physical condition” that “poses a threat to patient care.” (See Section III-J below)

III. PROCEDURE

RESPONSIBLE PERSON(S)/DEPT.	PROCEDURE
	A. Possibly Impaired Practitioner
Supervisor of Possibly Impaired Practitioner or Medical Staff President	1. Arrange for a face-to-face meeting, in accordance with policy as stated in Section II above, with the Practitioner to discuss the information provided without revealing the name(s) of the source(s) of information. The meeting will also be attended by the PWBC Chair (or designee). <ul style="list-style-type: none"> a. The meeting should occur in a private setting conducive to

RESPONSIBLE
PERSON(S)/DEPT.

PROCEDURE

PWBC

- maintaining the confidentiality of the discussion.
- b. If, following the meeting, the supervisor (or Medical Staff President, as appropriate) believes there is cause for concern, the possibly Impaired Practitioner will be requested to immediately self-refer to the PWBC.
 - (1) This request will be documented in writing to the Practitioner (by the Division Chair or Medical Staff President, as appropriate) with a copy filed in the practitioner's confidential file.
 - (2) Possibly Impaired Practitioner may have modified duties per Section II-A-3 above.
- B. Reporting Responsibilities**
1. Report activities to the M.E.C. on a quarterly basis, without identifying individuals.
 2. Report status of particular cases to the Medical Staff President, including when an evaluation is complete and the recommendations of the PWBC.
- C. Inquiry / Evaluation**
1. Center the inquiry upon and limit it to the event(s) in issue. This may include evaluation of written reports; interviews of hospital employees, professional associates, and office colleagues; ad chart review of records at this or other hospitals for the purpose of identifying impairment rather than assessing quality of care.
 2. Invite the Practitioner to meet with the entire Committee or a minimum of two PWBC members, IF a problem MAY exist, to discuss the problem and the findings from the inquiry.
 - a. The PWBC may ask the Practitioner to submit to an independent mental and/or physical evaluation, including without limitation, testing for the presence of alcohol or controlled substances. The Medical Staff (dues account) will pay for this initial testing/evaluation.
 - b. The PWBC will provide the Practitioner with a list of acceptable professionals to perform the testing/evaluation.
 - c. The PWBC will ask the Practitioner to sign a form authorizing disclosure of the results of the independent evaluation to the Committee. The report should address the diagnoses, prognosis and treatment program recommendations.
- D. Assurance of Patient Safety**
1. In the event information received by the PWBC clearly demonstrates that the health or known impairment of the Practitioner creates a likelihood of harm to patients or others, that information shall be conveyed to the Medical Staff President and to the Practitioner's supervisor to assure that appropriate follow-up action is taken.

RESPONSIBLE
PERSON(S)/DEPT.

PROCEDURE

2. Should the PWBC have questions regarding the ability of the Practitioner to safely practice, appropriate expert opinion (within or outside the Hospital) should be obtained. Following the receipt and evaluation of such opinion, the PWBC will convey this information to the Medical Staff President and to the Practitioner's supervisor for appropriate follow-up action as necessary.

E. Leave of Absence

1. Discontinuance of the leave is contingent upon the Practitioner satisfying the PWBC that he/she can return safely to practice and that he/she will comply with the terms of the Monitoring Agreement (See Section entitled, "Monitoring Agreement" below).
2. Should the affected Practitioner refuse to agree to a leave of absence from clinical practice pending treatment, the PWBC will request the Medical Staff President to initiate corrective action (see Section entitled, "Consequences of Lack of Cooperation..." below).

F. Referral for Treatment

1. A Practitioner who suffers from Chemical Dependence will be referred to the Medical Board of California Diversion Program, or a treatment program of the Practitioner's choice as approved by the PWBC.
2. An Impaired Practitioner who suffers from mental illness (e.g., depression), emotional distress, stress or Disruptive Behavior will be referred for assistance to psychiatric/psychological counseling, an anger or stress management program, support groups and/or other forms of assistance as appropriate and as approved by the PWBC.

G. Monitoring Agreements

1. To request a medical leave of absence in the event the PWBC finds that the impairment (or a failure to comply with the Monitoring Agreement) presents a risk to patients.
2. To participate in an ongoing treatment program. Any specific terms, such as continuing psychiatric counseling, securing medical treatment or attending weekly meetings of recovery groups (such as Alcoholics Anonymous), should be stated.
3. To abstain from using any drugs or alcohol, except as approved by the treatment program and the PWBC.
4. To agree to any indicated random testing of bodily fluids, by the treatment program or as directed by the PWBC.
5. To allow free and open communication between the treating professionals, the recovery support network, those persons

RESPONSIBLE
PERSON(S)/DEPT.

PROCEDURE

responsible for verifying compliance with the Monitoring Agreement, and the PWBC.

6. To sign whatever forms are needed to authorize release of information from the treatment programs to the PWBC, and request that reports shall be made regularly, at defined time intervals, such as quarterly.
7. To cooperate with his/her supervisor concerning a modification of clinical duties as necessary in order to assure safe clinical practice at the Hospital.
8. To provide documentation from an evaluating or treating professional that initial treatment has been provided and that the Practitioner may safely practice.
9. When indicated based upon the severity and duration of the chemical dependence, or mental or physical impairment, there may be a requirement that the Impaired Practitioner be proctored, and have reports of satisfactory performance on the cases.
10. To provide for post-treatment monitoring of a sufficient duration (i.e. 2 to 3 years).
11. To meet regularly, and at least quarterly, with a monitor appointed by the PWBC.
12. To acknowledge that any failure to comply with the conditions will result in immediate referral to the Medical Staff President for corrective action.
13. To participate in a regular review of the Monitoring Agreement, and to modify it as necessary to achieve the goals of continued recovery.

H. Continued Monitoring After Successful Completion of Treatment:

1. Close the active case after two years with successful completion of treatment.
2. Open a monitoring case for a defined period of time.
3. Review the Practitioner's status every six months.

I. Consequences of Lack of Cooperation

1. The Medical Staff President will refer to the PWBC if there is reason to suspect a Practitioner may be impaired.
 - a. The MEC will not ask and the PWBC will not provide the confidential information that was gathered during its inquiry or while the Impaired Practitioner was fulfilling his/her Monitoring Agreement.
 - b. The PWBC will be asked only to indicate what action may be necessary to protect patients. Other evidence will

RESPONSIBLE PERSON(S)/DEPT.	PROCEDURE
MEC	<p>be developed independently in order to preserve the integrity of the PWBC's promises of confidentiality.</p> <p>J. Initial and Final Report with the Medical Board of California (MBC) pursuant to Section II-J above.</p> <ol style="list-style-type: none"> 1. The Initial Report (copy attached) must be filed with the MBC Diversion Program within 15 days of the commencement of the MEC's formal investigation. 2. The Diversion Program Administrator will contact the MEC within 60 days thereafter to determine the status of the investigation. 3. At any time, if the Diversion Program Administrator determines that the progress of the MEC investigation is not adequate to protect the public, he/she will notify the MBC Enforcement Division who shall then conduct its own investigation.

CROSS REFERENCE:

Medical Staff Bylaws (Physician Well-Being Committee)

Author: Manager, MSSD

Sponsor: VP Quality / Patient Safety

Appendix One - Terms and Definitions Applicable to this Policy

- **Impaired Practitioner** - The California Medical Association (CMA) defines an impaired practitioner as one who is unable, or potentially unable, to practice with reasonable skill and safety to patients because of physical or mental illness, including but not limited to: chemical dependence, emotional distress, stress, deterioration through the aging process or loss of motor skills, and disruptive behavior.
- **Chemical Dependence** - Engaging in excessive use or abuse of alcohol or drugs including dependence on mood-altering substances such as cocaine, opiates, and depressants.
- **Disruptive Behavior** - A pattern of inappropriate verbal or physical aggression with patients or staff that disrupts the normal functioning of the hospital and presents real and potential danger to the care of patients, or a single incident of egregious conduct that poses a real danger to patients or staff or violates the law and/or Hospital policy. Examples of disruptive behavior include, but are not limited to: disrespect, hostility, intimidation, uncontrolled temper (yelling, condescending speech, throwing instruments), foul and/or abusive language, belittlement (criticizing staff in an unprofessional manner in front of others) and sexual harassment.

APPENDIX 9

Radiation Oncology Residency Program Overview

Program Components

1. 48-month residency program
2. 36 months in clinical radiation oncology. No subspecialty rotations.
3. 8-12 month research rotation
4. Electives for residents performing less than 12 months of research
 - a. Diagnostic Radiology
 - b. Pathology
 - c. Pediatric Oncology
 - d. Hematology/Stem Cell Transplantation
 - e. Medical Oncology
5. Biostatistics Ph.D. level lecture series at COH: Clinical Investigation Training Program administered by Dr. Jonathan Espenschied, Director, Clinical Research Training