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Welcome

Welcome to Vanderbilt University Medical Center (VUMC). You are now part of an institution that has built a strong national and international reputation in patient care, research, and the medical education of health professionals. Beginning in 1925, Dr. Alfred Blalock and Dr. Tinsley Harrison were among the first House Staff to be trained at VUMC. Since then we have grown to over 1200 House Staff. We pride ourselves on integrating House Staff into the fabric of VUMC, by encouraging House Staff to contribute to fundamental discoveries, to participate in translating those discoveries into practice, and to serve as part of the healthcare team. VUMC dedicates itself to your professional and personal development. Currently VUMC sponsors over 180 different residency and fellowship programs, with over 100 programs accredited by the Accreditation Council for Graduate Medical Education (ACGME).

VUMC is strongly affiliated and closely linked with Vanderbilt University School of Medicine. The School of Medicine, originally part of the University of Nashville, was incorporated into Vanderbilt University in 1874 and awarded its first Vanderbilt medical degrees in 1875. A national leader in medical education, Vanderbilt University School of Medicine works closely with VUMC to provide a nationally elite medical education continuum.

Statement of Institutional Commitment to Graduate Medical Education

Our GME Mission is to support and develop trainees who will, upon completion of their training at Vanderbilt University Medical Center (VUMC), provide exemplary patient care, model inspiring leadership, honor their personal priorities, and sustain lifelong learning in their chosen specialty and position.

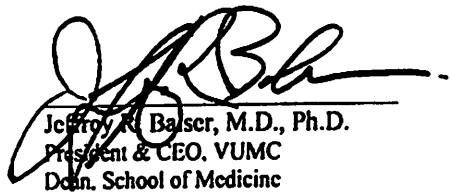
We will achieve this by:

- Creating and implementing competency-based educational programs that support personal development for trainees,
- Recruiting, developing, and retaining a group of trainees who will provide excellent care to the populations they serve,
- Supporting faculty role models who exemplify professionalism as they provide supervision and guidance while actively developing autonomy in trainees,
- Adhering to evidence-based, data-driven clinical learning and operational systems, measured and defined by ongoing quality improvement practices which prioritize patient safety, and
- Partnering with patients in learning as we identify and respond to local and regional needs.

The leadership of VUMC affirms our commitment to GME by ensuring the provision of the necessary administrative, educational, financial, human, and clinical resources. This comprises the available resources for House Staff education, patient safety, and quality improvement, including but not limited to support and dedicated time for program leadership, core faculty members, applicable professional development, and resources including space, technology, and supplies.

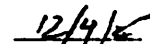
VUMC will support an organized system of oversight which includes the activities of the Board of Directors of VUMC, the Medical Executive Committee, the Graduate Medical Education Committee, the ACGME Designated Institutional Official, and the Office of Graduate Medical Education. These bodies will ensure the effective development of all GME programs, substantial compliance with Program, Common, and Institutional Requirements of the ACGME for ACGME programs, and adherence to all institutional GME policies and procedures.

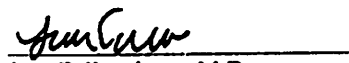
The leadership of VUMC support this statement of commitment, developed, and endorsed by the Graduate Medical Education Committee.

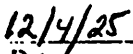

Jeffrey R. Balser, M.D., Ph.D.
President & CEO, VUMC
Dean, School of Medicine


12/8/25
Date

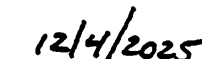
Donald W. Brady, M.D.
Gray E.B. Stahlman Professor of Medicine
Executive Vice President for Educational and Medical Staff Affairs, VUMC
Executive Vice Dean for Academic Affairs, VUSM

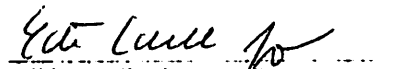

12/4/25
Date

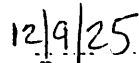

Jane E. Freedman, M.D.
Deputy Chief Executive Officer &
Chief Health System Officer, VUMC
Professor of Medicine, VUSM


12/4/25
Date


Kendra Parekh, M.D., MHPE
ACGME/NRMP Designated Institutional Official,
Vice President for Educational Affairs, VUMC
Associate Professor of Emergency Medicine,
Associate Dean for Graduate Medical Education, VUSM


12/4/2025
Date


Edith Caroll Johnson, M.D.
Chair, Board of Directors
Vanderbilt University Medical Center


12/9/25
Date

VANDERBILT UNIVERSITY SCHOOL OF MEDICINE COMPACT BETWEEN TEACHERS AND LEARNERS IN VUSM PROGRAMS

Preamble

As a community of teachers and learners, we acknowledge the fundamental importance of our professional values in creating and maintaining an environment that promotes the highest standard of learning and the highest quality of research, service and patient care. The following principles characterize this environment and guide us in making daily decisions: Respect, Service, Integrity, Accountability, Scholarship, and Compassion. Recognizing that in an academic community we are teachers and learners simultaneously, we make the following commitments with the understanding that each applies to all of us, regardless of our status, whether faculty, resident, clinical staff, or student.

Commitments of Teachers

- We will respect students, colleagues, staff and patients as individuals. ‡
- We will strive to provide the highest quality instruction, by preparing adequately for all teaching sessions, using evidence-based content, arriving on time, and admitting any gaps in knowledge. We will strive for continuous improvement in our teaching efforts by responding to feedback and evaluation.
- We will demonstrate respect for our learners by turning off cell phones and silencing pagers during sessions we teach, unless they are required for service responsibilities.
- We will clearly express learning objectives for all courses and teaching sessions, and understand how these promote the learning objectives of the school. We will clearly define any specific academic and behavioral expectations for our classes.
- We will be aware of institutional and national policies, such as duty hours, and make sure that our expectations are consistent with those policies.
- We will assign tasks that are appropriate for the stage of learning, level of responsibility, and status as students. If an assigned clinical task conflicts with the personal ethics of a learner, we will discuss this with the learner and attempt to resolve the conflict in a manner that respects the learner while placing priority on the interests and well-being of the patient. We will seek not to require our learners to take actions inconsistent with their personal values.
- We will recognize the responsibilities implicit in our roles as mentors and coaches, and in the spirit of cultivating excellence in our learners, provide timely and constructive feedback.
- We will recognize our status as role models, and in our interactions with patients, staff, students, and colleagues, we will exhibit the same standard of professional behavior that we expect from others.

- We acknowledge that the teacher-learner relationship is a model for the clinician-patient relationship, and will strive to know our students as individuals, answer their correspondences promptly, exercise concern for their well-being, and treat them with compassion.
- We will respect the intellectual property of others and will use online resources, such as VSTAR and Brightspace, in a manner that is consistent with that respect.
- We will demonstrate honesty and integrity in all academic endeavors, including examinations, research efforts, and patient care entries.
- We will strive to create a culture of safety. This culture includes evaluation for disclosure, event analysis, and process change when a safety concern is identified.

Commitments of Learners

- We will respect students, colleagues, staff, and patients as individuals‡
- We will strive for excellence in attaining the knowledge, attitudes, and skills needed for the highest standards of practice.
- We will attend all learning sessions designated as required by our programs' teachers. We will demonstrate respect towards teachers and peers by arriving on time, turning off cell phones, silencing pagers, and complying with other specific expectations defined by the faculty.
- We will wear appropriate attire. In the classroom setting, our attire should not cause distraction. In practice settings, it should comply with the standards published by the institution.* We will adhere to any additional attire requirements of our programs and courses.
- We will work effectively in teams, respecting the contributions of all members, assuming a fair share of responsibility, and performing leadership tasks with a sense of service to others.
- In practice settings we will acknowledge and seek help if assigned a task that is beyond our level of skill. If an assigned task conflicts with personal ethics, we will discuss this with the supervising faculty or staff member and strive to reach a resolution that places priority on the interests of the patient.
- We will recognize our obligations as a collegial community, sharing knowledge and assisting peers in their quest to achieve professional and personal goals. We will assist our colleagues in distress.
- We will establish the habit of critical reflection, acknowledge gaps in our knowledge, recognize our limitations, and strive for constant self-improvement.
- We will respect the intellectual property of others and will use online resources, such as VSTAR and Brightspace, in a manner that is consistent with that respect.
- We will demonstrate honesty and integrity in all academic endeavors, including examinations, research efforts and patient care entries.
- We will strive to create a culture of safety. We will accept responsibility for errors and near-errors by disclosing them, analyzing them and implementing changes that would prevent similar events in the future.

- In the spirit of continuous quality improvement, we will accept the responsibility of constructive evaluation of our courses and teachers.

Acknowledgements

This document draws heavily from the following sources:

1. Association of American Medical Colleges, Compact Between Teachers and Learners of Medicine.
2. National Board of Medical Examiners, Center for Innovation, The Behaviors of Professionalism.
3. ABIM Foundation, ACP-ASIM Foundation, and European Federation of Internal Medicine, Medical Professionalism in the New Millennium: A Physician Charter, *Annals of Internal Medicine*, 136:3, 243-6, 2002.

‡In compliance with federal law, including the provisions of Title VI and Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendment of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990, the ADA Amendments Act of 2008, Executive Order 11246, the Vietnam Era Veterans Readjustment Assistance Act of 1974 as amended by the Jobs for Veterans Act, and the Uniformed Services Employment and Reemployment Rights Act, as amended, and the Genetic Information Nondiscrimination Act of 2008, Vanderbilt University does not discriminate against individuals on the basis of their race, sex, sexual orientation, gender identity, religion, color, national or ethnic origin, age, disability, military service, covered veterans status, or genetic information in its administration of educational policies, programs, or activities; admissions policies; scholarship and loan programs; athletic or other university-administered programs; or employment. In addition, the university does not discriminate against individuals on the basis of their gender expression. Requests for information, inquiries or complaints should be directed to these offices: Faculty and staff – Office of Equal Opportunity and Access, EOA@vanderbilt.edu, telephone (615) 343-9336; Students – Title IX Office, Title IX Coordinator, titleix@vanderbilt.edu, telephone (615) 343-9004, 2100 West End Avenue, Suite 700, Nashville TN 37203; Students – Student Access Services, studentaccess@vanderbilt.edu; telephone (615) 343-9727.

**Vanderbilt University Medical Center dress code may be found at [2025.07-VUMC-Dress-Code.pdf](#).*

The VUSM Compact Between Teachers and Learners in VUSM Programs policy was reviewed and approved by the Executive Faculty of the Vanderbilt University School of Medicine Committee on June 17, 2020.

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HOUSE STAFF INFORMATION

ADMINISTRATION

The ACGME Designated Institutional Official (DIO) is charged with the administrative responsibilities for House Staff, which in this document refers to all residents and fellows at Vanderbilt University Medical Center (VUMC) who are primary appointees of the Graduate Medical Education (GME) Office. This person also holds the position of Associate Dean for Graduate Medical Education within the Vanderbilt University School of Medicine. The DIO is charged with responsibility for oversight of all accredited (i.e., accredited, but not through ACGME) and non-accredited GME programs.

Additionally, there is an Administrative Director of GME, who coordinates and manages the activities of the GME Office.

The *House Staff Manual* is the primary document governing roles and responsibilities for all individuals appointed primarily through the GME Office. House Staff are also subject to governing documents and procedures, including, without limitation, the VUMC Medical Staff Bylaws, VMG (Vanderbilt Medical Group) By-laws, other applicable institutional By-laws, VUMC policies and procedures pertaining to faculty. Individuals in a GME program who also have an appointment to the Vanderbilt University faculty are also subject to the Vanderbilt University's Faculty Manual, unless otherwise specified.

The GME Office is located in 303 Light Hall and can be contacted at (615) 322-4916 or gme.office@vumc.org (email inquiries will be answered within 24 hours during weekdays). Business hours are 8:00 a.m. – 4:00 p.m., Monday through Friday, except for VUMC recognized holidays (<https://hr.vumc.org/holiday-calendar>) or as otherwise posted. Helpful information can be found on the GME Office website (<https://www.vumc.org/gme/>).

Interpretation of policies, verification of status, training, dissemination of information, loan deferments and application for licensure are handled by the GME Office. The staff will assist House Staff with documents requiring institutional verification or notary seal. **House Staff must notify the GME Office within 14 days of any change in legal name, address, and/or phone number, and provide supporting documentation at the time of notice.**

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CONDITIONS OF EMPLOYMENT AND CONTINUED EMPLOYMENT

Failure by House Staff to meet all Conditions of Employment, as set forth in this *House Staff Manual* and/or in the House Staff Agreement, any provision by House Staff of false or misleading information, or omission of information deemed by VUMC to be relevant for employment, may result in revocation of the offer of employment (this action is not appealable) or other action, including but not limited to corrective action, up to or including Immediate Dismissal (if currently employed). An NRMP waiver may be requested, as applicable.

1. Pre-Employment Screening and Other Requirements

All House Staff new to VUMC are given a conditional offer of employment. The offer is pending the satisfactory completion of the background check process, as well as other items set forth in the *House Staff Manual*. New House Staff will not be permitted to start work until the background check has been satisfactorily completed and the official transcript has been received. House Staff must complete all necessary paperwork, including any necessary releases, to initiate the background check and request the official transcript, and provide accurate and complete information as requested. The status of and/or results of the background check will be evaluated by the DIO, the Program Director, and other individuals deemed appropriate. (see [Section I.B. BACKGROUND CHECK AND DISCLOSURE POLICY](#)) Individuals participating in rotations at institutions outside of VUMC may be subject to additional requirements and/or different background check requirements at those institutions. Please refer questions to Program Directors and/or the DIO. See more information below.

a. *NPI (National Provider Identification) Number*

All incoming House Staff are responsible for obtaining an NPI number prior to starting clinical work. It is the responsibility of House Staff to maintain their NPI number. More information on NPI numbers can be found at <https://www.vumc.org/gme/npi-numbers>.

b. *Office of Inspector General*

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VUMC will check all applicants against the Office of Inspector General's (OIG) list of individuals excluded from federal healthcare programs. Excluded individuals are not eligible for employment/continued employment.

Employment of House Staff (including commencement of employment by, and continued employment with VUMC) will be contingent upon the individual not being excluded from participation in programs funded by state and federal governments, including without limitation programs funded by Medicare and Medicaid, and/or research funding sponsored by the National Institutes of Health (NIH) or other agencies.

c. National Practitioners Data Bank

All incoming House Staff will be checked against the National Practitioner Data Bank (NPDB). The Data Bank is primarily a system intended to supplement a comprehensive review of the professional credentials of health care practitioners, providers, and suppliers; the information from the Data Bank is used in conjunction with, not as replacement of, information from other sources. More information can be found here: <https://www.npdb.hrsa.gov/topNavigation/aboutUs.jsp>.

d. Licensure

House Staff must at all times meet the requirements for licensure or exemption from licensure under the Tennessee Board of Medical Examiners requirements. See Program Requirements for additional information.

e. Immunization and Screening

Certain immunizations and screening tests are necessary to protect the health of House Staff, other employees and patients at VUMC and/or at other locations where the House Staff may provide professional services. Incoming House Staff can provide these records to Vanderbilt Occupational Health Clinic (VOHC) at orientation if they have received these services elsewhere. If not received elsewhere or otherwise exempted in accordance with VUMC procedure, VOHC provides any additional services to meet VUMC requirements. This webpage explains the current requirements: <https://www.vumc.org/health-wellness/all-aboard/vumc-immunization-requirements>.

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In addition, there may be required rotations at off-site facilities, and those facilities may have additional or different immunization and screening requirements. Please refer questions to Program Directors and/or the DIO.

f. Transcript

An official final transcript showing the House Staff professional (M.D., D.O. or equivalent) degree conferred with their graduation date **must** be received by GME directly from the graduating institution before they commence training. All International Medical graduates must also submit a copy of their Educational Commission for Foreign Medical Graduates (ECFMG) Certificate, which the GME Office verifies directly with ECFMG's database. Under extraordinary circumstances, the DIO may grant a limited extension on the deadline by which the transcript is needed; in such cases, the DIO may accept an official letter from the degree-granting institution signifying completion of professional degree. This extension must be requested through the Office of Graduate Medical Education. International Medical Graduates whose graduating institutions do not issue official transcripts beyond the original issued to the graduate may bring their original official final transcript and diploma, with official translation if documents are not in English, to the GME Office to meet this transcript requirement. GME maintains a notarized copy of these documents.

Vanderbilt Office of Graduate Medical Education

2215 Garland Ave.

303 Light Hall

Nashville, TN 37232-0685

Important: Photocopies are not acceptable, even if notarized.

Upon request, the Office of Graduate Medical Education will make unofficial copies of a House Staff transcript under the following conditions: 1) the requesting individual makes the request in person, 2) the requesting individual presents photo identification confirming that it is their own transcript, 3) the phrase "UNOFFICIAL COPY" will be stamped on the document if photocopying the transcript does not self-insert the word "COPY" on the document. The requesting House Staff will sign a form documenting the request, a copy of which will be retained in the House Staff file.

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Professional Degree Designation

The degree suffix on all identification (i.e., ID Badge, white coats, certificates) will replicate the professional degree(s) conferred, at the time of graduation, by the medical school attended by the House Staff.

g. Medical License

House Staff who are participating in an approved training program that does not require independent practice in a core specialty as part of the training program may practice under an exemption from licensure (applies to training program only) by the Tennessee Board of Medical Examiners. The GME Office will be responsible for the request of exemption to the Board annually.

External moonlighting (see [Section I.E. EXTRACURRICULAR PROFESSIONAL ACTIVITY](#)) and/or volunteer work as a physician requires an unrestricted license.

House Staff entering non-ACGME training programs that require independent practice as a portion of the training program, require an appointment as a VUMC-credentialed provider and an appointment with Vanderbilt University as faculty (Clinical Fellow/Instructor). These individuals must obtain an unrestricted medical license and credentialing prior to entering the program.

h. Resuscitation Training & Documentation

House Staff must be in compliance with the Cardiopulmonary Resuscitation (CPR) Policy in PowerPolicy (<https://powerdms.com/link/VanderbiltUMC/document/?id=2352952>), summarized in figure 1 below, before the start of the program and must maintain current training throughout the program as required by this policy. Please note that ACLS and/or PALS **DO NOT** satisfy the BLS requirement. They are separate courses and a current, separate card or valid eCard must be held for each.

Please note that individual programs or departments may require additional training beyond the requirements of hospital policy. House Staff should check with their program to confirm.

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	BLS for Healthcare Providers	PALS	ACLS
Adult - PGY 1-3	✓		✓*
Peds - PGY 1-3	✓	✓*	
Med/Peds - PGY 1-3	✓	✓	✓
Emergency Medicine – PGY 1-3	✓	✓	✓
Peds Emergency Medicine – Fellows	✓	✓	✓
PGY 4 and up	✓		
Clinical Fellow/Instruct ors	✓	**	**

Figure 1

*The office of Graduate Medical Education (GME) maintains a list of residency programs that do NOT require ACLS and/or PALS training as approved by the Vanderbilt Health System Chief of Staff or designee. Find current list of exemptions at <https://www.vumc.org/gme/resuscitation>.

**Clinical Fellow/Instructors who also maintain sedation privileges must also be certified in either PALS or ACLS

Acceptable agencies for resuscitation training: Only training from the following nationally recognized agencies is accepted at VUMC for resuscitation training:

- **American Heart Association**
- **American Red Cross**
- **Military Training Network**

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ONLY training with hands-on CPR skills evaluation is accepted.

CURRENT HOUSE STAFF: Visit yumc.org/resuscitation-program/home to view available courses and to register.

NEW HOUSE STAFF: The GME Office must have verification of training with either a copy of course completion card(s) or valid eCard Code(s) from an approved agency (see information directly below figure 1 for approved agencies). House Staff will not be permitted to start their training programs until they have completed training (didactic and hands-on) and submitted proof of completion for the required Resuscitation Training. To provide this information, new House Staff can follow the instructions from their onboarding task list. If current certification(s) expire within the first three months of start date, incoming House Staff must renew prior to starting. Failure to provide copies of course completion card(s) or valid eCard Code(s) to GME WILL affect start date.

The accountability for keeping BLS/ACLS/PALS training current rests with the House Staff member.

i. Training Assignments and other Compliance Items

All House Staff are responsible for staying up to date with any training assignments, including, but not limited to, other training outlined below and other training that may be assigned. Failure to do so may result in Corrective Action. Clinical Fellow/Instructors and Clinical Fellows, who have a secondary appointment in the Office for Faculty Affairs, will be required to complete training for both their House Staff and Faculty roles.

MEDICAL CENTER

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Training/Testing (Available at https://learningexchange.vumc.org unless otherwise indicated)
To be completed <i>once, within two weeks of start date</i>
A Workforce Member's Guide to the Mutual Respect Policy
Clinical Alarm Systems Management Policy
Defining Personalized Care – Clinicians as Leaders
eStar Training
FERPA Tutorial (House Staff)
GME New House Staff Orientation Videos
House Staff MATE Attestation
* Laptop Attestation (<i>Core Residencies only, must be completed on first day of employment</i>)
Medical Chaperone Training for Providers, Chaperones, and their Leaders
Physician Response to Emergencies (NIMS)
Procedural Minimal Sedation and Analgesia
Sleep Loss Awareness and Fatigue Management
TB Skin Testing - available at Occupational Health Clinic
Utilization Management at Vanderbilt
VUMC Guidelines for Standardized Handoffs – SBAR for Physicians
VUMC Informed Consent for Physicians Training
VUMC Patient Safety – Correct Patient, Procedure & Site
Workday Curriculum: Employee as Self
To be completed <i>within two weeks of start date, and then at least annually</i>
Blood Borne Pathogens & Infection Prevention
Clinical Radiation Safety Training for VUMC House Staff
House Staff Clerkship Course Goals and Objectives Annual Attestation
Immunizations - Available at Occupational Health Clinic
Indirect Order Entry Modes
Initial Infection Prevention <i>and</i> Annual Training Bloodborne Pathogens
*Laser Safety in Clinical Settings for Providers
*2027 FY Shields instead of Lead PPE for Fluoro Snapshots – Main Campus OR
Magnetic Resonance Imaging (MRI) Safety Lesson
* Parkinson's Training: Provider training
* Perioperative: OR-to-ICU Huddle Training
Protection of Minors
* Radiation Safety During Fluoroscopy
Residents and Fellows as Teachers
Respirator Fit Testing - Register at https://www.vumc.org/safety/clinical/n-95-respirator-program
Timeout & Fire Safety Prevention in the OR
Title VI: Civil Rights Act of 1964
Vanderbilt CLABSI Prevention
VUMC annual physician COI training
VUMC Physicians: Reporting Deaths to the Medical Examiner
VUMC Training Curriculum

*Assigned to a subset of specialties

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j. International Medical Graduates (IMG) (where applicable)

An ECFMG certification is required for IMGs who come to the USA for clinical training. The House Staff is responsible for obtaining the ECFMG certification and notifying both VUMC and ECFMG of any change in status.

For any Canadian medical school graduates before July 1, 2025, who are not ECFMG certified, a degree equivalency evaluation is required from a vendor such as Trustforce prior to VUMC start date.

k. Eligibility to Work in the US

All House Staff are required to be eligible to work in the United States.

Regarding visa sponsorship, ECFMG is the only United States agency authorized to sponsor J-1 visas for physicians in clinical training programs. Therefore, the House Staff seeking J-1 visa status must be sponsored by ECFMG. The House Staff is required to comply with all J-1 visa requirements, and requirements that may be set forth by ECFMG. If you have questions, please reference the EVSP Reference Guide or contact the ECFMG. In keeping with ECFMG reporting requirements, J-1 House staff must notify a VUMC Training Program Liaison/TPL (gme.office@vumc.org or 615-322-4916) of any change in approved training plan and/or contract, initiation of Corrective Action, initiation of a travel/elective off-site rotation, leave of absence or serious matter involving the exchange visitor physician or accompanying J-2 dependent (see the ECFMG reference guide at <http://www.ecfm.org/> for more information).

VUMC GME programs, in consultation with the department and the GME office, may consider the H-1B visa sponsorship on a case-by-case basis. Please reach out to the program director of the program to which you are applying.

VUMC GME office does not support new O-1 visa applications. Individuals that are currently on an O-1 at a current institution will need to discuss with program director a transition plan.

2. Restrictive Covenant Policy

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Participants in any ACGME accredited training program will not be required to sign a non-competition guarantee or restrictive covenant to participate in that training program. Those who are in non-ACGME programs may be subject to a non-competition guarantee or restrictive covenants, if permissible under applicable law, and this can be found in the Program Policies.

3. House Staff Supported by NIH Training Grants or other External Funding

House Staff who are not on a leave of absence and who are supported by NIH Training Grants or other external funding sources prior to completion of their training program will have compensation and benefits that are equitable to their post-graduate year of training or that were received during their most recent post-graduate year of training if not participating in a clinical year. Further information is available in the Office of Graduate Medical Education.

4. Clinical Education and Work Hours

All House Staff are responsible for accurately reporting all clinical education and work hours, including the location, and any internal and external moonlighting hours. Please see [I.D. POLICY ON CLINICAL EDUCATION AND WORK HOURS](#) for further information. Concerns regarding clinical education and work hours may be reported to the DIO, anonymously or through the Confidential Hotline, 1-866-783-2287 or online <https://www.tnwgrc.com/Vanderbilt/>.

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BACKGROUND CHECK AND DISCLOSURE POLICY/EXCLUSION

Employment is contingent upon all House Staff new to VUMC completing a background check, which may also include an international background check, as appropriate. Any offer of employment is also conditional upon a determination by VUMC that the results are acceptable. House Staff must complete all necessary documentation, including any necessary releases, to initiate the background check. The status of and/or results of the background check will be evaluated by the DIO, the Program Director, and other individuals deemed appropriate.

A criminal background check may be required as part of the initial background check for new employees, or during employment, in accordance with applicable policies, procedures or practices of VUMC or clinical education sites.

There is an affirmative and ongoing duty for House Staff to notify the DIO of arrests, convictions, pending malpractice suits and the disposition of any outstanding charges, after the initial background check for employment is completed. There is also an affirmative duty for House Staff to report any adverse information resulting from subsequent criminal background checks obtained at any site during their employment as House Staff at VUMC.

Within five (5) calendar days after being arrested or convicted of a criminal offense, House Staff must disclose that arrest or conviction to VUMC by directly informing the DIO and by also opening a case in the VUMC HR system Workday Help. Failure by House Staff to open a case in Workday Help and/or disclose an arrest or a criminal conviction to the DIO within five (5) calendar days may result in corrective action, up to and including Immediate Dismissal from their training program.

The House Staff also must disclose to the DIO, and through their Workday Help Case, all other significant events occurring in their corresponding criminal proceeding, including the issuance of any indictments, criminal summons, sentences, or other dispositions of the case, within three (3) calendar days of their occurrence. Failure by House Staff to disclose through the Workday Help Case and/or to the DIO all other significant events occurring in the criminal proceeding within three (3) calendar days of their occurrence may result in corrective action, up to and including Immediate Dismissal from their training program. See VUMC policy HR—Arrest and Convictions, <https://powerdms.com/link/VanderbiltUMC/document/?id=2631791>, for additional details.

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The facts and circumstances of each case will determine what, if any, action is taken, up to and including Immediate Dismissal, as appropriate.

Additionally, employment of House Staff (including commencement of employment by, and continued employment with VUMC) will be contingent upon House Staff not being excluded from participation in programs funded by state and federal governments, including without limitation programs funded by Medicare and Medicaid, and/or research funding sponsored by the National Institutes of Health (NIH) or other agencies.

<https://powerdms.com/link/VanderbiltUMC/document/?id=2370637> See also more information included in "[Section I.A. CONDITIONS OF EMPLOYMENT AND CONTINUED EMPLOYMENT.](#)"

Effective: 07/01/2023

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HOUSE STAFF STIPENDS POLICY

House Staff stipends will be established for each PGY-level. The stipend level is intended to help House Staff defray their living and incidental costs while pursuing their education at the institution. If a resident or fellow has previously completed an ACGME program, or a non-ACGME accredited or non-accredited GME program or year, their PGY stipend level will be determined according to standard procedure as established by the GME office. Years of research, and/or non-completed programs or programs not recognized in the standard procedure, if not required for completion of the program, are not guaranteed to be considered as advancement of post-graduate stipend level. Questions about this policy may be directed to the DIO.

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POLICY ON CLINICAL AND EDUCATION WORK HOURS

The Vanderbilt Graduate Medical Education Committee (GMEC) is committed to compliance with the ACGME Clinical and Education Work hour guidelines. All ACGME programs must adhere to these guidelines. Other programs must adhere to these guidelines except where otherwise designated below, or unless stated in Program specific policies, or, in the situation of other-accredited programs, the requirements of those accrediting or certifying entities.

Clinical and Education Work hours are defined as all clinical and academic activities related to the program; e.g., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, time spent at home doing clinical work (e.g., documentation) and scheduled activities, such as conferences and/or required research. Clinical and Education Work hours do *not* include reading and preparation time spent away from the duty site. Although the ACGME may allow for an extension of the work hour restrictions to 88 hours per week for programs who apply, VUMC will not consider exceptions to work hours, except in exigent circumstances, as determined by the VUMC GME Office. All exceptions to work hours restrictions are approved by the VUMC GMEC only.

The following requirements apply to all training programs at VUMC:

General Guidelines

1. House Staff are responsible for accurately reporting in New Innovations their Clinical and Education Work hours, **including all time spent in Internal and External Moonlighting.**
2. The location of service must be designated.
3. Program Directors are responsible for monitoring and enforcing compliance with Clinical and Education Work hour guidelines.
4. If specialty/subspecialty-specific program Clinical and Education Work hour requirements as defined by an individual ACGME Review and Recognition Committee (RRC) for that specialty/subspecialty are more restrictive than the above requirements, then the Clinical and Education Work hour requirements of that RRC will be included in the policy of that

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specialty/subspecialty program and will supersede the institutional requirements. *

5. Concerns regarding Clinical and Education Work hours may be reported to the DIO or through the Compliance Integrity Line, 1-866-783-2287 or online <https://secure.ethicspoint.com/domain/media/en/gui/58859/index.html>. Concerns may be reported anonymously.

Maximum Hours of Clinical and Education Work per Week

6. Clinical and educational work hours must be limited to 80 hours per week, averaged over a four-week period, including all in-house clinical and educational activities, clinical work done from home, and all moonlighting.
7. Time spent in Internal and External Moonlighting (as defined in the ACGME Common Program Requirements and in the House Staff Manual) will be counted toward the eighty-hour maximum weekly hour limit on Clinical and Education Work hours as outlined above.
8. House Staff may not moonlight if on approved leave other than vacation.

Mandatory Time Free of Clinical and Education Work

9. House Staff should have eight hours off between scheduled clinical work and education periods. *
10. There may be circumstances when House Staff choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-in-seven requirements. *
11. House Staff must have at least 14 hours free of clinical work and education after 24 hours of in-house call. *
12. House Staff must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days.

Maximum Clinical and Education Work Period Length

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13. Clinical and educational work periods for House Staff must not exceed 24 hours of continuous scheduled clinical assignments, except in circumstances as outlined above in #10 and below in #16. *
14. Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or House Staff education. Additional patient care responsibilities must not be assigned to a House Staff during this time. *
15. VUMC encourages House Staff to use alertness management strategies, including strategic napping, in the context of patient care responsibilities, especially after 16 hours of continuous clinical work and education and between the hours of 10pm and 8am.

Clinical and Education Work Hour Exceptions

16. In rare circumstances, after handing off all other responsibilities, a House Staff, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient, humanistic attention to the needs of a patient or family, or to attend unique educational events. These additional hours of care or education will be counted toward the 80-hour weekly limit. *
17. Any program desiring to submit a rotation-specific exception for up to 10 percent or a maximum of 88 clinical and educational work hours to a Review Committee must have that request reviewed and approved by both the DIO and GMEC prior to submitting such a request. *

Maximum In-House On-Call Frequency

18. In-house call will occur no more frequently than every third night, averaged over a four-week period.

Night Float

19. If a program utilizes a night float system, night float must only occur within the context of the 80-hour and one-day-off-in-seven requirements.

At-Home Call

20. At-home call, or “pager call,” is defined as call taken from outside the assigned site.

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21. Time spent on patient care activities by House Staff on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks.
22. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each House Staff.
23. House Staff are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. These hours of inpatient care must be included in the 80-hour maximum weekly limit.

*indicates that this is not applicable to non-ACGME programs (other-accredited and non-accredited).

Any concerns or questions concerning the hour guidelines must be directed to the DIO or Administrative Director for GME.

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EXTRACURRICULAR PROFESSIONAL ACTIVITY (MOONLIGHTING)

VUMC affirms that the primary responsibilities of members of the House Staff are to their own postgraduate medical education and to the patients charged to their care. Extramural professional activities that are not a required part of training, not part of a redistribution situation to meet patient needs under unpredictable and exigent circumstances (e.g., pandemic or other crisis requiring cross-coverage between programs), and for which the House Staff is receiving additional pay, are defined as “moonlighting.”

Moonlighting may not conflict with program responsibilities.

Moonlighting is prohibited Monday through Friday from 8:00 am until 5:00 pm. Exceptions to this must be approved in writing by the GME office. Moonlighting during period of authorized vacation time can occur, provided that proper documented approval of moonlighting activity has been obtained.

House Staff may not moonlight on rotations or services to which they are currently assigned as part of their residency or fellowship program. House Staff also may not moonlight while on call or otherwise responsible for patients under their regular duty. Questions regarding whether a particular request for moonlighting would be prohibited under this section should be directed to the DIO.

VUMC or any individual department or division also reserves the right to deny any specific moonlighting activity that is deemed inconsistent with VUMC policy or creates a conflict of interest or commitment. House Staff requesting moonlighting permission must be in good standing (i.e., not currently on any step of Corrective Action or Academic Improvement – see [Section IV.C. Corrective Action or IV.D. Academic Improvement Status](#)) and acknowledge that their performance will be monitored for the effect of the activity on their performance, and adverse impact or a change in standing may lead to revocation of permission. If privileges to moonlight are revoked, House Staff are required to reapply for moonlighting privileges through the mechanisms used for gaining initial approval.

All hours spent moonlighting are subject to the Institutional Policy on Duty Hours and must be tracked through New Innovations. Failure to track moonlighting time, both internal and external, as duty hours may result in Corrective Action and revocation of moonlighting privileges.

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Individual departments or divisions may impose additional restrictions on moonlighting activity. In addition, House Staff with a secondary faculty appointment must comply with the requirements of the VMG Bylaws and their VMG participation agreement.

Violation of the Moonlighting Policy, including non-compliance with any requirements listed below, constitutes a breach of the House Staff Agreement between VUMC and the individual and may lead to Corrective Action up to and including Immediate Dismissal. Violation of the Moonlighting Policy also may result in revocation of moonlighting privileges. Contact the Office of GME for any clarification of these requirements.

All MOONLIGHTING – General Requirements:

1. Be in “good standing” in the training program (i.e., not on Corrective Action or Academic Improvement), and be PGY-2 or above.
2. Moonlighting cannot be used to fulfill a training requirement of the current training program.
3. Possess an unrestricted license to practice medicine in the state of Tennessee (or the appropriate state if moonlighting out of state).
4. All requests for moonlighting must be submitted to the GME Office for review and final approval. No moonlighting is permitted until this approval has been given. Moonlighting without this approval may result in Corrective Action. House Staff should consider this provision, and all requirements for moonlighting, before entering into any external moonlighting agreement.
5. Approval to moonlight remains in effect from the date of approval until either the current program is completed or the date of the expiration of the House Staff member’s independent Tennessee license, or unless otherwise restricted by the VMG.
6. If House Staff change programs, they must reapply for Moonlighting privileges. All moonlighting hours, both internal and external, must be recorded as duty hours.
7. Full military support prohibits moonlighting. Restrictions may apply for visa types or contractual arrangements. House Staff members are responsible for understanding, advising the GME Office, and complying with any external restrictions on moonlighting activity related to their immigration status or other sponsoring organization.
8. PGY-1 House Staff may not moonlight.

INTERNAL MOONLIGHTING – Definition and Additional Requirements:

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Internal moonlighting is defined as an activity that is outside the scope of the individual's residency or fellowship program but is provided at a VUMC facility or provided at a facility with which VMG has an existing contract.

Work performed in violation of the Moonlighting Policy may not be separately compensated and may be considered as work done as part of the normal training program.

Under the internal moonlighting policy, there are both general guidelines (listed above under General Requirements for All Moonlighting) and group specific guidelines. House Staff are divided into two groups, Group 1 and Group 2. These groups are as defined below and the requirements for each group are as follows:

GROUP ONE:

Defined as House Staff who are board eligible/board certified in another specialty and who wish to have a secondary faculty appointment in order to be credentialed in their primary specialty.

These House Staff may practice the specialty for which they are board certified/eligible.

Additional Requirements for Group One:

To qualify for internal moonlighting as a Group One physician, the House Staff must fulfill all of the following prerequisites:

1. Successful completion of an ACGME Training Program;
2. Board eligible/board certified in a specialty for which they are moonlighting;
3. The House Staff must obtain appointment to the Medical Staff through the usual credentialing process. A part-time Vanderbilt University School of Medicine faculty appointment in the hiring department/division is required to moonlight on VUMC main campus. The primary appointment shall remain through GME.
4. Professional Liability coverage will be provided through the VUMC Self Insurance Trust. The additional cost will be prorated to the hiring department.

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5. Within a department and/or division, internal moonlighting opportunities should be made known to all qualified House Staff at any specific level of training. **However, the House Staff should not be or feel pressured to participate in moonlighting activities.**

GROUP TWO:

Defined as House Staff who are not board certified/board eligible.

1. These House Staff may **not** bill for their professional services.
2. Professional Liability coverage will be provided through the VUMC Self Insurance Trust.
3. Within a department and/or division, internal moonlighting opportunities should be made known to all qualified House Staff at any specific level of training.
4. **The House Staff should not be or feel pressured to participate in moonlighting activities.**
5. There must be an identified supervising attending physician.
6. The House Staff must be supervised. All attending billing must comply with Medicare requirements.

EXTERNAL MOONLIGHTING – Definition and Additional Requirements:

External moonlighting is any extracurricular clinical employment outside of VUMC. House Staff may not represent themselves as having completed training or holding certification in the field in which they are training at VUMC.

External moonlighting must be reviewed for conflict of interest with the Chair of the Department or their designee, in addition to requiring approval by the DIO. If the Chair or designee thinks that an irreconcilable conflict exists, the House Staff will not be able to moonlight.

Those under the job title of Clinical Fellow/Instructor may not externally moonlight. Clinical Fellows who also have opted to obtain a secondary faculty appointment for a purpose such as internal moonlighting and have signed a VMG participation agreement, must obtain approval of VMG prior to externally moonlighting.

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**Professional liability coverage is the responsibility of the individual House Staff.
VUMC Self-Insurance Trust does not provide professional liability coverage for
external moonlighting.**

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POLICY ON EXTERNAL RESIDENTS/FELLOWS VISITING VUMC

VUMC values the variety of experiences that Visiting House Staff bring to our programs. Visiting rotations are subject to approval by the appropriate Program Director(s) and the DIO.

VUMC requires that an affiliation contract and Program Letter of Agreement (PLA) be in place between the Visiting House Staff's institution and VUMC. Without exception, documents **must** be submitted to VUMC **at least 120 calendar days before the start date of the desired rotation and the Visiting House Staff must have met all requirements 30 days or more prior to their requested start date. If this requirement is not met, the Visiting House Staff may need to reapply.**

The GME Office **must** be advised of, approve, and process all Visiting House Staff who are rotating with VUMC programs. Program Directors at VUMC who have House Staff on services who would potentially be impacted by a Visiting House Staff must approve the visit. Visiting House Staff applications are available on the GME website at <https://www.vumc.org/gme/visiting-residents>.

All approved Visiting House Staff must physically check in at the GME Office on the first day of their visiting rotation and provide a driver's license or passport identification.

The following requirements must be met and documents **MUST** be submitted 90 calendar days before the Visiting House Staff's desired start date **so that the House Staff is fully onboarded 30 days from start date:**

1. A Visiting House Staff must provide a letter from their current program director that they are currently enrolled and in good standing within an ACGME (or ACGME-I) accredited training program.
2. Prior to starting the rotation, the applicant must provide proof of professional liability coverage of a minimum of \$1,000,000/\$3,000,000 to the GME Office. However, Tennessee state employed residents and fellows are exempt from the additional liability coverage requirement.
3. Residents and fellows must also provide proof of health insurance.
4. The applicant must provide documentation that their stipend, along with benefits, liability and health insurance from their home institution will be continued by their training program while on the approved rotation at VUMC.

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5. International Medical Graduates must provide a copy of a valid ECFMG certificate and Visa if applicable, in addition to the requirements stated above.
6. **Office of Inspector General/Excluded Individuals**
In order to comply with federal law, VUMC will check all Visiting House Staff against the Office of Inspector General's list of individuals excluded from federal healthcare programs. Any Visiting House Staff identified as excluded will not be allowed to start or complete the rotation, and their home institution will be notified.
7. **National Practitioners Data Bank (NPDB)**
All Visiting House Staff will be checked through the NPDB. If the NPDB query yields any adverse information, further investigation and/or action may be required.
8. The additional requirements for background checks set forth in [Section I.B. Background Check and Disclosure](#) will be applicable to Visiting House Staff.
9. **Immunization Records**
All Visiting House Staff must provide documentation of immunization and testing satisfactory to Vanderbilt Occupational Health 30 calendar days prior to the desired rotation date. View the immunization and screening requirements at:
https://www.vumc.org/gme/sites/default/files/public_files/Health%20Screening%20Form%20%20Visiting%20Students%20Observers%20updated%202022.pdf
10. Exemption: If you are in a residency/fellowship in Tennessee and do not have your own medical license, a copy of the letter of exemption from licensure (your program or GME office will have this) will be accepted. Note: if you are not in a Tennessee residency/fellowship and do not have a full TN medical license, VUMC will request an exemption from licensure for you.

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GUIDELINES FOR PATIENT CARE AND HOUSE STAFF SUPERVISION

All patients will be admitted by a member of the Medical Staff or Professional Staff with admitted privileges. The acceptance of a patient for treatment, including all related decisions, is the responsibility of the attending physician.

House Staff who do not have a secondary faculty appointment must not primarily initiate or provide care for VUMC patients without the supervision of an attending physician. Only House Staff with a secondary faculty appointment (e.g., Clinical Fellow Instructor or for moonlighting purposes) may in appropriate situations be the attending physician of record for VUMC patients, and all applicable policies apply to these regulations. Further information may be found in the "VUMC Medical Staff Rules and Regulations."

It is the policy of the Graduate Medical Education Committee (GMEC) that all GME programs follow the appropriate policies related to the supervision of House Staff, as set forth in program policies, VUMC policies, Medical Staff Rules and Regulations, and levels of supervision. House Staff will be supervised by appropriately-credentialed and privileged attending physicians in a manner that is consistent with program requirements for the applicable residency or fellowship program, ACGME or other applicable accrediting body requirements, as well as VUMC policies and Medical Staff Rules and Regulations.

House Staff shall be given a clear means of identifying supervising physicians who share responsibility for patient care on each rotation. Both House Staff and attending physicians will inform each of their patients of their respective role in that patient's care.

The Program Director shall provide written descriptions of lines of responsibility for the care of patients. In outlining those lines of responsibility, the Program Director will define supervision using the following classification of supervision:

1. Direct Supervision: the supervising physician is physically present with the resident during the key portions of the patient interaction; PGY-1 residents must initially be supervised directly;
2. Indirect Supervision: the supervising physician is not providing physical supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision;
3. Oversight: the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

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Interpretation of any of the above terms 1-3 should be referred to the ACGME DIO.

Supervision shall be structured to provide House Staff with progressively increasing responsibility and autonomy commensurate with their level of education, ability and experience, together with an assessment of patient complexity. The Program Director in conjunction with the program's faculty members shall make determinations on advancement of House Staff to positions of higher responsibility and readiness for a supervisory role in patient care through assessments of competencies. Based on these same criteria and in recognition of their progress toward independence, senior House Staff should serve in a supervisory role when appropriate.

Program Directors will designate certain procedures that House Staff may perform under indirect supervision, and these are found in Program Policies. To perform these procedures with indirect supervision, House Staff must either be approved to perform these with indirect supervision, or they must have another House Staff or faculty member who is approved or credentialed for the procedure also present. There will be a list of approved procedures for each House Staff available as a guide. Some exceptions may apply.

Each program must set guidelines for circumstances and events in which House Staff must communicate with appropriate supervising faculty members/attending physicians, such as the transfer of a patient to an intensive care unit, taking a patient for a procedure or an operation, or end-of-life decisions. Each House Staff must know the limits of their scope of authority and the circumstances under which they are permitted to act with conditional independence. PGY-1 House Staff will be supervised either directly or indirectly with direct supervision immediately available by another member of the House Staff or Attending with appropriate competencies. Additional institutional policies may apply.

The faculty supervisor(s) assigned for each rotation or clinical experience (inpatient or outpatient) will be requested to provide to the Program Director a written evaluation of each trainee's performance during the period that the House Staff was under their supervision. The Program Director (or their designee) will structure faculty supervision assignments of sufficient duration to assess the knowledge and skills of each House Staff and delegate to them the appropriate level of patient care authority and responsibility.

House Staff who wish to report a concern regarding inadequate supervision are encouraged to report it directly to the Program Director, to the DIO, or to anonymously report it in the Veritas system or through the [VUMC Compliance Integrity Line](#). It is available 24/7.

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OCCUPATIONAL EXPOSURE PREVENTION POLICY

VUMC is committed to promoting a safe and healthy work environment for all personnel, including House Staff and students, and to minimizing personnel exposure to occupational hazards, including those associated with bloodborne pathogens. All House Staff and other care providers at VUMC observe Standard Precautions with all patients in accordance with Occupational Safety and Health Administration (OSHA) standards to prevent occupational exposure to such materials.

Faculty and House Staff are important role models for students and less experienced House Staff and should be guided in the clinical situation first by safety, educational benefits, and situational experience by the House Staff. A House Staff or student that experiences a blood borne pathogen exposure must submit a Veritas report, ask the source patient's care team (if source is known) to place source patient labs, and the employee should seek immediate evaluation and consultation with **Occupational Health Clinic** by calling 615-875-STIK.

During business hours, this number connects employees to the clinic. During business hours, the consultation may be via phone or in-person at 640 Medical Arts Building during regular business hours of 7:00am-4:00pm Monday-Friday

After-hours/weekends/holidays, employees will be connected to the provider on-call. After-hours, the on-call provider can assess the injury and determine if it can be handled by telehealth same day, with OHC follow up next business day, or if an in-person visit in the ED is needed.

When House Staff is aware of a student who experiences an occupational exposure, they should direct that student to follow these same steps. The House Staff also may direct the student to the Student Health Clinic for further counseling after following the above guidelines.

House Staff should follow all radiation safety guidelines. In the event of personal contamination with radioactive material, or loss of containment of radioactive material, the House Staff / medical student should contact **Office of Clinical Research Safety (OCRS)** at (615) 322-2057 (for after-hours emergencies call (615) 875-3779) for an immediate risk assessment and decontamination if needed. House Staff working around radioactive material or x-ray devices who become pregnant should review the [OCRS Declared Pregnant Worker site](#). Additional information is available through the Occupational Health [Working While Pregnant site](#).

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TRAINING PROGRAM REDUCTION/CLOSURE OR LOSS OF ACCREDITATION POLICY

VUMC will inform the GMEC, DIO, and affected House Staff as soon as possible if it intends to reduce the size of or close one or more ACGME-accredited programs, or if VUMC were to intend to close.

House Staff in an affected program(s) will be allowed to complete their education at VUMC, or the GME office will assist them in enrolling in (an)other program(s) in which they can continue their education.

If VUMC or major participating site that is a hospital loses its accreditation for patient care, VUMC will notify and provide a plan of response to the Institutional Review Committee (IRC) of the ACGME within 30 days.

Similarly, if VUMC or a participating site's license is denied suspended, or revoked, or if VUMC or a participating site has activities curtailed or otherwise restricted, VUMC will notify and provide a plan for its response to the IRC of the ACGME within 30 days.

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CONTINUATION OF GME SUPPORT IN THE EVENT OF A DISASTER OR SUBSTANTIAL DISRUPTION- EXTRAORDINARY CIRCUMSTANCES POLICY

For the purposes of this policy, a disaster is an event or set of events at VUMC causing significant alteration to the residency/fellowship experience at one or more VUMC residency/fellowship programs.

Policy

In the event of a disaster, VUMC will continue to provide administrative support for its GME programs through the disaster and will abide by ACGME Policy and Procedures to Address Extraordinary Circumstances. In the event that such a disaster or its consequences warrant reduction or closure of a program(s), then the Training Program Reduction/Closure Policy will take effect.

If, in the event of a disaster impacting an ACGME program, an adequate educational experience cannot be provided for each House Staff the sponsoring institution will, where possible:

1. Revise its educational program to comply with the applicable Common, specialty specific Institutional and Program Requirements within 30 days of the invocation of the policy.
2. Arrange temporary transfers to other programs/institutions until such time as the residency/fellowship programs can provide an adequate educational experience for each of its House Staff. VUMC in collaboration with the receiving programs/institutions will work to ensure continuation of salary, benefits, and professional liability coverage for each House Staff while they remain employed by VUMC.
3. Cooperate in and facilitate permanent transfers to other programs/institutions. Programs/institutions will, to the extent possible, make the keep/transfer decision expeditiously to maximize the likelihood that each House Staff will complete the residency year on schedule and, to the extent possible, will maintain continuity of salary and benefits.
4. Work to reconstitute the program and/or arrange for temporary or permanent transfers of the residents and/or fellows to maximize the likelihood that each

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resident or fellow will complete the academic year with the least disruption to her or his education.

Within 10 days of the invocation of the Extraordinary Circumstances policy, the DIO, or designee(s), will contact the ACGME to receive the timelines the ACGME has established for its programs. The DIO will call or email the ACGME Institutional Review Committee Executive Director with information and/or requests for information. When appropriate, the DIO will contact executive directors of specific residency review committees (RRCs).

The DIO will determine the need and will contact the ACGME to discuss due dates that the ACGME will establish for the programs as necessary. This may include but is not limited to the following:

1. To submit program reconfigurations to the ACGME and
2. To inform each program's House Staff of the decision to reconstitute the program and/or transfer the House Staff either temporarily or permanently.

The due dates for submission shall be no later than 30 days after the invocation of the ACGME policy unless other due dates are approved by the ACGME.

See the ACGME Policy and Procedures at www.acgme.org for more information and contact information for DIOs, Program Directors and House Staff to utilize in the event of a disaster or extraordinary circumstances.

In the event of substantial disruptions in patient care or education the sponsoring institution will provide assistance for continuation of salary, benefits, professional liability coverage, and resident/fellow assignments.

If the Extraordinary Circumstances policy impacts a non-ACGME program, VUMC will use reasonable effort to temporarily or permanently transfer House Staff to other institutions as appropriate.

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HOUSE STAFF CALLED TO ASSIST IN THE EVENT OF A DISASTER

In the event of a disaster affecting VUMC or the surrounding region, House Staff may be called on to assist by doing tasks and/or covering shifts or rotations that are different than their usual duties as determined to be appropriate with training and supervision, including additional training if necessary. These will be in line with appropriate rules and regulations by ACGME and/or other accrediting organizations, to ensure that duties do not preclude completion or progression in the House Staff training program.

To be as prepared as possible for a disaster, House Staff should do the following:

- Complete annual training on Learning Exchange.
- Familiarize themselves with the Quick Reference Guide and know the specific emergency response plans for each area in which they work and where these plans are documented. Since the most common disaster threat to the region is tornados, House Staff should especially learn plans for responding to a tornado threat in each area.
- Participate in drills – such as fire drills – whenever possible.
- Learn the emergency response plans for any location outside of VUMC where they rotate. Note that overhead announcement codes for other institutions may be different than they are at VUMC.

More information about emergency preparedness at VUMC is available here:

<https://www.vumc.org/safety/links/emergency-preparedness>. The VUMC Department of Emergency Preparedness is also available to provide guidance or give presentations (if requested).

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CERTIFICATE OF SERVICE

The GME office will provide a Certificate of Service to each House Staff. This certificate will indicate the dates of employment, and will be created after completion or after the end of training or an appointment in the situation of program non-completion. The certificate will be issued to the House Staff after the final evaluation has been submitted to the GME Office and the House Staff has completed the exit process. In the event of loss or destruction of the certificate, a copy of the original will be provided. Once House Staff have ended training at VUMC, the name on the certificate will not be changed and will remain consistent with the name used during the period of training and the name on the original certificate.

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VACATION AND LEAVE POLICY AND PAY DURING LEAVE

Vacation:

All House Staff on one-year appointments are eligible for three (3) weeks of vacation time, which is awarded, upon their start date. For appointments less than one year, vacation will be prorated accordingly. All time off, including holidays, is scheduled at the discretion of the Program Director. Official VUMC holidays are not automatically observed as time off for House Staff.

Leave:

VUMC recognizes that House Staff may need to be away from work due to medical or certain family reasons. Leaves of absence are defined as approved time away from residency duties, other than regularly scheduled days off as reflected in a rotation schedule. All leaves of absence will be scheduled with prior approval by the Program Director, with the exception of family emergencies or unexpected illnesses. When the need for leave is foreseeable, the request should be submitted at least thirty (30) days prior to the leave. When the need for the leave is unforeseeable or thirty days' notice cannot be given, the request should be submitted to the Program Director at the earliest possible time.

1. Family and Medical Leave Act (FMLA) and Tennessee Maternity (Parental) Leave Act (TMLA)

House Staff will be granted FMLA and TMLA Leave as required by applicable law and consistent with the [VUMC FMLA and TMLA Leave Policy](#). Please initiate the process through the GME Office and contact the Office of GME for specific questions about such leave. Please note that TMLA and FMLA run concurrently.

2. Military Leave

House Staff will be granted military leave as required by applicable law and consistent with the [VUMC Military Leave of Absence Policy](#). Please contact the Office of GME for specific questions about such leave.

3. Jury Duty or Court Appearances

House Staff will be granted leave for jury duty as required by applicable law and for court appearances for work-related reasons consistent with the [VUMC Administrative Leave policy](#).

4. Non-FMLA and Personal Leave

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Leave requested by House Staff that does not qualify for FMLA or TMLA or Personal Leave may be permitted as determined by the Program Director in consultation with the ACGME DIO and consistent with [Non FMLA Medical Leave of Absence](#) and [Personal Leave of Absence](#). The House Staff should consult with their Program Director to understand how leave may impact their progression towards their specialty board.

5. Bereavement Leave

House Staff will be granted leave for bereavement as required by applicable law and consistent with the [VUMC Administrative Leave policy](#). Please contact the Office of GME for specific questions about such leave.

6. GME Administrative Leave

Administrative Leave is a general leave status, initiated by the Program Director, in consultation with the ACGME DIO, or initiated by the ACGME DIO. Administrative Leave is paid initially. House staff may be moved from paid administrative leave to unpaid leave depending on the circumstances of the employment situation. Examples of when a House Staff member may be placed on administrative leave include but are not limited to: an internal review or investigation or for an investigation of an external event involving the House Staff, such as an arrest.

Pay During Leave:

Pay described below is concurrent with any of the Leave time described above.

1) Sick Days:

House Staff accumulate one (1) sick day per calendar month of employment except when they are on unpaid leave. Sick time can only be used for time off due to the House Staff's illness or the illness of an eligible family member. For the purpose of this policy, eligible family members are defined as: spouse, domestic partner, parent, grandparent, sibling, biological child, stepchild, adopted child, foster child and child (ren) of the **House Staff**. Sick time must be utilized prior to going into unpaid status, if available. If the House Staff wants to continue receiving full salary for time off due to an injury or occupational disease which is compensable under the Tennessee Workers' Compensation Act, workers' compensation benefits may be supplemented by available sick or vacation time up to the House Staff's full weekly salary. House Staff on unpaid leave do not accrue sick time. House Staff are not paid

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for unused sick time. If a House Staff is reappointed and has unused and accrued sick time, that unused and accrued sick time will carry over to the next appointment year.

2) Vacation:

As noted above, all House Staff will be allotted three (3) weeks of paid vacation time during each academic year, and this may be applied to all types of leave above if needed. Vacation time must be used in the appointment year in which it is accrued. Any unused time does not carry over and is not paid out at the appointment year-end.

3) Personal Days:

For purposes of personal needs (not covered by one of the other leave categories noted in the House Staff Manual), all House Staff may schedule two (2) days of paid personal days during each academic year. These must be in addition to the required four (4) days off per twenty-eight (28) day period required by ACGME and the House Staff manual, and they must be scheduled according to program policies. These will not carry over to the next appointment year.

4) Parental Pay

House Staff who become new parents, including birth and non-birthing parents, adoptive/foster parents, and surrogates, will have six (6) weeks of parental pay which must be taken within 12 weeks of birth or adoption of the child. Parental pay runs concurrently with leave taken pursuant to the FMLA/TMLA leave time. Note: Parental pay is paid as one block and cannot be split.

5) Medical or Caregiver Pay

House Staff who qualify for medical leave of absence to care for their own medical condition or to care for an immediate family member will have six (6) weeks of pay consistent with applicable laws at least once at time during their program. For purposes of medical leave to care for an immediate family member, immediate family member is defined as a spouse, child under 18, child over 18 with a disability or parent with a serious health condition. Medical leave received to care for an immediate family member may sometimes be referred to as caregiver pay.

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Medical or caregiver pay will begin the day the resident or fellow is required to report the leave and is paid in one block and cannot be split. All pay taken pursuant to this provision runs concurrently with FMLA or non-FMLA leave time.

6) Short-Term Disability

For their own medical condition House Staff may be eligible for short term disability pay if elected as part of their benefits. To apply for short-term disability pay, House Staff should contact human resources which can be found at:

<https://hr.vumc.org/About/ContactHR>. Short term disability has a waiting period which House Staff will cover through another paid program such as sick, vacation, parental, medical, or caregiver pay before going into an unpaid status.

Pay During Leave:

In order to remain in a paid status during leave, the House Staff member will utilize medical, parental or caregiver pay (if applicable), then sick time first for a leave related to their (or a qualifying family member's) medical condition (if applicable), short term disability (if enrolled and eligible for coverage), then vacation time, and then any additional leave will be unpaid once all available paid leave has been exhausted. Short-Term Disability coverage may be available, to cover a House Staff's own illness, however, pursuant to the terms and conditions of such coverage. Note: House Staff can only receive pay through one program at a time and cannot be paid through two different programs for the same period.

If a House Staff member exhausts all possibilities of pay, but is still eligible for Leave, then the House Staff would go into unpaid status and would have the option of continuing to pay for benefits.

Returning from Leave:

House Staff on medical leave for their own serious illness MUST complete a *Return to Work/Physician Release* form in WorkDay BEFORE the House Staff may return to work. Once that has occurred, the manager must return the House Staff from leave in the HR system. If the House Staff is released with restrictions that affect their duties, the House Staff should contact the Graduate Medical Education office. In addition, if the restrictions may necessitate an accommodation, the House Staff should make the GME Office aware of the request for accommodation and may also need to engage VUMC Employee Relations.

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For all instances where the House Staff are returning from a leave of absence, the House Staff should contact their Program Director prior to their actual return to work date to discuss their schedule and/or any work requirements. The Program Director will work with the Program Administrator to return the House Staff from leave in the HR system.

Leave and Program Requirements:

Each residency or fellowship program will provide its House Staff with a written policy in compliance with its Program Requirements and Board requirements concerning the effect of leaves of absence, for any reason, on satisfying the criteria for completion of that residency or fellowship program and subsequent Board certification. The amount of time a House Staff can be away from residency or fellowship duties and still meet board requirements varies among the specialties. Information relating to access to eligibility for certification by the relevant certifying board is available upon request from the Program Director, but it is the House Staff's responsibility to be aware of their specialty board's requirement. If leave time is taken beyond what is allowable for the specialty board and the House Staff is required to extend their period of activity in the training program to meet board requirements, the House Staff should request permission to extend and should establish a schedule for doing so in consultation with the Program Director and DIO.

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HOUSE STAFF ELIGIBILITY AND SELECTION POLICY

House Staff in accredited programs at VUMC are selected based on qualifications that meet or exceed the standards outlined below.

One of the following qualifications must be met to be eligible for appointment to a residency or fellowship program at VUMC:

- Graduate of a medical school in the U.S. accredited by the LCME; or,
- Graduate of a college of osteopathic medicine in the U.S. accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation (AOACOCA); or,
- Graduate of medical schools outside the U.S. meeting one of the following additional qualifications:
 - who hold a currently valid certificate from the ECFMG prior to appointment; or,
 - who hold a full and unrestricted license to practice medicine in Tennessee.

There may be additional qualifications that must be met and can be found in the Program Requirements and Policies where applicable. Please see specific Program Requirements and Policies.

Programs will select only from among the pool of eligible applicants, evaluating each applicant on the basis of their preparedness, ability, aptitude, academic credentials, communication skills, and qualities such as motivation, honesty, and integrity. House Staff must also qualify for licensure and/or exemption from licensure under the Tennessee Board of Medical Examiners requirements, according to the applicable Program Requirements and Policies.

In compliance with federal law, including the applicable provisions of Title VI of the Civil Rights Act of 1964, Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendment of 1972, Family and Medical Leave Act of 1993, Sections 503 and 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990, the ADA Amendments Act of 2008, the Uniformed Services Employment and Reemployment Rights Act, as amended, and the Genetic Information Nondiscrimination Act of 2008, VUMC does not discriminate against individuals on the basis of their race, sex, religion, color, national or ethnic origin, age, disability, military service, veteran status, or genetic information in its

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employment. In addition, VUMC does not discriminate against individuals on the basis of their sexual orientation, gender identity, or gender expression consistent with the VUMC's Anti-harassment, Non-Discrimination and Non-Retaliation policy.

All requisite prior training must be successfully completed prior to beginning any residency or fellowship program. All prerequisite post-graduate clinical education required for initial entry or transfer into ACGME-accredited residency or fellowship programs must be completed in ACGME-accredited residency programs, Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency programs located in Canada, or residency programs with ACGME International (ACGME-I) Advanced Specialty Accreditation. Residency and fellowship programs must receive verification of each resident or fellow's level of competency in the required clinical field using ACGME, CanMEDS, or ACGME-I Milestones evaluations from the prior training program upon matriculation.

If allowed by the program's ACGME Review Committee or Program Policies in the situation of non-ACGME programs, an eligibility exception to the aforementioned pre-requisite requirement may be considered by VUMC's GMEC and DIO for review and approval of the applicant's exceptional qualifications. Applicants accepted through this exception must have an evaluation of their performance by the program's Clinical Competency Committee within 12 weeks of matriculation. The program director must submit evidence of completion of that evaluation within 14 weeks of matriculation to the GMEC for documentation that it was conducted.

All applicants that are granted interviews will be interviewed in person, by telephone or video conferencing, in the manner determined by the Program Director. This must be consistent for each applicant in a given program. The Program Director evaluating House Staff attempting to transfer from other educational programs (prior to completion of training offered in that discipline in that institution) will directly contact the referring Program Director, Chair, and/or other appropriate references for recommendations and/or summative evaluations to assess the educational qualifications of the House Staff prior to making any offer of employment. Additional information will be required upon transfer, as noted below.

Whenever possible, all accredited House Staff training programs at VUMC will participate in an organized matching program, such as the National Residency Matching Program (NRMP).

A program director may not appoint more House Staff than approved by both VUMC and, for ACGME-accredited programs, by their respective ACGME Residency Review Committee.

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All complement increases must be approved by both VUMC (by and through its GME expansion process) and, for ACGME-accredited programs, by the respective ACGME Residency Review Committee.

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EQUAL OPPORTUNITY EMPLOYMENT/ANTI-HARASSMENT/NON-DISCRIMINATION/ANTI-RETALIATION

1. Equal Opportunity Employment

VUMC Equal Opportunity Employment Policy is reflected in the following statement: “In compliance with federal law, including the provisions of Title VI of the Civil Rights Act of 1964, Title VII of the Civil Rights Act of 1964, Title IX of Education Amendment of 1972, Family and Medical Leave Act of 1993, Sections 503 and 504 of the Rehabilitation Act of 1973, the Age Discrimination in Employment Act (ADEA) of 1967, the Americans with Disabilities Act (ADA) of 1990, the ADA Amendments Act of 2008, the Uniformed Services Employment and Reemployment Rights Act (USERRA), as amended, and the Genetic Information Nondiscrimination Act (GINA) of 2008, VUMC does not discriminate against individuals on the basis of their race, sex, religion, color, national or ethnic origin, age, disability, military service, veteran status or genetic information in its employment. Under Title VII of the Civil Rights Act of 1964, VUMC does not discriminate against individuals on the basis of their sexual orientation, gender identity, or gender expression. For more information, see VUMC’s Equal Opportunity Employment Policy.

<https://powerdms.com/link/VanderbiltUMC/document/?id=2578743>

2. Anti-Harassment, Non-Discrimination and Anti-Retaliation

VUMC’s Anti-Harassment, Non-Discrimination and Anti-Retaliation Policy, <https://powerdms.com/link/VanderbiltUMC/document/?id=2385441>, explains VUMC’s prohibitions against sexual and other unlawful harassment, discrimination, examples of prohibited conduct, how to report it, VUMC’s prohibition against retaliation against anyone who makes a complaint or participates in an investigation, and how VUMC investigates and resolves complaints of its anti-harassment policy.

The VUMC Anti-Sexual Harassment – Standard Operating Procedure (SOP), provides additional details and examples of prohibited conduct, means of reporting, and how VUMC responds to reports of sexual harassment. Although violations of VUMC’s sexual harassment policy are dealt with on a case-by-case basis, the SOP explains VUMC’s four levels of violations and the type of disciplinary action that may be appropriate for each level of violation. For more information, see how we address concerns [here](#).

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VUMC also has special procedures for addressing complaints of Sexual Harassment under Title IX and Sexual Violence (rape, fondling, incest, statutory rape, dating violence, domestic violence, and stalking). When an allegation of sexual harassment or sex discrimination involves Sexual Violence or is covered by Title IX, VUMC's Title IX Coordinator and/or Employee and Labor Relations office will provide assistance and/or review. The sexual misconduct policy details the Title IX process that is followed: <https://powerdms.com/link/VanderbiltUMC/document/?id=2490354>

3. Accommodations

Applicants to VUMC's residency or fellowship programs who may need reasonable accommodations at any point in the selection process, as well as incoming or current House Staff who may require reasonable accommodations, should create a case in Workday Help, and/or may also contact Employee & Labor Relations at 615-343-4759 or employeerelations.vumc@vumc.org. Requests for accommodations are evaluated on a case-by-case basis. For more information, current employees may also visit the Employee & Labor Relations website at <https://vumc365.sharepoint.com/sites/human-resources/SitePages/Employee-and-Labor-Relations.aspx>

4. Discrimination and Other Harassment in the Work Environment

In accordance with VUMC Equal Opportunity Employment policy, VUMC does not discriminate in its admissions, selection and/or employment of House Staff. Harassment against individuals on the basis of their race, color, religion, or national origin is a form of unlawful discrimination and is prohibited under Title VII of the Civil Rights Act of 1964 and other applicable federal and state laws. Discrimination against individuals based on their race, sex, religion, color, national or ethnic origin, age, disability, veteran status or genetic information or any other characteristic protected under applicable federal or state law (as interpreted by the courts, regulatory agencies, and through executive orders) is prohibited not only under this policy but also under federal and state laws, and may give rise to disciplinary action up to and including termination of employment.

House Staff who wish to report concerns about discrimination and other harassment should create a case in Workday Help, and/or may also contact Employee & Labor Relations at 615-343-4759 or employeerelations.vumc@vumc.org. For more information, current employees may also visit the Employee & Labor Relations website at <https://vumc365.sharepoint.com/sites/human-resources/SitePages/Employee-and-Labor-Relations.aspx>

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[and-Labor-Relations.aspx](#)

5. Procedures for Review of Matters involving Sexual Violence

When a matter involves “Sexual Violence” (sexual assault, domestic violence, dating violence, or stalking) as defined by and covered by the applicable VUMC policies, the Title IX Coordinator will work with GME leadership, and if applicable, the Review Committee, to provide training on the investigation and adjudication of matters involving Sexual Violence and to modify the procedures in this manual to comply with applicable sexual misconduct policy, as applicable.

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RETALIATION

VUMC does not retaliate against individuals for 1) filing or encouraging one to file a complaint of unlawful discrimination, 2) participating in an investigation of unlawful discrimination, 3) opposing unlawful discrimination, or 4) engaging in other protected activity (such as seeking leave and/or accommodations). In addition, VUMC does not retaliate against individuals for filing or encouraging one to file a complaint of discrimination, participating in an investigation of discrimination, or opposing discrimination based on grounds not necessarily protected by federal or state law, but protected by the VUMC's nondiscrimination policy. "Retaliation" includes any adverse employment action or act of revenge against an individual for filing or encouraging one to file a complaint of discrimination, participating in an investigation of discrimination, or opposing discrimination.

VUMC's Anti-Harassment, Non-Discrimination and Anti-Retaliation Policy, <https://powerdms.com/link/VanderbiltUMC/document/?id=2385441> explains VUMC's prohibitions against retaliation how to report retaliation and, and how VUMC investigates and resolves complaints under this policy.

House Staff who file a grievance/complaint, report activity which they believe to be unlawful, or participate in the grievance, review, or compliance process in good faith, will be protected against retaliation.

REPORTING CONCERNS OF DISCRIMINATION, HARASSMENT, RETALIATION, SEXUAL VIOLENCE AND/OR FOR NEEDS RELATED TO ACCOMMODATIONS

House Staff who believe that they have been subjected to retaliation should create a case in Workday Help, and/or may also contact Employee & Labor Relations at 615-343-4759 or employeerelations.vumc@vumc.org. For more information, current employees may also visit the Employee & Labor Relations website at <https://vumc365.sharepoint.com/sites/human-resources/SitePages/Employee-and-Labor-Relations.aspx>

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COMPLIANCE PROGRAM

The Office of Compliance & Corporate Integrity's (OCCI) mission is to ensure and promote the highest standards of business ethics. We are committed to complying with all federal and state laws, rules, and regulations. Specifically, OCCI is tasked with helping to reduce any accidental or intentional violations of law; detecting and immediately taking corrective measures if violations occur; and collaboratively advising and educating on compliance topics.

OCCI ensures that VUMC implements and maintains an effective compliance program that includes the following seven key elements: 1) Compliance officer and oversight committee; 2) Written code of conduct and policy; 3) Regular training and education (for House Staff, this includes a requirement to complete compliance training via the [Learning Exchange](#) prior to entering training and annually thereafter); 4) Process to receive complaints; 5) Audits to monitor compliance; 6) Process to respond to allegations and remedy problems; and 7) Enforcing standards through well-publicized guidelines. For more details, the see the [VUMC Compliance Program Plan](#).

While OCCI manages the day-to-day aspects of VUMC's compliance operations, **you** are compliance in action. It is **everyone's** responsibility to ensure successful compliance organization-wide. This includes understanding and following VUMC policies and procedures. House Staff must review the following VUMC policies and guidance to help gain familiarity with what is expected of you:

[VUMC Code of Conduct](#)

[VUMC Conflict of Interest and Commitment Policy](#)

[VUMC False Claims Act and Whistleblower Protection](#)

[VUMC Documentation Standards in the Medical Record](#)

[VUMC Documentation Standards for Providers](#)

[VUMC Documentation Standard Timeframes](#)

[Charge Capture for Resident/Fellow Work and Teaching Physician Guidelines](#)

[CMS Guidelines for Teaching Physicians, Interns, and Residents](#)

House Staff should also be aware of federal, state, and payer regulations related to billing for physician services in a teaching hospital, and these may vary according to a House Staff member's credentialing and/or program. If you have questions concerning compliance issues or would like more information, contact the Office of Compliance & Corporate Integrity at 615-343-7266 or visit their [website](#). To report compliance concerns, you may also use the [VUMC Compliance Integrity Line](#). It is available 24/7 at 866-783-2287.

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CONFLICT OF INTEREST POLICY/VENDOR INTERACTIONS

The relationships between VUMC, the individual members of its community, and the healthcare industry have grown increasingly complex. As a result, there may be opportunities for professional interaction and development that may benefit VUMC and its individual members but which may also present the potential for or the appearance of conflicting loyalties and responsibilities for the individuals within the VUMC community. Given this, VUMC maintains policies that address conflict of interest between its employees (including House Staff) and the health care industry and how vendors are allowed to interact with House Staff. The core of the policies state that House Staff may not accept gifts from health care industry (HCI), may not accept meals funded directly by HCI, may attend certain educational activities sponsored by industry that are approved and comply with the COI policy, and under certain conditions may be sponsored by grants from HCI. For more information regarding the Conflict of Interest and Vendor Interaction policies, please see the following link to the policies and refer specific questions to the DIO.

House Staff must disclose any professional relationships with external entities and organizations including, but not limited to, other employments, grants, contracts, or payment for work, and also disclose any personal or familial relationships with entities that contract are employed by or otherwise engaged in business with VUMC or an affiliated entity.

[VUMC Conflict of Interest and Commitment Policy](#)

[VUMC Vendor Representatives, Faculty/Staff Interactions](#)

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POLICY ON HOUSE STAFF TRANSFERS

Program Directors must notify the VUMC Office of Graduate Medical Education prior to accepting a House Staff transferring to VUMC from another institution. All House Staff transferring into VUMC GME training programs must satisfy the conditions of employment as contained in this manual ([Section I.A. CONDITIONS OF EMPLOYMENT AND CONTINUED EMPLOYMENT](#)).

The transferring House Staff (either coming to VUMC or VUMC House Staff leaving) will be required to sign a “Release of Information and Waiver of Liability” form to facilitate information exchanged between institutions. Any other release of information and waiver of liability forms will be used at the discretion of the DIO. The Program Director also must obtain a final verification of the previous educational experiences, a statement regarding the performance evaluation of the transferring House Staff, and a summative assessment of competence in the following areas:

- Patient Care
- Medical Knowledge
- Practice-Based Learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
- Systems-Based Practice

For House Staff completing their program or transferring from VUMC to another program, VUMC Program Directors are required to document verification of program completion or final status for all graduating or transferring residents and fellows within 30 days of receiving the appropriate release. They must also provide verification of an individual trainee’s completion within 30 days of receiving the appropriate release upon the trainee’s request.

Program Directors should also provide, after the appropriate release is signed, residency final summative evaluations to other requesting residency and fellowship programs for any House Staff who may leave the program prior to completion of their education or on completion of the program. Program Directors must provide the final evaluation to House

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Staff within 30 days of completion of the program.

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ROTATIONS AT NON-VUMC SITES

Please note that House Staff may rotate to external sites as part of their educational training (e.g., the VA Medical Center). While at these sites, they are expected to adhere to the applicable policies of those institutions, including without limitation policies related to the use of mobile devices and communication of patient information, and these policies may be different and/or more restrictive than the VUMC policies.

GME will work with all participating sites to ensure that there are medical records available, within the extent of the resources available to the participating site, to promote high quality and safe patient care, house staff education, and quality improvement and scholarly activities, in accordance with the Institutional Requirements of the ACGME.

ELECTIVE AWAY ROTATIONS (DOMESTIC AND INTERNATIONAL)

The Office of Graduate Medical Education will consider Away Rotations for House Staff as approved by the Program Director and the DIO as part of the educational training program. All rotations must meet the requirements set forth by respective accrediting bodies (e.g., ACGME) and/or respective Boards. Advance planning and careful coordination with your program director and program coordinator are necessary for all the items that must be in place prior to an away rotation. Please follow the link for additional information on the timeline and process: <https://www.vumc.org/gme/elective-away-rotations>. Final approval is required by the DIO before travel arrangements are made or the away rotation initiated.

House Staff who apply for an Away Rotation should be aware that they may be subject to an additional background check or drug and alcohol testing, as required by other institutions.

To be eligible for reimbursement, domestic and international travel must be in compliance with Finance Policy – Travel and Employee Reimbursement (available in VUMC PowerPolicy: <https://powerdms.com/link/VanderbiltUMC/document/?id=2368026>).

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BENEFITS

For a full summary of benefits, please see the Benefits Overview available on the HR website at <https://hr.vumc.org/benefits>. This link will connect you to more information on each of the benefits below along with decision tools, FAQs, and other important resources.

You must enroll or waive coverage within 30 days of your start date or you will be enrolled in default coverage (Aetna Plus, employee only coverage) and may miss out on the opportunity to enroll in certain voluntary benefits.

Full-time House Staff paid through VUMC are eligible for:

- Health Care Plan, Dental Insurance, Vision Insurance, Life Insurance and Accidental Death & Dismemberment (AD&D) coverage immediately;
- Long-term Disability buy up; on the first of the month after thirty days;
- Short-term Disability buy up on the first of the month after thirty days;
- Flexible Spending Accounts (FSAs) on the first of the month after 30 days of employment;
- Retirement Plan voluntary participation (no match) for new employees; Mandatory participation and matches after 12 months of employment and completion of 1,000 hours of service.

Note: Physicians requiring J-1 visa for employment must choose Select Plan and participate in VUMC's Go for the Gold Program in order to meet visa requirements.

THIS INFORMATION IS A SUMMARY ONLY. Plan descriptions and detailed information are available on the Human Resources web site (<https://vumc365.sharepoint.com/sites/human-resources/SitePages/Plan-Documents.aspx>).

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CORE COVERAGE

1. HEALTH CARE PLAN

VUMC offers three health plan options:

- Plus
- Select (J-1 physician visa holders must choose this plan and participate in “Go for the Gold” to remain compliant with visa requirements.)
- Health Savers Plan (High Deductible Health Plan with HSA)

Navitus prescription drug coverage is included when you enroll in one of the health plan options.

Please review the benefits overview, online decision tools, summary plan description, and evidence of coverage booklets before selecting a health plan option.

2. LIFE INSURANCE

VUMC provides life insurance coverage for fully benefits eligible employees of one times their annual salary. Voluntary dependent coverage (spouse, \$10,000 increments up to \$250,000 or 50% of your supplemental; children, \$5,000 increments up to \$15,000) is also provided for eligible dependents. Additional Supplemental coverage of up to eight times the employee’s annual base up to \$1 million may be purchased by the employee.

3. RETIREMENT PLAN

The VUMC Retirement Plan is voluntary for new employees and is mandatory for eligible employees upon their one-year anniversary. When the employee has completed 12 months and 1,000 hours of service, they will be automatically enrolled in mandatory contributions and start receiving matching contributions, subject to the terms of the retirement plan. Fidelity Investments provides administrative services for plan accounts and offers a variety of investment options. If the employee does not complete their enrollment online at www.netbenefits.com/vumc prior to their 1-year anniversary, their contributions will default to a fund established by the Plan.

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4. LONG-TERM DISABILITY (LTD)

Base LTD: VUMC pays for Base LTD insurance covering the first \$24,000 of the employee's annual base pay at no cost to you. This translates to maximum of \$1,200 per month.

Buy-up LTD: Automatic enrollment in this plan occurs on the first of the month after thirty days. Full LTD insurance provides a monthly income of 60% of the employee's salary and includes an additional 10% monthly contribution to the employee's retirement account, should they become totally disabled and are unable to work for more than six months. If you do not want it, you must log in to Workday and waive it.

5. Short-Term Disability (STD)

Base STD: VUMC pays for short-term disability base coverage worth 66.7% of the first \$24,000 of your annual salary at no cost to you. This translates to a maximum of \$308 per week in benefit coverage up to 24 weeks.

Buy-up STD: All new eligible employees are automatically enrolled in short-term disability buy-up, which covers the amount between \$24,000 and your annual base pay. This coverage pays 66.7% of your covered base salary. This translates to a maximum benefit of \$2,500 per week. If you do not want it, you must log in to Workday and waive it.

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VOLUNTARY COVERAGE

1. ACCIDENTAL DEATH AND DISMEMBERMENT

Accidental Death and Dismemberment (AD&D) insurance pays a benefit if the employee loses their life, limbs, eyes, speech or hearing due to an accident. Employees can purchase coverage for themselves only, or for their family in increments of \$10,000 up to a maximum of 10 times their Annual Base Benefits Rate or \$500,000, whichever is less. VUMC benefit overview for accidental death and dismemberment can be found here under benefits:
<https://www.vumc.org/gme/tools-instructions-resources>

2. DENTAL INSURANCE

VUMC offers three voluntary dental plans:

- BCBS DentalBlue PPO
- Delta Dental PPO
- CIGNA Dental Care (DHMO)

There are different provider networks, co-pays, and deductibles for each dental option. Please review the details carefully before making an election. VUMC benefit overview for dental can be found here under benefits:
<https://www.vumc.org/gme/tools-instructions-resources>

3. VISION INSURANCE

The optional Vision Plan is administered through Metlife Vision. Coverage provides for one vision exam every 12 months after co-pays and a benefit towards the purchase of eye glasses or contact lenses. VUMC benefit overview for vision insurance found here under benefits: <https://www.vumc.org/gme/tools-instructions-resources>

4. FLEXIBLE SPENDING ACCOUNTS (FSAs)

If the employee or their family has regular, foreseeable medical or dependent care expenses, FSAs allow them to set aside a limited amount of money on a pre-tax basis (before Federal income and FICA taxes) to pay for these eligible expenses. Employees save money by paying less tax. They then file receipts (for eligible

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expenses along with a claim form) to WEX for reimbursement. There are two types of FSAs available to VUMC employees:

- **Health Care FSA** — A health care FSA is used to pay for unreimbursed, out-of-pocket medical expenses, such as prescription copays, vision care appointments, eyeglasses/contacts, and other eligible expenses for employees and any tax dependents in their households. Not eligible for employees with the Plus or Select medical plan
- **Dependent Day Care FSA** — A dependent day care FSA is used to pay for expenses to place the employee's children (under the age of 13) or other eligible tax dependents in day care or other custodial care to enable the employee to be gainfully employed.

VUMC benefit overview for FSA can be found here under benefits:

<https://www.vumc.org/gme/tools-instructions-resources>

5. SHORT-TERM DISABILITY (STD) BUY-UP

All new eligible employees are automatically enrolled in short-term disability buy-up, which covers the amount between \$24,000 and your annual base pay. This coverage pays 66.7% of your covered base salary. This translates to a maximum benefit of \$2,500 per week. If you do not want it, you must log in to Workday and waive it.

- 6. LONG-TERM DISABILITY (LTD) Buy-up:** Automatic enrollment in this plan occurs on the first of the month after thirty days. Full LTD insurance provides a monthly income of 60% of the employee's salary and includes an additional 10% monthly contribution to the employee's retirement account, should they become totally disabled and are unable to work for more than six months. If you do not want it, you must log in to Workday and waive it.

7. SUPPLEMENTAL INDIVIDUAL LONG-TERM DISABILITY INSURANCE BUY-UP

Long-Term Disability is a benefit that protects an employee from loss of income in the event that they are unable to work for an extended period of time due to illness, injury, or accident. Employer-provided Long-Term Disability plans may not meet the full financial needs of a disabled employee and the benefits may be treated as taxable income. Supplemental Individual Disability benefits will help bridge this income gap.

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An external Supplemental Individual Disability program is available to VUMC House Staff which provides significant discounts off individually owned policies.

- Provides at least 20% permanent discount off gender distinct rates on all current and future coverage.
- Coverage is available without any medical or financial underwriting.
- Benefits are paid if you can't work in your specialty even if working in another job.
- This Supplemental coverage is fully portable with the same discounted rates when the policyholder finishes residency or fellowship at VUMC.
- Supplemental coverage pays benefits in addition to the group Long-Term Disability plan provided through VUMC or any future employer.
- Benefit amounts can be increased to cover your future earnings without medical screening.

This exclusive plan is administered by MarshMcLennan Agency (MMA). For more information and individualized quotes please contact Marc Flur - marc.flur@marshmma.com or (919) 418-8630.

8. ACCESS TO INTERIM HEALTH AND DISABILITY INSURANCE PRIOR TO YOUR START DATE

Your health insurance coverage at VUMC will begin on your start date. The Office of Graduate Medical Education provides access to information regarding interim coverage you can purchase if desired to cover potential gaps in coverage prior to your start date at VUMC. If you need interim health or disability insurance coverage prior to your start date at VUMC please contact MarshMcLennan Agency at 1-844-854-9142 and indicate you are an incoming House Staff member at VUMC and will need quotes for short-term interim health insurance coverage or Individual Long-Term Disability Insurance prior to your start date.

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ADDITIONAL VOLUNTARY BENEFITS

1. AUTO & HOMEOWNERS INSURANCE

Group Auto and Homeowners Insurance is offered by MetLife. Employees can call 800-GETMET8 for more information, including a free insurance review and a no-obligation quote. No enrollment deadline.

2. PET INSURANCE

Pet Insurance is offered through Nationwide Insurance. For more information, employees should contact Nationwide Insurance at (877) 738-7874, or online at <http://www.petinsurance.com/vanderbiltumc> and mention that they are a VUMC employee. No enrollment deadline.

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TRAVEL INSURANCE

From the date of employment, the employee may be provided various types of insurance coverage for VUMC-related and approved travel, depending on the nature and location of the trip. Authorization for travel plans happens at the department level through effective planning, communication, and management. Please contact the Office of Risk and Insurance Management for any questions prior to the trip. In addition, if an event occurs while traveling on VUMC business, all necessary documentation should be provided to the Office of Risk and Insurance Management at (615) 936-0660.

In order to be eligible for reimbursement, international travel must be in compliance with Finance Policy – Travel and Employee Reimbursement (available in VUMC PowerPolicy): <https://powerdms.com/link/VanderbiltUMC/document/?id=2368026>.

All VUMC employees traveling internationally on VUMC business are automatically covered under VUMC's policy for emergency services with International SOS (ISOS) for the duration of their work abroad. ISOS is not an insurance provider, but rather an emergency service provider. Services range from emergency medical or security evacuation to helping replace lost/stolen credit cards, cash, etc. and providing local medical referrals. Employees would need to utilize their medical insurance to cover medical costs incurred outside of the actual evacuation or other service, although ISOS can provide a guarantee of payment if required by the treating facility. If the employee is not seeking reimbursement of flight expenses and books outside of VUMC travel systems, the employee must manually enter the flight itinerary in ISOS. Instructions on how to do this and on other ISOS resource information can be found at <https://www.vumc.org/globalsupport/travel-safety-and-security>.

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WORKERS' COMPENSATION

We hope you never have a work injury, but you should know what to do just in case. An example of a common work injury encountered in healthcare is exposure to bodily fluids, such as a needle stick injury.

Always immediately notify your supervisor when you sustain a work-related injury or illness. You must report all injuries to the Risk Management Office via the VERITAS application: [Work Injury / Illness Reporting](#). Your supervisor or another individual may also report the injury if you are unable to.

If you need medical attention, proceed to the Occupational Health Clinic (OHC) at 640 Med Arts Building, 7:00am-4:00pm, M-F. Appointments are not necessary for any work-related injury or illness. **To reduce the risk of bloodborne infections, seek medical care immediately after a blood or body fluid exposure.**

If your injury occurs after hours, or if you need emergency care, go to the VUMC Adult ED or to the nearest Emergency facility if you are off campus. Always notify the Occupational Health Clinic the next day at (615) 936-0955 if you are seen in the Emergency Department so that appropriate follow up care is assured.

For all work-related injuries or illnesses, even if not on the VUMC campus, an employee should immediately report the injury or illness to their Program Director. Employer notification, preferably in writing, is required by law within 30 days of the date of injury or when a physician first tells the employee that the injury is work related. Employees can report a work-related injury on this website: <https://veritas.app.vumc.org/>.

Employees will be provided with a panel of three physicians to choose from for your treatment for this work injury. Once they have chosen the physician from the panel, this physician will become the "authorized treating physician." This physician can make referrals to a specialist if necessary at which time Employee will be given a new panel of physicians in the specialty that the doctor has recommended.

Please check with the Workers' Compensation Department for a panel of other authorized medical providers. If you choose to seek treatment with your personal physician, or any other unauthorized provider medical charges will not be paid by Workers' Compensation.

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Workers' Compensation information related to the following. Please visit our VUMC Risk Management website at <https://www.vumc.org/risk-management/workers-compensation>

[Benefits Overview](#)

[Reporting a Claim](#)

[HR work comp policy](#)

[Return to work policy](#)

[Out of State Employees](#)

[Work Comp FAQ's](#)

[OSHA Log](#)

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PROFESSIONAL LIABILITY COVERAGE

VUMC utilizes a self-insurance trust fund to provide professional and general liability coverage for VUMC, its faculty, employed physicians, House Staff, nurses, and staff, subject to terms, conditions, and exclusions in the coverage. All of these employees are covered while acting within their scope of duties at VUMC or a VUMC-approved rotation. Some affiliate institutions, such as the VA, provide coverage to the House Staff while on rotation there. Otherwise, coverage is provided by the Trust and excess insurance coverage.

House Staff primary coverage is written on an “occurrence” basis, meaning they are covered for events occurring while they are part of VUMC, including claims made after they leave. House Staff do not need to purchase “tail” coverage after leaving VUMC. However, it is crucial that House Staff notify the Office of Risk and Insurance Management of any adverse outcome or potential claim as soon as they become aware of it, either by phone or by submitting an incident report via the VERITAS system.

For further information, contact the Office of Risk Management and Insurance Management at (615) 936-0660.

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SUPPORT SERVICES

FACULTY/STAFF HEALTH & WELLNESS

The Faculty/Staff Health & Wellness Program offers a variety of specialized services to support the productivity and well-being of VUMC House Staff. The program is composed of three departments:

- [The Occupational Health Clinic](#) (OHC) – (615) 936-0955; Suite 640 Medical Arts Building; Hours: Monday-Friday, 7:00am-4:00pm (after hours/weekends employee will be connected with on-call provider)
- [Health Plus](#) – (615) 343-8943; Suite 029 Medical Arts Building
- [Work/Life Connections-EAP, including the Faculty and Physician Wellness Program](#) – (615) 936-1327; Suite 010 Medical Arts Building; Hours: Monday-Friday, 8:00am-5:00pm (after hours/weekend answering service)

Visit [Your Well-being Navigator](#) for easy access to useful well-being resources at VUMC and within the Middle Tennessee Community.

1. Occupational Health Clinic (OHC)

The Occupational Health Clinic strives to be a convenient and reliable partner in taking care of you while you care for patients. OHC offers a variety of services including:

- Work injury & illness care, including exposures, at OHC (Monday-Friday, 7:00 am-4:00 pm, Medical Arts Building, Suite 640); telehealth services available. After-hours, during holidays, or on weekends, contact the On-Call Provider at 615-936-0955.
- On-call provider for after-hours needlestick injuries: 615-875-STIK
- Minor acute care at OHC (Monday-Friday, 7:00 am-4:00 pm, Medical Arts Building, Suite 640); Appointment recommended, walk-ins welcome.
- Pre-travel consultations for business or personal travel

Same day/next day online scheduling for minor non-work-related illnesses is available for House Staff via the MyHealth at Vanderbilt portal or through the [Health and Wellness Information Portal](#); or call us at 615-936-0955 to schedule an appointment.

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Medical Center immunization and screening requirements may be found under [Vaccine & Compliance Services](#) on our intranet site. OHC does not charge faculty/staff for clinic visits or work-related immunizations.

To learn more about how OHC can help keep you safe and healthy, visit us on the intranet at [Occupational Health Clinic](#).

2. **Health *Plus***

The Health *Plus* program advances healthy lifestyle practices through a comprehensive worksite health promotion program. With Health *Plus*, House Staff can find support to be more physically active, eat better, maintain a healthy weight, manage stress, and become tobacco-free. Programs and services are offered at no additional cost in a wide array of formats, times, and locations to meet the needs of VUMC's diverse population.

Here is a brief list of some of our programs and services:

- **Go for the Gold:** A three-step health incentive program including the **Health Risk Assessment**, **Wellness Actions Log** and the **Game Plan for Your Health** video. [Complete all 3 steps](#) and earn a \$240 wellness credit towards your health plan.
- **[Reduce Risk](#)**
 - Diabetes Prevention Program
 - Control is the Goal (hypertension)
 - Lifestyle Coaching
 - Know Your Numbers
 - Weight Maintenance Challenges
- **[Eat Healthy](#) :**
 - Eat Well, Live Well
 - Nutrition Corner,
 - Health *Plus* Recipe Library
- **[Get Active](#):**
 - Mindful Stretch Breaks
 - Step Challenges
 - Wellness League
- **[Health *Plus* Community Events](#)**
 - Food Trucks – every Wednesday visit food trucks for breakfast and lunch

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- Farmers Market – every Thursday on the Medical Center Plaza May through October

For more information about our programs and services, contact Health *Plus* (615) 343-8943 or visit our [intranet site](#).

3. Faculty and Physician Wellness Program (FPWP) of Work/Life Connections-EAP (Employee Assistance Program)

The mission of the [FPWP](#) is to elevate psychological resilience for faculty and physicians. The FPWP offers a range of coaching and counseling services to help House Staff and their spouses address personal or work-related problems. For more information on problem areas frequently addressed and services available contact FPWP/WLC at: (615) 936-1327 (24-hour answering service) or visit the [Work/Life Connections-EAP intranet site](#) (intranet site also includes access to online, anonymous screenings for depression, anxiety, stress, substance abuse). For specific FPWP information visit the [Faculty and Physician Wellness Program](#).

Work/Life Connections-EAP administers the Faculty and Staff Hardship Fund for those who are experiencing a temporary hardship due to a significant life event. The criteria require that it be a temporary hardship and the employee must be employed full time for at least a year. The award of gift cards is intended to be a major step for the employee in the return to financial stability. For more information, visit the [VUMC Faculty/Staff Hardship Fund](#).

4. The SHARE Center

SHARE provides confidential counseling and consultation for VUMC faculty and staff who have been impacted by workplace sexual harassment. We also offer programming and education. For more information, visit our [intranet site](#). To make an appointment with the SHARE Center, call (615) 936-1327.

5. Health & Wellness Information Portal

The Health & Wellness Information Portal is a one-stop shop where faculty and staff can access information about themselves from the Health & Wellness departments. Faculty and staff can review gender/age specific prevention recommendations; access safety compliance records, immunization records, and blood/body fluid exposure information; schedule same-day and next-day acute care appointments (from the Occupational Health Clinic); take a confidential mental health screening (developed by Work/Life Connections-EAP); and obtain information about Go for the Gold participation status, biometric data, and activity

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participation (from *Health Plus*). Employees can log in with their VUMC email and password at [HWIP](#).

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VUMC CHILD AND FAMILY SERVICES

Vanderbilt University Medical Center Child and Family Centers offer early learning care and education for the children of VUMC employees. The child care program serves children, from six weeks old to age 5. The centers are licensed by the Tennessee Department of Human Services.

The Child and Family Centers provide quality care and education in a safe, nurturing and engaging environment.

For more information please visit: <https://hr.vumc.org/cfc>.

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LACTATION ROOMS

A lactation room specifically for House Staff is located inside the House Staff Lounge which is on the 2nd floor (ground floor) of The Vanderbilt Clinic (TVC 2806). The use of the room by House Staff is on a first come, first serve basis.

A listing of these rooms can be found here, under the “Lactation Rooms” dropdown:
<https://vumc365.sharepoint.com/sites/human-resources/SitePages/Family-Services.aspx#child-and-family-center>

A refrigerator located in the dining area is designated for the storage of breast milk. The House Staff Lounge can be accessed with your ID badge. Additional lactation rooms are available and supported through Human Resources with some being available only to VUMC staff and others also open to staff and patients/families.

Vanderbilt Wilson County Hospital (VWCH):

A lactation room is available at VWCH inside the Women’s Unit Room #1942.

VA lactation rooms include:

Nashville Campus: Room F – 153, ACRE Building (first floor in the building between the VA and Light Hall where resident outpatient continuity clinics are located.) This lactation room is just inside the ground floor entrance to the VA from VUMC in the hallway to the left as you enter from the outside.

York (Murfreesboro) Campus: Room G-22, Building 3

For lactation room locations at outside institutions, please reach out to the designated site director.

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STRESS MANAGEMENT

Stress is a normal part of the work-life of a physician. At times, House Staff may find a need to reach out for help in managing stressful situations or events. Resources include the [Faculty and Physician Wellness Program](#) of Work/Life Connections-EAP (615-936-1327) mentioned in [Section III.A. Faculty/Staff Health & Wellness](#), the Office of Graduate Medical Education and the Faculty Wellness Committee.

Information about educational activities and support is available from the Faculty Wellness Committee at:

Center for Professional Health
<https://medsites.vumc.org/cph/home>

2525 West End Ave, Suite 9200
Nashville, TN. 37203 Phone: (615) 936-0678
centerprofessionalhealth@vumc.org

If there are any concerns, please contact the GME Office at (615) 322-4916.

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SLEEPING AND TRANSPORTATION OPTIONS FOR HOUSE STAFF TOO FATIGUED TO RETURN HOME SAFELY

For House Staff who are too fatigued to safely return home, several options are available through the Office of Graduate Medical Education including the following:

1. There is space with recliners in the House Staff Lounge, located in TVC 2806. Please notify the GME Office if any issues in the House Staff Lounge (615-322-4916).
2. Call Room space may be available on an as needed basis for House Staff who are too fatigued to safely return home. Please notify Environmental Services via the number posted in the room if the bed should be changed after your nap before the evening for the next House Staff.
3. For House Staff too fatigued to safely transport themselves home and for whom resting in a call room is not an option, transportation home with a return trip the next day is available through **Music City Taxi** Company from VUMC or any affiliated site at which you are rotating. **Call (615) 256-7000** for a pick-up and be specific about your location and that you are a House Staff at VUMC and the GME account should be charged. The Office of Graduate Medical Education will cover the cost of the transportation, but you must **indicate to the dispatcher and driver to charge the GME Account**. Please note that the cab that arrives for you may be branded any of the following: Checker Cab or American Music City Taxi. **Rides taken through others, such as ride-share apps and/or companies, may not be reimbursed.**

Please note that this policy and transportation benefit applies only to fatigue. If you have other circumstances that lead to a need for alternative transportation, please consult with your Program Director and Employee Relations for consideration of formal accommodations.

<https://vumc365.sharepoint.com/sites/human-resources/SitePages/Employee-and-Labor-Relations.aspx>

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FITNESS FACILITIES

THE DAVID WILLIAMS II RECREATION AND WELLNESS CENTER (DWRWC)

House Staff are eligible to receive partial reimbursement toward the cost of their Vandy Rec membership if: 1) all three (3) steps of the Go for the Gold program have been completed (Platinum benefit); 2) they enroll in the Vanderbilt Health Plan for the following calendar year; 3) they Join DWRWC or are an existing member; and 4) attend the DWRWC at least 30 days per quarter and document as outlined. All incoming House Staff joining the DWRWC will be immediately eligible for the Platinum benefit on their start date and until the end of the calendar year in which they are hired.

For membership and operational information please visit vu.edu/vandyrec. For additional questions, please contact the Director of the Rec at recdirector@vanderbilt.edu.

For additional details, please see <https://www.vumc.org/health-wellness/go-gold-incentives-vumc>.

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RESOURCES FOR THE IMPAIRED PHYSICIAN

Greater awareness regarding the impaired professional has led to increased recognition of addictions, depression, stress management, inappropriate anger displays, and behavior problems and a continued interest in the treatment of the impaired professional. A physician's impairment can harm the patients whom they serve, the institutions that employ them, their families, and the colleagues with whom they work. Physicians may have difficulty admitting their problems with drugs or alcohol use or other circumstances that may impair their ability to provide safe patient care, and may not seek the help they need until a crisis is reached. Early interventions may be needed and if necessary, intensive treatment programs for the compromised professional can be made available. If you have concerns about yourself or a colleague, please contact your Program Director, the DIO, or the Faculty and Physician Wellness Program within Work/Life Connections-EAP at (615) 936-1327. Mandatory referrals may be required in the event of impairment that may impact work or the workplace.

(See Medical Center Information, [Section VII.A. Professional Conduct](#))

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HOUSE STAFF ADVISORY COUNCIL (HSAC)

The HSAC meets monthly and comprises House Staff representatives from each clinical department and training program. Any issue pertaining to House Staff experience can be referred to and discussed by HSAC. A portion of each HSAC meeting is dedicated to House Staff only communications. House Staff from HSAC also serve on various institutional committees, including but not limited to:

- Ambulatory Medical Director Forum
- Ethics Committee
- Executive Policy Review Committee
- Faculty/Physician Wellness Taskforce (V-Well)
- Graduate Medical Education Committee
- Infection Prevention Executive Committee
- Inpatient Medical Director Forum
- Institutional Critical Care Committee
- Pharmacy, Therapeutics, and Diagnostics (PT&D)
- Transfusion Committee
- Undergraduate Medical Education Committee
- Vanderbilt Medical Alumni Association Board (VMAA)
- Vanderbilt University Hospital (VUH) Executive Quality Committee

A member of HSAC serves as the House Staff representative on most of the Standing Committees of the Hospital Medical Board.

For more information, please visit: <https://www.vumc.org/gme/house-staff-advisory-council>

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GRADUATE MEDICAL EDUCATION EVALUATION AND DISCIPLINARY GUIDELINES

The following evaluation and disciplinary guidelines apply to House Staff as part of their VUMC training programs. The purpose of these guidelines is to provide a system for evaluation of the performance of House Staff and procedures to manage unsatisfactory academic performance and/or other conduct.

Length of Appointment

Appointments are made for a one-year term, with renewal of the appointment based on satisfactory performance by the House Staff and the availability of a position. Terms and conditions of the appointment are specified in the yearly House Staff Agreement and are further described in this *House Staff Manual*.

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EVALUATION

Each program will develop educational goals and objectives for its House Staff which are consistent with the ACGME criteria, other accreditation body criteria for the specialty, and/or GMEC approval when applicable. Evaluations shall use criteria and procedures appropriate to the program and should include, but are not limited to, the core competencies (Patient Care, Medical Knowledge, Communication and Interpersonal Skills, Problem-Based Learning and Improvement, Professionalism, and Systems-Based Practice) as defined by ACGME. All programs, even non-ACGME accredited programs, must adhere to these educational standards for best practice. Please note that those candidates who have been accepted and approved as “exceptionally qualified candidates” from non-ACGME prerequisite programs, or those House Staff in Non-Standard Training programs (NST programs) may have additional evaluation requirements, and program policies and/or requirements should be reviewed. Regarding rotation evaluations, semi-annual evaluations, and annual evaluations, the following must take place:

1. A written (or electronic) evaluation of a House Staff addressing medical knowledge, competence in patient care, professionalism, system-based practice, interpersonal and communication skills, and practice-based learning and improvement will be completed at the end of each rotation or assignment.
2. Programs should use multiple evaluators when possible, including examples such as faculty members, peers, patients, self, and other professional staff members.
3. The Program Director or faculty designee will share evaluations with the House Staff and provide feedback. These meetings must occur at least semi-annually, will include a written review of performance, and should also include a discussion of areas of deficiency and plans for improvement. If a House Staff member needs it, the Program Director or their designee must develop plans for House Staff failing to progress, following institutional policies and procedures.
4. At least annually, there must be a summative evaluation of each House Staff that includes their readiness to progress to the next year of the program, if applicable. The final evaluation must be completed within 30 days of completion of the program or, in the case of transfer to another program prior to VUMC program completion, 30 days of termination from VUMC.

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5. The Program Director or their designee must meet with and review with each House Staff their documented semi-annual evaluation of performance, including progress along the competencies above. The Program Director or their designee must assist House Staff in developing individualized learning plans to capitalize on their strengths and identify areas for growth.
6. The written evaluation and any documentation regarding semi- annual meetings should be maintained in the departmental file until the final evaluation is completed, after completion of or leaving the program.
7. Any information, materials, incident or other reports, statements, memoranda, or other data which are subject to the Tennessee Patient Safety and Quality (Medical Peer Review) statutes (T.C.A. §63-1-150 and T.C.A. §68-11-272) are privileged and are not to be copied or released without the prior authorization of the DIO or their designee.
8. Copies of correspondence between the House Staff and the Program Director, or any other correspondence directed to or on which the House Staff was copied, will be provided for review by the House Staff upon request to the Program Director. This provision only applies to correspondence maintained in program, departmental, or GME files.
9. Additional correspondence, for example electronic communications used in the evaluation process to inform the Program Director regarding a House Staff member's performance and/or conduct, and/or is used as an evaluation and/or part of determination of promotion or status, will be considered part of the departmental file.
10. The evaluations, evaluation summaries and/or other non-privileged documents provided by the GME Office and/or department to a Review Committee may be reviewed by the House Staff with the Program Director, the DIO, or an individual designated by the DIO upon request. Peer names in the above referenced documents and/or communications will be redacted, as will reference letters and verifications which are expected to be provided without review by the House Staff.
11. If a member of the House Staff requests to review their departmental or GME file an appointment will be scheduled with the GME office and the individual house staff member. Either the DIO or designee will be present at the time of review. The House Staff may not remove anything, make copies or photographs of the contents of the file. The House Staff may take notes. Peer names in the above referenced

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documents and/or communications will be redacted, as will reference letters and verifications which are expected to be provided without review by the House Staff.

12. Only the DIO, Program Director and Chair of the respective Department may request access to a House Staff member's department and/or GME file.

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COACHING AND INDIVIDUALIZED LEARNING PLANS

An Individualized Learning Plan (ILP) is an individualized plan specific to the performance and needs of the House Staff. An ILP is considered coaching and designed to support professional development. It may also include feedback from attending or supervising physicians on both strengths and challenges with performance and/or conduct. The ILP should not be considered Corrective Action.

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CORRECTIVE ACTION

Corrective Action is taken to address any concern about the House Staff's unprofessional conduct which has not responded to Coaching or an Individualized Learning Plan (ILP) and warrants Corrective Action based on the severity of the concern. Performance or conduct issues subject to Corrective Action secondary to unprofessional conduct include, but are not limited to, the following examples:

- Improper or ineffective professional behavior, including communication or behavior that impairs ability to perform professional activities;
- Violation of privacy policies of the program, department, or hospital;
- Repeated failure to fulfill professional responsibilities including but not limited to not completing work hours reporting, compliance modules, or other required training; or not being available for professional duties at scheduled times
- Falsifying medical records or providing misleading, inaccurate or false information;
- Creating a work environment that is hostile or discriminatory;
- Intentional wrongdoing involving patient care;
- Violation of law, standard of practice or other policy of the program, department, or hospital, to include appropriate maintenance of medical records.
- Other unprofessional conduct.

1. Initiation of Corrective Action

There may be concerns regarding the conduct of a House Staff which have not been remedied or should not be addressed solely with feedback or Coaching.

In those situations, one of the disciplinary actions listed below (Warning(s), Probation, Summary Suspension, Dismissal or Non-renewal) is initiated, depending on the nature and/or severity of the deficiency, actions, or conduct. In determining which level of intervention is appropriate, the Program Director should consider the House Staff's overall performance, including previous evaluations, previous Coaching, Warnings, and Probationary Periods.

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a. *Warning*

A Warning is appropriate if concerns arise or continue regarding the performance or conduct of a House Staff which are not appropriate to be dealt with by Informal Counseling. Examples include those listed above but are considered not serious enough to be addressed by Probation, Summary Suspension and/or Immediate Dismissal. A Warning will be given to the House Staff explaining why the conduct is unacceptable, expectations for improvement of the deficiency or conduct as well as a time frame in which to meet these expectations and for re-evaluation. This letter of Warning must be documented. This will also be shared verbally with the House Staff whenever possible and the meeting documented. A copy must be given to the House Staff, Program Director, the Chair and the DIO.

During or at the end of the Warning Period the Program Director or designee will meet with the House Staff to advise the House Staff whether the deficiency or conduct has been corrected or whether further corrective action will be taken. At the end of the Warning Period, or if the House Staff does not correct or improve the conduct or deficiency within the Warning Period, or if the same or additional conduct or deficiency occurs within that period, the Program Director may take one or more of the following actions:

- i. Lift the Corrective Action of Warning,
- ii. Extend the Corrective Action of Warning,
- iii. Immediately place the House Staff on Probation,
- iv. Initiate summary suspension,
- v. Recommend non-renewal,
- vi. Recommend non-promotion, or
- vii. Recommend immediate dismissal.

At any time, whether before or after the Warning Period has expired, the Chair, Program Director, and/or DIO may recommend further action.

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If the House Staff wishes a review of the Warning, they must follow the process and procedures in Section V. of the House Staff Manual ([V. House Staff Grievance Procedure](#)).

b. *Probation*

If a House Staff's performance, including but not limited to, performance of duties, conduct, professionalism, or interpersonal or communication skills, such as those listed above, falls below acceptable standards or other deficiencies exist which are not corrected by Informal Counseling or a Warning, or are of a serious nature such that Informal Counseling or a Warning is not appropriate, the House Staff is placed on Probation by the Department Chair, Program Director, or DIO. The House Staff will be informed in writing by the Department Chair, Program Director, or DIO that they are being placed on Probation. The notification should include an explanation of the deficiencies, performance or conduct giving rise to Probation, expectations for improvement and the period of the Probation. The length and conditions of the Probationary Period are determined by the Department Chair and/or Program Director, after consultation with the DIO. This letter of Probation must be documented. This will also be shared verbally with the House Staff whenever possible and the meeting documented. A copy must be given to the House Staff, Program Director, the Chair, and the DIO.

The effective date of the Probationary Period will be the date of the written notification unless stated otherwise in the written notification.

During the Probationary Period, efforts are made to advise and assist the House Staff to address the performance issues and/or correct deficiencies or conduct with the goal of the House Staff successfully completing the program.

If at any time during the Probationary Period additional performance or conduct issues arise, or if the issues which resulted in the Probation continue, the Program Director may extend the Probation, recommend Nonrenewal, or move to Summary Suspension or Immediate Dismissal.

At the end of the Probationary Period, the Department Chair or Program Director determines which one or more of the following actions will be taken and notifies the House Staff and DIO:

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- i. Remove the House Staff from probationary status,
- ii. Extend the probationary period,
- iii. Notify the House Staff of nonrenewal of their appointment,
- iv. Notify the House Staff of non-promotion, or
- v. Notify the House Staff of their immediate dismissal.

At any time, whether before or after the Probationary Period has expired, the Chair, Program Director, and/or DIO may recommend further action.

If the House Staff wishes a review of the Probationary Period, they must follow the process and procedures in Section V. of the House Staff Manual ([V. House Staff Grievance Procedure](#)).

c. *Summary Suspension*

If at any time a House Staff's conduct requires that immediate action be taken to protect the health or safety of patients or others, or to reduce the substantial likelihood of immediate injury or damage to the health or safety of patients or others, any member of the Medical Staff, the Hospital Administrator on Call, or the DIO shall have the authority to summarily suspend the House Staff. Examples include, but are not limited to, impairment that impacts work, patient safety, or the workplace.

The Department Chair, Program Director or DIO may also summarily suspend a House Staff who exhibits performance or conduct that the Department Chair, Program Director or DIO deems too serious to warrant a Warning or Probation.

The Summary Suspension will be reported immediately in writing to the DIO and the House Staff's Program Director and Department Chair, with a copy to the House Staff. The House Staff will remain in paid status while on Summary Suspension. Return to work may require an evaluation of fitness for duty, and House Staff must comply.

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The DIO, after review of the Summary Suspension and after consultation with the Department Chair and Program Director, determines a course of action which includes one or more of the following:

- i. Lifting, modifying or extending the Summary Suspension;
- ii. Coaching;
- iii. Warning;
- iv. Probation;
- v. Non-promotion;
- vi. Non-renewal of their appointment;
- vii. Immediate Dismissal.

The House Staff is notified in writing, with copies to the House Staff's Program Director and Chair, of the action taken, and that they may not be present in the clinical areas or otherwise participate in work-related activities unless specifically instructed, with the exception of personal medical care and/or engagement with the Employee Assistance Program.

If the House Staff wishes a review of the Summary Suspension, they must follow the process and procedures in Section V. of the House Staff Manual ([V. House Staff Grievance Procedure](#)).

d. *Immediate Dismissal*

Performance issues, conduct not resolved by a Warning, Probation, or Summary Suspension, or other serious actions or behavior may result in Immediate Dismissal. If, at any time, the Department Chair, Program Director or DIO determines that Immediate Dismissal is warranted, the Department Chair or Program Director will consult with the DIO to determine the appropriate action and effective date of dismissal, which serves as termination of employment with VUMC. Upon notification of the Immediate Dismissal, the House Staff is relieved of all clinical duties. A copy of the Immediate Dismissal will be delivered to the House Staff, the Program Director, the Chair and the DIO.

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The House Staff will be notified in writing of the action taken, and they may not be present in the clinical areas or otherwise participate in work-related activities unless specifically instructed. The House Staff may continue to receive personal medical care and/or engage with the Employee Assistance Program.

Any VUMC equipment including, but not limited to, pagers, ID badges, keys, parking cards, phones, and laptops must be immediately returned upon dismissal. In addition, all access to VUMC systems and email is terminated.

If the House Staff wishes a review of the Immediate Dismissal, they must follow the process and procedures in Section V. of the House Staff Manual ([V. House Staff Grievance Procedure](#)).

e. *Non-renewal*

Non-renewal of a House Staff's contract may be appropriate for a number of reasons, including but not limited to, lack of professionalism, poor interpersonal and communication skills, inability to participate in practice-based learning, and/or reasons related to one of the Corrective Actions above.

Written notice of non-renewal of a House Staff's contract shall be given as soon as is practicable prior to the end of the House Staff's current contract. The Program Director, the Chair, and the DIO should also receive a copy of the Notice of Non-renewal.

If the House Staff wishes a review of the non-renewal they must follow the process and procedures in Section V. of the House Staff Manual ([V. House Staff Grievance Procedure](#)).

f. *Non-promotion*

Non-promotion of a House Staff may be appropriate for a number of reasons, including but not limited to, not meeting the required competencies for Promotion.

Written notice of non-promotion shall be given as soon as is practicable. The Program Director, the Chair and the DIO should also receive a copy of the Notice of Non-promotion.

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House Staff with questions about their promotion status should contact their program director.

If the House Staff wishes a review of the non-promotion, they must follow the process and procedures in Section V, of the House Staff Manual ([V House Staff Grievance Procedure](#)).

A Performance and Accountability Commitment Plan may run concurrently with a Corrective Action Plan (see [Section IV. D. Academic Improvement Status](#)). Any classifications of Warning and Probation issued after July 1, 2024, refer only to Corrective Action.

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ACADEMIC IMPROVEMENT STATUS:

PERFORMANCE AND ACCOUNTABILITY COMMITMENT (PAC) PLANS:

Performance and Accountability Commitment Plans (PAC Plans) are initiated when House Staff's performance has not responded to Coaching or not met expectations on an Individualized Learning Plan (ILP, see [Section IV.A. Coaching and Individualized Learning Plans](#)) and, if patterns continue, may result in non-renewal or non-promotion. There may also be concerns regarding the performance of a House Staff which have not been remedied or should not be addressed solely with feedback or Coaching.

Performance issues subject to PAC Plans include, but are not limited to, the following examples:

- Insufficient medical knowledge.
- Inability to apply medical knowledge effectively, whether in patient care, research, or performance of technical skills.
- Failure to progress or perform at the expected level of training.
- Other performance issues that fail to demonstrate expected competency

1. Initiating a Performance and Accountability Commitment Plan (PAC)

In those situations, one of the actions listed below (Initial PAC, Final PAC, Non-Promotion, or Non-Renewal) is initiated, depending on the nature and/or severity of the deficiency. In determining which level of intervention is appropriate, the Program Director should consider the House Staff's overall performance, including previous evaluations, Coaching, Individualized Learning Plans (ILPs), and Corrective Actions such as those initiated under the Corrective Action Policy (see [Section IV.C. Corrective Action](#))

a. Performance and Accountability Commitment Plan (PAC Plan)

An Initial PAC Plan is appropriate if concerns arise or continue regarding the performance of a House Staff which are not appropriate to be dealt with by Coaching or an Individualized Learning Plan. Examples include those listed above. An Initial PAC Plan will be given in writing to the House Staff

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explaining why the performance is unacceptable, expectations for improvement of the deficiency as well as a time frame in which to meet these expectations and for re-evaluation. This Initial PAC plan and meeting must be documented. A copy of the Initial PAC Plan must be given to the House Staff, the Program Director, the Department Chair, and the DIO.

During or at the end of an Initial or a PAC Plan that has been continued, the House Staff will meet with the Program Director or designee and the Program Director or designee will advise the House Staff whether the deficiency has been corrected or whether further action will be taken. At the end of an Initial or a PAC Plan that has been continued, dependent on whether the House Staff has corrected the noted deficiency or if the House Staff does not correct or improve the deficiency within the period of time, or if the same or additional deficiency occurs within that period, then the Program Director may take one or more of the following actions:

- i. Lift the PAC Plan,
- ii. Continuation of the PAC Plan,
- iii. Immediately place the House Staff on a Final PAC Plan,
- iv. Recommend non-renewal, or
- v. Recommend non-promotion.
- vi. At any time, whether before or after a PAC Plan has expired, the Chair, Program Director, and/or DIO may recommend further action.

A House Staff member on a PAC Plan (Initial, a PAC Plan that has been continued, or Final) is not considered an employee in good standing. Moonlighting is not permitted while House Staff is subject to a PAC Plan.

If the House Staff wishes a review of the PAC Plan, they must follow the process and procedures in Section V. of the House Staff Manual ([V. House Staff Grievance Procedure](#)).

b. Final Performance and Accountability Commitment (PAC) Plan

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If a House Staff's performance, including but not limited to, performance of duties, or interpersonal or communication skills, such as those listed above, falls below acceptable standards or other deficiencies exist which are not corrected by Informal Counseling, an Initial PAC Plan, a continued PAC Plan or are of a serious nature such that Informal Counseling or PAC Plan, is not appropriate, the House Staff is placed on a Final PAC Plan by the Department Chair, Program Director, or DIO. The House Staff will be informed in writing by the Department Chair, Program Director, or DIO that they are being placed on a Final PAC Plan. The notification should include an explanation of the deficiencies or performance giving rise to the Final PAC Plan, expectations for improvement and the time period of the Final PAC Plan. The length and conditions of the Final PAC Plan are determined by the Department Chair and/or Program Director, after consultation with the DIO for GME. This letter of Final PAC Plan must be documented. This will also be shared verbally with the House Staff whenever possible and the meeting documented. A copy must be given to the House Staff, the Program Director, the Department Chair, and the DIO.

The effective date of the Final PAC Plan Period will be the date of the written notification unless stated otherwise in the written notification.

During the Final PAC Plan Period, efforts are made to advise and assist the House Staff to address the performance issues and/or correct deficiencies with the goal of the House Staff successfully completing the program.

If at any time during the Final PAC Plan Period additional performance or conduct issues arise, or if the issues which resulted in the Final PAC Plan continue, the Program Director may extend the Final PAC Plan, recommend Non-Promotion or move to Non-Renewal.

At the end of the Final PAC Plan Period, the Department Chair or Program Director determines which one or more of the following actions will be taken and notifies the House Staff and DIO:

- i. Remove the House Staff from Final PAC Plan status,
- ii. Extend the Final PAC Plan,
- iii. Notify the House Staff of non-promotion, or

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- iv. Notify the House Staff of nonrenewal of their appointment.

At any time, whether before or after the Final PAC Plan Period has expired, the Department Chair, Program Director, and/or DIO may recommend further action.

If the House Staff wishes a review of the Final PAC Plan, they must follow the process and procedures in Section V. of the House Staff Manual ([V. House Staff Grievance Procedure](#)).

c. *Other Actions: Non-promotion or Non-renewal*

Non-promotion or non-renewal of a House Staff's contract may be appropriate for a number of reasons, including but not limited to one of the reasons related to Performance above.

Written notice of non-renewal of a House Staff's contract or non-promotion of a House Staff to the next level of training generally shall be given as soon as practicable prior to the end of the House Staff's current contract. The Program Director, the Department Chair, and the DIO should also receive a copy of the Notice of Non-renewal or Non-promotion.

House Staff with questions about their promotion status should contact their program director.

If the House Staff wishes a review of the non-renewal or non-promotion, they must follow the process and procedures in Section V. of the House Staff Manual ([V. House Staff Grievance Procedure](#)).

d. *Summary Suspension*

If at any time a House Staff's conduct requires that immediate action be taken to protect the health or safety of patients or others, or to reduce the substantial likelihood of immediate injury or damage to the health or safety of patients or others, any member of the Medical Staff, the Hospital Administrator on Call shall have the authority to summarily suspend the House Staff after consulting with the DIO.

The Department Chair, Program Director or DIO may also summarily suspend a House Staff who exhibits performance or conduct that the Department Chair,

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Program Director or DIO deems too serious to warrant a Warning or Probation.

The Summary Suspension will be reported immediately in writing to the DIO and the House Staff's Program Director and Department Chair, with a copy to the House Staff. The House Staff will remain in paid status while on Summary Suspension.

The DIO, after review of the circumstances giving rise to the Summary Suspension and after consultation with the Department Chair and Program Director, determines a course of action which includes one or more of the following:

- i. Lifting, modifying or extending the Summary Suspension;
- ii. Coaching;
- iii. Warning (see [Section IV.C. Corrective Action](#));
- iv. Probation (see [Section IV.C. Corrective Action](#));
- v. Initial Performance and Accountability Commitment Plan;
- vi. Continuation of a Performance and Accountability Commitment Plan;
- vii. Final Performance and Accountability Commitment Plan
- viii. Non-promotion,
- ix. Notification of non-renewal of their appointment;
- x. Immediate Dismissal.

The House Staff is notified in writing, with copies to the House Staff's Program Director and Chair, of the action taken, and that they may not be present in the clinical areas or otherwise participate in work-related activities unless specifically instructed, with the exception of personal medical care and/or engagement with the Employee Assistance Program.

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If the House Staff wishes a review of the Summary Suspension, they must follow the process and procedures in Section V. of the House Staff Manual ([V. House Staff Grievance Procedure](#)).

e. Immediate Dismissal

Performance issues not resolved by an Initial Performance and Accountability Commitment Plan, a Final Performance and Accountability Commitment Plan, or Summary Suspension, or other serious behavior may result in Immediate Dismissal. If, at any time, the Department Chair, Program Director or DIO determines that Immediate Dismissal is warranted, the Department Chair or Program Director will consult with the DIO to determine the appropriate action and the effective date of dismissal, which serves as termination of employment with VUMC. Upon notification of the Immediate Dismissal, the House Staff is relieved of all clinical duties.

The House Staff will be notified in writing of the action taken, and they may not be present in the clinical areas or otherwise participate in work-related activities unless specifically instructed, with the exception of personal medical care and/or engagement with the Employee Assistance Program.

Any VUMC equipment including, but not limited to, pagers, ID badges, keys, parking cards, phones, laptops must be immediately returned upon dismissal. In addition, all access to VUMC systems and email is terminated.

If the House Staff wishes a review of the Immediate Dismissal, they must follow the process and procedures in Section V. of the House Staff Manual ([V. House Staff Grievance Procedure](#)).

A Performance and Accountability Commitment Plan may run concurrently with a Corrective Action (see [Section IV.C. Corrective Action](#)). The classifications of Warning and Probation refer only to Corrective Action effective on July 1, 2024.

For House Staff placed on Correction Action Status prior to July 1, 2024 for reasons secondary to academic performance deficiencies only who does not have significant professionalism or misconduct components, the DIO may submit additional information to parties explaining the pre-July 1, 2024 distinction. The statement may include a statement similar to the following: "Please note that in July 2024 VUMC created a House Staff

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Academic Improvement policy to distinguish academic performance issues from other performance issues that fail to meet VUMC standards or expectations (such as professionalism issues or misconduct) that would fall under the Corrective Action policy. On review of the GME file for Dr. [NAME] in response to this request for information, it has been determined that the status for Dr. [NAME] would have had the same outcome of [non-renewal, non-promotion, completion in good standing] but would have been classified as [IPAC Plan, Continued PAC Plan, Final PAC Plan] rather than as [Warning, Probation]. Thus, the actions taken were related primarily to Academic Improvement and would not be considered Corrective Action.

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HOUSE STAFF GRIEVANCE PROCEDURES

If House Staff disagrees with decisions and/or actions that they believe adversely affects them or their training, the grievance processes outlined below may be utilized to address their concerns.

Retaliation against a member of the House Staff or any other individual for taking part in the grievance procedures will not be tolerated and may result in disciplinary actions against the person who engages in retaliation.

Any potential witness who has concerns about participating in this process should contact the DIO or Employee and Labor Relations.

1. Grievance Procedure for Warning, Probation, Performance and Accountability Commitment Plans, Non-Renewal and/or Non-Promotion.

If the House Staff wishes to grieve their placement on Warning, Probation, Performance and Accountability Commitment Plans, Non-Renewal and/or Non-Promotion, they should contact in writing (via e-mail or hand delivery) the person(s) who initiated the Corrective Action of Warning, Probation, Performance and Accountability Commitment Plans, Non-Renewal and/or Non-Promotion *no later than fourteen (14) calendar days from the date the notification was issued* to grieve the decision. They should also copy the DIO on this communication.

Reasonable effort should be made to resolve the grievance at the initial level, within *fourteen (14) calendar days of receiving notification of the grievance from the House Staff, when possible*. If a resolution is not possible within fourteen (14) calendar days, the status of the grievance will be communicated to the House Staff in writing. A resolution and/or decision will also be communicated in writing.

If the House Staff disagrees with the initial decision, the House Staff may appeal the initial decision further to the DIO in writing *no later than fourteen (14) calendar days from the date of notification of the appealed decision*.

The DIO will seek to resolve the issue *within fourteen (14) calendar days, when possible, of receiving notification of the appeal to the DIO from the House Staff*, and the DIO may, at

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their discretion, seek advice from other members of the faculty, House Staff, or staff as deemed appropriate. After such evaluation and/or consultation the DIO will make a decision. This decision will be communicated in writing.

If the House Staff disagrees with the decision of the DIO and wishes to appeal the decision of the DIO, they must, *within fourteen (14) calendar days after the date of notification of the DIO's decision*, notify the DIO in writing that they wish to continue the grievance process. The DIO will then direct the chair of the GMEC to convene the Review Committee.

(See "Review of Appeal by the Review Committee" below.)

A House Staff's failure to follow the above directions within the noted time frames is considered acceptance of the decision.

2. Grievance Procedure for Summary Suspension or Immediate Dismissal

If the House Staff wishes to grieve their placement on Summary Suspension or Immediate Dismissal, they must notify the DIO in writing *within seven (7) calendar days of the date the notification was issued placing the House Staff member on Summary Suspension or of their Immediate Dismissal*.

The DIO will then direct the chair of the GMEC to convene the Review Committee.

(See "Review of Appeal by the Review Committee" below.)

A House Staff's failure to follow the above directions within this time frame is considered acceptance of the Summary Suspension or Immediate Dismissal.

3. Grievance Procedure for Other Issues

If the grievance involves allegations of sexual harassment and/or discrimination and/or retaliation, refer to this *House Staff Manual*, [Section I.P. EQUAL EMPLOYMENT AND AFFIRMATIVE ACTION/ANTI- HARASSMENT/NON-DISCRIMINATION/ANTI-RETALIATION](#).

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If the House Staff wishes to grieve work-related issues which may not be covered elsewhere in this House Staff Manual, they should as soon as possible, but *not later than sixty (60) calendar days from the event*, contact in writing (via e-mail or hand delivery) the person(s) actions or inactions have given rise to the complaint. If the person(s) involved is not the department chair or Program Director, the House Staff should consult with their Program Director and/or department chair to seek their assistance in the resolution of the issue. Every effort should be made to resolve the problem fairly and promptly at this level.

If the House Staff disagrees with the proposed resolution, the House Staff may appeal the decision further to the DIO in writing as soon as possible but *not later than thirty (30) calendar days from the date of notification of the initial decision*.

The DIO will seek to resolve the issue and may at their discretion seek advice from other members of the faculty, House Staff, or staff as deemed appropriate. After such evaluation and/or consultation the DIO will make a decision.

If the House Staff disagrees with the decision of the DIO and wishes to appeal the decision of the DIO further, they must, *within fourteen (14) calendar days after the date of notification of the DIO's decision*, notify the DIO in writing that they wish to continue the grievance process. The DIO will then direct the chair of the GMEC to convene the Review Committee.

(See "Review of Appeal by the Review Committee" below.)

4. Review of Appeal by the Review Committee

a. Timing

The Review Committee will meet, when possible, within 30 calendar days after notification of the chair of GMEC by the DIO in the event of Warning, Probation, Performance and Accountability Commitment Plans, or events classified under Issues other than Corrective Action, and within 14 calendar days, if feasible, after notification of the Chair of GMEC by the DIO in the event of Summary Suspension, Immediate Dismissal, Non-Renewal or Non-Promotion.

b. Composition of the Review Committee

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The Review Committee must consist of no fewer than seven members of the current GMEC to include the sitting Chair of GMEC (who will serve as the Chair of the Review Committee), two House Staff and four faculty members. Individuals from the appealing House Staff's department may not serve on the Review Committee. The Executive Vice President for Educational Affairs Medical Staff Affairs and the DIO are not eligible to serve.

Any member of the Review Committee (faculty or House Staff) who has a conflict or potential conflict of interest involving the appealing House Staff such that they cannot make an impartial and unbiased decision will be recused from the committee and a new member of the Review Committee will be appointed by the Chair of the GMEC. However, to the extent the recused member has knowledge of or was involved in the events leading up to the corrective action, they may still be a witness. Likewise, if there is a conflict or potential conflict of interest between the Chair of the GMEC and the appealing House Staff, the Review Committee will elect an alternate chair for the purposes of the review. Otherwise, the Chair of the GMEC will chair the Review Committee.

The Review Committee may review the appeal only when a quorum of the Review Committee is present. A quorum shall consist of at least two of the House Staff members and at least two of the faculty members of the Review Committee. The Review Committee will meet to review the appeal in person. If an in-person meeting is not possible, measures will be taken to comply with the confidentiality of the process, utilizing a HIPAA compliant and secure conferencing format, either telephonic or video formats.

If there is failure to reach a quorum, the DIO, or Chair of the Review Committee, must appoint (a) new member(s) to the Review Committee. If, there are insufficient program directors from GMEC to meet the number required for composition of the Review Committee, the DIO or Chair of the Review Committee will appoint (a) new program director member(s) to the Review Committee from the broader pool of active program directors, none of which may be from the appealing House Staff's department. Likewise, if, due to multiple recusals or other reasons, there are insufficient House Staff from GMEC to meet the number required for composition of the Review Committee, the DIO or Chair of the Review Committee will appoint (a) new House Staff member(s) to the Review Committee from the pool of House Staff at VUMC, as long as the

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member has served more than 24 months in their current program. None of the appointees may be from the appealing House Staff's department.

c. *Process for Review Committee*

All relevant records, including without limitation both the program and the GME file, and other documentation related to the Corrective Action, as well as names of potential witnesses will be provided to the Review Committee as a part of the review process, subject to applicable policies, procedures, rules, regulations, and laws. The House Staff will be given equal access to all documents provided to the Review Committee. Peer names in the above referenced documents and/or communications will be redacted.

The House Staff may, if they so desire, appear before the Review Committee and be given an opportunity to provide a statement, either verbal, written, or both. The House Staff may identify additional documents that they wish to be considered by the Review Committee. The House Staff also may identify witnesses they wish to be called and should provide a list of such witnesses to the Chair of the Review Committee who may request the witnesses to appear before the Review Committee. For each requested witness, the House Staff will provide first and last name, title, area of work, and reason they are being called as a witness.

The Review Committee will determine which witnesses, documents, and information they will review in connection with the matter before them. The Review Committee can request additional witnesses or documents based on its review of available information. Witnesses are limited to those who were directly involved with the circumstances giving rise to the action or who are otherwise knowledgeable of the circumstances.

If there are allegations of discrimination, harassment or retaliation that have been investigated by VUMC Employee Relations, a representative of Employee Relations may appear as a witness and present their findings to the Review Committee.

The Chair of the Review Committee determines the appropriateness and number of witnesses to be called to provide a full and fair review of all relevant facts.

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The review is conducted without the presence of attorneys in the room. However, any party to a review process may consult with counsel prior to such review or during a break in the proceedings. A transcript of the proceedings will be made.

After completion of the review, the Review Committee submits a written summary of the proceedings, evidence, and recommendations to the VUMC Executive Vice President for Educational and Medical Staff Affairs, who makes the final decision. A copy of the summary is maintained in the GME Office and by the Chair of the Review Committee.

To the extent covered by applicable law, documents reviewed by the Review Committee and transcripts of proceedings are protected by the Tennessee Patient Safety and Quality (Medical Peer Review) statutes (T.C.A. §63-1-150 and T.C.A. §68-11-272), the Health Care Quality Improvement Act, and as also further set forth in the House Staff Manual and/or applicable VUMC policies and procedures.

The VUMC Executive Vice President for Educational and Medical Staff Affairs provides written notification of the final decision to the House Staff, the Program Director, the Department Chair/Clinical Service Chief, the DIO, and other appropriate persons for whom notification of the Review Committee's actions is deemed necessary.

Revisions Reviewed and Approved by GMEC: 06/12/2026

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PRESCRIPTIONS AND DEA

House Staff are assigned the VUMC GME DEA number plus an identifying suffix. Some House Staff may be assigned multiple VUMC GME DEA numbers. House Staff with multiple VUMC GME DEA numbers must be sure to use the appropriate VUMC GME DEA number for the hospital or facility to which it is assigned.

These DEA numbers are to be used for **VUMC patients only**. House Staff should not prescribe or use their VUMC GME DEA numbers for family members or friends with whom there is not a physician-patient relationship under the care of a member of the medical staff of VUMC with House Staff as a member of the current treating team. These VUMC GME DEA numbers are **not** to be used for patients seen at hospitals or clinics not owned or operated by VUMC. These numbers cannot be used during domestic or international away rotations. House Staff should not self-prescribe.

For those House Staff who have a full, unrestricted Tennessee medical license and their own separate DEA number, a copy of their valid DEA certificate should be provided to the GME office. The House Staff may continue to use the VUMC GME DEA for all practice at VUMC in which they are supervised by a VUMC faculty member, including internal moonlighting. House Staff must use their personal DEA number for all external moonlighting and for all internal moonlighting when practicing independently.

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ESKIND BIOMEDICAL LIBRARY

The Annette and Irwin Eskind Family Biomedical Library and Learning Center (EBL) supports the education, research, and patient care mission of Vanderbilt University and the VUMC. The Library occupies the lower level and first floor and serves as the primary information resource for the Vanderbilt University School of Medicine, Vanderbilt School of Nursing, and the Vanderbilt University Medical Center. The library's comprehensive biomedical and health sciences collection is comprised of more than 15,000 ~~20,000~~ print volumes, more than 70 online databases, 3,000 online journals, and over 2,000,000 eBooks. Additional print and electronic resources are available to the entire Vanderbilt community through the other campus libraries and special collections that form the Jean and Alexander Heard Libraries.

The Eskind Biomedical Library consists of four units: Public Services, Research and Education Services ~~Information & Instruction Services~~, Collection Management, and Document Delivery Services. Health Sciences Informationists ~~Reference and Instruction Librarians~~ act as partners with the Vanderbilt community by providing research assistance and support such as literature searching and consultations, and training on various information resources and citation management programs. Appointments for library services are scheduled through our main number or the *Ask Biomedical* online form. Research assistance for current students, staff, House Staff and faculty is available in-person, or electronically through Microsoft Teams or Zoom. Subject guides are available to assist users with quickly identifying selected databases, books, and journals for specific courses or clinical specialties. Document Delivery Services can assist with finding and acquiring items not available in the Vanderbilt Library collection.

The library is physically open 90 hours per week, Sunday through Saturday. VUMC staff are eligible for restricted access with their badges to the library in the evenings and weekends. Those hours are posted on the library's website. The library facility has a seating capacity of 200, 10 study rooms, and a new training/meeting room with flexible configurations that seats up to 36 persons. Technologically, the library has wireless network access throughout the facility, 6 desktop computers, five laptops available for checkout, four large free-standing monitors to use as a secondary display, and two multi-function printers.

The History of Medicine Collections is located on the third floor of EBL. It maintains a unique collection of rare books, manuscripts, photographs, archival materials, and other items documenting the history of medicine and medical education at Vanderbilt University and in the State of Tennessee.

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Contact Information	
Information Desk	(615) 936-1410
History of Medicine Collections	(615) 936-1406
Library Links	
Homepage	http://www.library.vanderbilt.edu/biomedical/
Special Collections	https://www.library.vanderbilt.edu/specialcollections/history-of-medicine/

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ON-SITE MEAL MONEY

The GME Office provides funds for meals during some call hours when House Staff are on service at VUMC or at the VA Medical Center. House Staff with the following patient care obligations are issued On-Site Meal Money for use to purchase meals anywhere on VUMC main campus (except the VUH Gift Shop) that accepts the Badge Bucks, accessed by presenting a VUMC ID Badge:

Call:	Definition:	Meals allotted (amounts of On-Site Meal money for particular meals are defined below):
Overnight	>24 hours	1 dinner meal amount and 1 breakfast meal amount
Late Night	14-23 hours	1 dinner meal amount
Morning After Night Shift	Shifts scheduled to start in PM, end in AM	1 dinner meal amount
Extended Shifts	≥ 10 day shifts in a row of ≥ 12 hours each (scheduled in advance)	2 dinner meal amounts per 10 shifts

The dollar amount is preloaded according to the scheduled shifts and is allocated twice a year, on July 1st and January 1st. **ALL FUNDS EXPIRE on June 30th.** Although more food may be purchased than is allotted above, there is a maximum of \$20 in a single purchase and \$40 in total purchases in a day. Amounts for On-Site Meal Money meal costs are periodically evaluated and subject to change.

Questions regarding On-Site Meal Money may be directed to the GME Office at 615-322-4916. On-Site Meal Money may not be used to purchase non-food items, including gift cards, at any outlet. If such purchases, including but not limited to gift cards and movie tickets, are made with On-Site Meal Money, then the amount of the purchase may be deemed taxable income and subject to reimbursement to the GME office for the amount of the purchase.

New Innovations, including reporting from the prior year, will be periodically audited to determine whether the shifts worked are congruent with the scheduled shifts reported, as well as to determine the overall suitability of allocation to the programs.

Additionally, House Staff may open a personal Badge Bucks account to add money via debit or credit card for use when on call funds are exhausted or if they want to have money on their card for other purchases. House Staff can access and manage their accounts online at: <https://get.cbord.com/vumc> by following the instructions at the GET link. Questions regarding Badge Bucks may be directed to the Card Services office at newcard.vumc@vumc.org or by calling 615-936-3350. The Courtyard Café (hospital

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cafeteria) is located on the second floor of The Vanderbilt Clinic (TVC) and operates from 6:00 a.m. to 2:00 a.m. The Children's Way Café is also located on the second floor of the Vanderbilt Children's Hospital (VCH).

Revisions Reviewed and Approved by GMEC: 10/03/2025

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WHITE COAT LAUNDERING

As a complimentary service to House Staff, House Staff can drop off their white coats for laundering in the South Lobby of Light Hall. A drop box is available toward the VA end of the lobby for white coats only: complete a ticket and place your coats and ticket in a bag (tickets and bags are in the small cabinet at the top of the drop bin). Pick up is in the GME Office in 303 Light Hall between 8am and 4:00pm.

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FREE TICKETS FOR LOCAL ENTERTAINMENT/EVENTS

From time to time, VUMC makes tickets available to the House Staff for a variety of local events.

Tickets are to be used by the House Staff and their guest or immediate family only. If the House Staff finds they cannot use the tickets they requested, the tickets must be returned prior to the event to the GME Office for redistribution. The House Staff is not to give the tickets to a third party including other House Staff, and may not under any circumstances resell tickets.

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VANDERBILT UNIVERSITY POLICE DEPARTMENT

Vanderbilt University Police Department (VUPD) provides comprehensive law enforcement and security services to Vanderbilt University, including the academic campus, VUMC, and Vanderbilt Health at One Hundred Oaks, and Vanderbilt Wilson County Hospital. and a variety of Vanderbilt University-owned facilities throughout Davidson County

Vanderbilt University Police officers have the same authority as municipal law enforcement officers while on property owned by Vanderbilt and VUMC, on adjacent public streets and sidewalks, and in surrounding neighborhoods.

To report an emergency, dial 911 to contact the Metropolitan Nashville Emergency Communications Center. A trained dispatcher will then direct the appropriate response to the emergency and notify the VUPD. For non-emergency calls to VUPD, dial (615) 322-2745. For more information about the department, programs and services go to <https://publicsafety.vanderbilt.edu>.

VandySafe Application Services

VUPD provides a variety of resources for safety and security around Vanderbilt University and Vanderbilt University Medical Center. Those services are found on the VandySafe App. VandyRide shuttle bus services are also available. For more information please go to <https://publicsafety.vanderbilt.edu/resources/public-safety-resources/the-vandysafe-app/>.

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HR EMPLOYEE SERVICE CENTER

The GME Office may be able to direct you in HR requests, and can often provide needed services. Please first contact the GME office (gme.office@vumc.org) with any general HR questions.

If there are any general HR questions that the GME office cannot answer, visit the Workday Help Center or call the Employee Service Center at 615.343.7000. Log in to Workday with your VUMC email address and password. In the main menu, click on Help. The Help Center provides you with access to information on topics, such as benefits or FMLA, and case creation.

You can find answers to frequently asked questions in the self-help articles, or you can click on Create Case to get help from an HR Specialist.

For ID badge questions please contact Card Services at 615-936-3350 or email Newcard.vumc@vumc.org.

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PERSONAL HEALTH AND WELLBEING – NEW PATIENT APPOINTMENTS

To take the best care of patients, a clinician also must attend to their own health needs and well-being. VUMC, both through its own services and those of the Vanderbilt Health Affiliated Network (VHAN), provides House Staff with numerous outlets to obtain primary health care services.

If a House Staff needs to establish themselves as a new patient with a Vanderbilt primary care physician, please send an email to pc4newHS@vumc.org and state that you are VUMC House Staff. You will receive a reply email that may ask for any preferences you have. You also may sign up for My Health at Vanderbilt (the patient portal) and request a PCP through the portal at <https://www.myhealthatvanderbilt.com/>.

For House Staff seeking primary care through a VUMC OB/GYN practice, please contact the access center by calling (615) 343-5700 and identify yourself as a VUMC House Staff.

For pregnant House Staff, you may be eligible to participate in our maternity bundle. Information is available [here](#).

VUMC health plan members now have access to a dedicated phone number for subsequent appointments or consultations — called Appointments Direct — that gives you preferred access to appointments with VUMC providers. Call (855) 724-2454 to schedule an appointment with a Tier 1 provider.

For health care needs that are unexpected or immediate, House Staff may also present to Occupational Health ([see Section III.A. Faculty/Staff Health & Wellness](#)) or use the Vanderbilt walk-in clinics. Find walk-in clinic options at <https://www.myhealthwalkin.com/>.

If any questions regarding the above, please contact the GME office at gme.office@vumc.org.

MY HEALTH AT VANDERBILT

My Health at Vanderbilt is a secure health information portal through which Vanderbilt patients may contact their physicians, request appointments, and view medical information and lab results. If House Staff are also patients of VUMC (including off-site locations), they may learn about it and sign up at <https://www.myhealthatvanderbilt.com/>.

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MEDICAL CENTER INFORMATION

PROFESSIONAL CONDUCT

All VUMC personnel are expected to conduct themselves in a professional, collaborative, and cooperative manner consistent with VUMC Credo behaviors and applicable Vanderbilt University and VUMC policies and procedures, and to treat patients, visitors, students, and each other with courtesy, respect, and dignity. VUMC fosters a just and safe culture by addressing unprofessional, inappropriate, intimidating, disruptive, threatening, and violent behavior within the workplace.

1. VUMC CREDO

- We provide excellence in health care, research, and education.
- We treat others as we wish to be treated.
- We continuously evaluate and improve our performance.

Credo Behaviors

- I make those I serve my highest priority.
- I respect privacy and confidentiality.
- I communicate effectively.
- I conduct myself professionally.
- I have a sense of ownership.
- I am committed to my colleagues.

2. VANDERBILT HEALTH PATIENT AND FAMILY PROMISE

VUMC is committed to excellence. We are taking our commitment a step further with the Patient and Family Promise, which is:

- to **Include** you as the most important member of your health care team
- to **Personalize** your care with a focus on your values and needs
- to **Respect** your right to privacy
- to **Communicate** clearly and regularly
- to Work with you to **coordinate** your care
- to Serve you and your family with **kindness** and **respect**

We expect everyone at VUMC to keep these promises to you and your family.

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3. VUMC POLICIES

All VUMC personnel (including House Staff) are required to abide by all applicable VUMC Policies. VUMC Policies are all accessible on [PowerPolicy](#). The PowerPolicy System is a robust document management system that provides a centralized repository for effective, streamlined content management. To access the most updated versions of all VUMC Policies, refer to PowerPolicy. If a current or incoming House Staff member requests to review any VUMC Policy and does not have a VUMC ID, they should contact the GME office.

4. Disclosure

There is an affirmative duty for House Staff to notify the DIO of arrests, convictions, and the disposition of any outstanding charges after the initial background check for employment is completed ***within five (5) calendar days after being arrested or convicted of a criminal offense***. Please refer to [Section I.B. Background Check and Disclosure Policy/Exclusion](#) of House Staff Manual for more information. There is also an affirmative duty for House Staff to report any adverse information resulting from subsequent criminal background checks obtained at any site during their employment as House Staff at VUMC

There is an affirmative duty for House Staff to report any adverse action taken on any medical license by a medical board in any state

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MEDICAL CENTER INFORMATION

VUMC COMPUTERS AND CLINICAL APPLICATIONS

General Information

- Clinical Workstations (CWS) provide clinical staff access to VUMC applications.
- Icons for these applications and others are located on the desktop.
- The Digital Library Page at <https://www.library.vanderbilt.edu/biomedical//> has other available sources.
- All computers containing protected health information (PHI), or research health information (RHI) must be encrypted.

To Receive Computer Assistance

House Staff can call the **Help Desk – (3-HELP or 3-4357)** 24 hours/day, 7 days/week. They may need to give the Help Desk their VUMC ID so that Help Desk staff can identify them in the system. It is acceptable for the House Staff to tell Help Desk staff their VUMC ID. Device & printer IDs may also be requested when applicable. Help Desk staff will triage the call to appropriate staff if unable to assist the House Staff.

House Staff are required to abide by all applicable VUMC policies including, but not limited to the following:

- [Acceptable Use of VUMC Computing Resources Policy](#)
- [Electronic Messaging of Individually Identifiable Patient and Other VUMC Confidential, Private and Restricted Data](#)
- and the corresponding [SOP Approved Messaging and File Sharing Mechanisms](#)
- [Use of Mobile Devices to Conduct VUMC Business](#)
- and the corresponding [SOP Mobile Data Protection Solution \(MDPS\) Device Requirements](#)

Please note that House Staff may rotate to external sites as part of their educational training (e.g., the VA Medical Center). While at these sites, they are expected to adhere to the applicable policies of those institutions, including without limitation policies related to the use of mobile devices and communication of patient information, and these policies may be different and/or more restrictive than the VUMC policies.

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Laptop Policy for House Staff

All House Staff in core residency programs (defined as a residency program starting at the PGY-1 or PGY-2 level) will be assigned a laptop for use to assist in the care of VUMC patients. House Staff will be required to sign and comply with a Laptop User Agreement that explains the terms of usage. The VUMC laptops will be serviced through the VUMC Help Desk and House Staff are required to immediately report any damage or to the VUMC Help Desk and the GME office. If it is determined that the VUMC device was damaged through improper use and lack of care in handling, or if the damage or loss is not immediately reported, the House Staff member may be required to pay a replacement cost.

A copy of the agreement can be found here: <https://www.vumc.org/gme/core-residency-laptop-user-agreement>

Mobile Phone Policy for House Staff

All House Staff and other VUMC employees are required to communicate patient and other VUMC Confidential Information securely and in compliance with applicable VUMC policies, laws, and regulatory requirements, including but not limited to those issued by The Joint Commission and Center for Medicare and Medicaid Services.

Prior to commencing training, all House Staff will be given the option of either obtaining a VUMC device or utilizing their personal device. The use of either device must be in concordance with VUMC policies. House Staff choosing to utilize a personal device should keep in mind that their phone number for that device must be made available so that the House Staff can be reached regarding patient care and/or other work-related matters, House Staff who elect not to obtain a VUMC device but instead to use a personal device, it is important to adhere to the following:

- They must have the designated VUMC security features installed, and
- They will be required to sign a memorandum of understanding that
 - They will use secure formats for patient care communications and
 - They will not be provided compensation for the phone, carrier service or other expenses related to their personal device.

If it is determined that the House Staff is not utilized the VUMC iPhone, then it must be returned so that the phone can be reassigned.

All mobile communications regarding patient care are expected to occur within the secure applications provided on the VUMC device. The House Staff member assigned a VUMC

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phone will be responsible for the proper care of the device. The VUMC phones will be serviced through the VUMC Help Desk and House Staff are required to immediately report any damage or to the VUMC Help Desk and the GME office. If it is determined that the VUMC device was damaged through improper use and lack of care in handling, or if the damage or loss is not immediately reported, the House Staff member may be required to pay a replacement cost.

Under no circumstances should House Staff travel internationally with their GME issued mobile phone, make personal, international long-distance calls using their GME issued mobile phone, or incur additional fees or charges on their GME issued mobile phone. If your GME issued mobile phone is lost or stolen, please notify VUPD, the VUMC IT Helpdesk, and the GME office immediately.

A copy of the agreement can be found here: <https://www.vumc.org/gme/vumc-owned-mobile-phone-resources>

Pager Policy for House Staff

Pagers will be provided for House Staff.

Pagers are an important part of the current communication system within VUMC and should be maintained and monitored while on and off campus and at other off-site rotations. If a member of the House Staff is not on call or does not have the ability to have their pager with them, it should be rolled to an appropriate number for that service in order to provide the best continuity of patient care.

Repair/replacement of damaged or malfunctioning pagers is handled through American Messaging. The pager office is located in Medical Center North Room D-2103 across from the coffee shop or through contact with Shelley Moore Shelley.Moore@americanmessaging.net. All pager numbers provided through GME will be maintained as GME pagers and assigned to specific training programs for re-use as new house staff join the training program. Pagers must be returned to the program coordinator/program manager or program director at the end of the GME appointment and conclusion of training.

If a pager owned by the GME office is damaged or lost, and requires a replacement, the House Staff member may be asked to contribute towards the replacement cost.

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MEDICAL CENTER INFORMATION

SYSTEMS ACCESS AND CONFIDENTIALITY

Adherence to the highest standards of professionalism and to the Vanderbilt University Medical Center (VUMC) information privacy and security policies is expected in the use and access of the electronic medical record (EMR) system and all applications containing Protected Health Information (PHI). Maintaining and protecting the accuracy, integrity, and confidentiality of patient information entrusted to VUMC clinicians is of paramount importance to safeguard patient safety, to provide high quality care supported by evidence-based decision making, and to minimize institutional risk associated with billing and regulatory compliance. Failure to preserve the integrity of the unique user identification associated with each individual granted access for use of the clinical information systems undermines the integrity of the clinical documentation and communication, as well as the privacy and confidentiality of the patient information.

It is recognized that technology solutions must be evaluated and implemented to facilitate the user sign-on process in busy clinical settings. However, commitment to the integrity of users' unique identification must not be compromised in the interim.

Employee user IDs and passwords are equivalent to signatures. Individuals should NEVER share passwords with others and never use or work under another person's ID/password. Users should always log off or lock their computer screens anytime that they walk away from a computer. This practice helps ensure others do not use the computer under the wrong user ID and see confidential information they may not be authorized to view or access. Employees are accountable for any action taken under their user IDs and passwords.

Clinicians may only access information related to the treatment of patients with whom they have a clinical relationship, for which they have been asked to provide a consultation, or whose records the clinician has written permission directly from the patient to access.

Personnel are not authorized to monitor track boards (e.g., Emergency Department, operating rooms, and procedural areas) or other reports within the EMR or other clinical applications without a specific clinical need. Personnel are not authorized to access the medical record of co-workers, friends, or family members without written authorization (the patient or their legal representative should complete the *Communication with Family and Others* form beforehand) from the patient unless they are directly involved in the care of that patient under the supervision of a member of the VUMC medical staff. This standard also applies to minor children's EMRs). Please refer to the following policy:

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The Authorization to Access Medical Records; Self and Others<https://powerdms.com/link/VanderbiltUMC/document/?id=2368640https://vanderbilt.policitech.com/dotNet/documents/?docid=31015&app=pt&source=browse>.

Every keystroke made within the EMR is logged and recorded by the system. Electronic audit trails of accesses to patient information are routinely conducted EMR audit trails are maintained and record the machine name, user, date, time, user action within the system, and patient identification.

Whenever a clinician prints a document containing patient information, it should always be placed in a shredder bin when it is no longer being used. Individuals should never throw patient information away in a regular trash can. Clinicians should maintain appropriate confidentiality of papers listing patient identifiable information that they possess, as the papers can easily be left in a conference room or other area utilized by non-authorized individuals, thereby putting privacy and confidentiality of the information at risk.

One of the VUMC Credo Behaviors is: “**I respect privacy and confidentiality**”. Information that is obtained about a patient is strictly confidential and is legally protected from disclosure. It may be given to another employee or health care provider only when it is necessary to do so for the following reasons: (1) for the continuity of care, (2) in certain situations when required by law, or (3) when otherwise authorized by the patient. Patient information must never be discussed with any other unauthorized person. Divulging such confidential information or any other departmental information deemed and explained by the department chair as confidential may result in disciplinary action. **HIPAA is a federal healthcare law and violations are FELONIES and can be tried in federal court, resulting in fines or potential imprisonment.**

You should assume that all information that you access, use, or disclose – in any form, verbal, electronic or physical – about patients or their relatives is subject to the law and must be safeguarded. At a minimum, the following information about a patient or a patient’s relatives, employers or household members is considered PHI and must be protected:

Names;

Address, including street, city, county, precinct, zip code, and their equivalent geocodes;

All elements of dates;

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Telephone numbers;

Fax numbers;

Email addresses;

Social Security Numbers;

Medical Record Numbers;

Health plan beneficiary numbers;

Account numbers;

Certificate/license numbers;

Vehicle identifiers and serial numbers, including license plate numbers;

Device identifiers and serial numbers;

Web Universal Resource Locators (URLs);

Internet Protocol (IP) address numbers;

Biometric identifiers, including finger and voice prints;

Full face photographic images and any comparable images; and

Any other unique identifying number, characteristic, or code.

De-identified patient information can be used for purposes other than treatment, payment, or healthcare operations. This may also include photography or recordings of patients for education and teaching purposes. For more information on de-identification, please see [*De-Identification of Protected Health Information and Use of a Limited Data Set v.5*](#) policy. The VUMC [*Patient/Visitor Photography/Recordings and Use of Recording Devices to Capture Patients and Visitors v.4*](#) policy defines allowable purposes for the use of recording devices to capture or record audio, video, or images of patients or visitors.

Any violation of confidentiality and/or the terms in the **Confidentiality Agreement** may result in disciplinary action, including termination of access to the systems, and disciplinary action in accordance with [Section I.V. GRADUATE MEDICAL EDUCATION EVALUATION AND DISCIPLINARY GUIDELINES](#) of the House Staff Manual and applicable VUMC policies.

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House Staff can direct questions or concerns about privacy to the Privacy Office at (615)
936-3594 or email: Vumcprivacyoffice@vumc.org

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VIDEO POLICY FOR SIMULATION TRAINING

The Center for Experiential Learning and Assessment (CELA) is a state-of-the art facility where House Staff interact with high fidelity technologies and standardized patients, all designed to integrate simulation experiences with House Staff clinical training.

A powerful resource of CELA is the capability of recording House Staff learning and assessment experiences that take place there. Associated with this feature, VUMC has established a detailed policy and procedures document that governs the fair use of video records. The policy outlines House Staff rights as learners and the responsibilities as faculty with regard to video records from CELA. Recording House Staff performance in simulations is not an optional part of House Staff training.

To review the CELA Video Records Use Statement and Policy, please use the following link (<https://learningexchange.vumc.org/#/search?term=cela>) or type “CELA” in the “Find a Course” window in Learning Exchange: <https://learningexchange.vumc.org>

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NEWS AND COMMUNICATIONS

A. *COMMUNICATING WITH THE MEDIA*

Please reference the Media Access policy in PowerPolicy:

<https://powerdms.com/link/VanderbiltUMC/document/?id=2367934>.

B. *PHOTOGRAPHY AND VIDEO IMAGING*

Please reference the Patient/Visitor Photography/Recordings and Use of Recording Devices to Capture Patients and Visitors policy in PowerPolicy. Violations of this policy can result in Corrective Action up to and including Immediate Dismissal.

<https://powerdms.com/link/VanderbiltUMC/document/?id=2369878>

C. *LOBBYING POLICY MAKERS*

VUMC's Office of Federal Relations and Office of State Government and Community Affairs (state and local government) coordinate government relations and lobbying activities in collaboration with senior leadership. No member of the VUMC community may contact federal, state, or local officials on behalf of VUMC for purposes of lobbying or public policy advocacy without advance approval of either VUMC Office of Federal Relations or VUMC Office of State Government and Community Affairs.

This policy addresses the official representation of VUMC and includes the use of VUMC e-mail and display of VUMC credentials while advocating for changes to government policy. Nothing in this policy is intended to restrict protected personal expression by or the rights protected by Section 7 of the NLRA of a VUMC faculty, House Staff member, or staff member including expression on behalf of a professional society or other organization, on personal time using personal resources. Furthermore, this policy is not intended to restrict a VUMC faculty, House Staff member, or staff member from identifying their profession or place of employment in the context of personal communication with a government official. However, a VUMC faculty, House Staff member, or staff member expressing personal views must make it clear that they are expressing such views and are not stating an official position of VUMC. The VUMC Office of Federal Relations or VUMC Office of State Government and Community Affairs assists faculty, House Staff member and staff in drafting statements that ensure that such views are placed in the correct context.

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While VUMC can engage in public policy advocacy, 501(c)(3) organizations are prohibited by law from directly or indirectly participating in, or intervening in, any political campaign on behalf of or in opposition to candidates for public office. VUMC employees must refrain from engaging in political campaign activity while at work or utilizing VUMC resources including the use of VUMC e-mail. VUMC encourages civic engagement, and the above restriction does not limit individuals from engaging in political activity (such as running for public office, campaign giving, endorsement of a candidate, or volunteering for a campaign) as private citizens.

For assistance with federal lobbying efforts, contact Vice President of Federal Relations Alex Currie, alex.currie@vumc.org. <https://www.vumc.org/federal-relations/>

For assistance with state or local lobbying efforts, contact Vice President of the Office of State Government and Community Affairs Matthew Scanlan, matthew.j.scanlan@vumc.org. <https://www.vumc.org/ogca/>

Selection from VUMC Policy: [Lobbying on Behalf of Vanderbilt University Medical Center](#)

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VUMC QUALITY IMPROVEMENT ACTIVITIES

VUMC supports and maintains integrated, systematic, and comprehensive improvement programs, policies and processes designed to enhance the effectiveness, appropriateness, efficiency, quality and processes of patient care. Systematic monitoring and evaluation of care is conducted at various levels in the organization in which House Staff are active participants. These include activities which include, but are not limited to morbidity, mortality and improvement conferences, root cause analysis, departmental meetings and other ad hoc groups and meetings and associated communications and processes. Specific medical staff functions are monitored hospital-wide and reported on a regular basis to the clinical services, Medical Executive Committee, Quality and Patient Safety Committee of the VUMC Board, and other groups as needed. An Executive Medical Director of Patient Safety of Vanderbilt University Hospital and Adult Ambulatory is an appointed member of the Graduate Medical Education Committee (GMEC), and a provision of summary information of patient safety reports and other applicable reports will be submitted to the GMEC at least annually. Updates on patient safety events will also be presented during clinical Morbidity, Mortality and Improvement conferences.

It is imperative that patient safety events be reported for purposes of patient safety and quality improvement. House Staff must report events in a timely manner, in any of the following ways:

- Utilizing the Vanderbilt Event Reporting Incident Tracking and Analysis System (VERITAS) <https://veritas.app.vumc.org/>
- Directly contacting the Office of Risk and Insurance Management.
They can be reached by calling 615-936-0660 during normal business hours or by calling 615.878.0705 if after hours or urgent.
You may also call the hospital operator to be connected to Risk Management.
- Compliance concerns may be reported by calling the VUMC Compliance Integrity Line 866.783.2287 or on-line at <https://secure.ethicspoint.com/domain/media/en/gui/58859/index.html>.

House Staff may seek additional support from appropriate members of the leadership, such as the program director or DIO.

Any information, materials, incident or other reports, statements, memoranda, or other data which are generated in connection with quality improvement activities are subject to the Tennessee Patient Safety and Quality (Medical Peer Review) statutes (T.C.A. §63-1-150 and T.C.A. §68-11-272)