



## ATHLETIC TRAINING RESIDENCY: ORTHOPEDICS



## **WELCOME**

The Department of Sports Medicine Relationships would like to welcome you to the St. Luke's University Health Network Family.

We are a department dedicated to the advancement of the Athletic Training profession.

Through continued education, advanced certification, evidence-based practice and interdisciplinary and community collaboration; we strive for a program of excellence and versatility to be a leader in today's ever-changing healthcare environment. It is our goal to build upon your past experiences with the advanced knowledge, techniques and opportunities to help develop specialists who lead the profession into the future.

Inside this handbook, you will find information pertaining to every aspect of this residency, it is our hope that this handbook will be your guide as you successfully navigate through the program. We look forward to being a part of your growth and emergence as a skilled, well-rounded healthcare practitioner within the specialty of orthopedics.



## ST. LUKE'S UNIVERSITY HEALTH NETWORK ATHLETIC TRAINING RESIDENCY

### **Mission:**

The mission of the St. Luke's University Health Network Athletic Training Residency Program is to develop specialists within orthopedics, foster graduates to become leaders within clinical practice and integrate critical thinking concepts into life-long learning.

**Residency Specialty Area:** Orthopedics

### **ACGME Core Competencies:**

Program outcomes will be accomplished with the six core competencies as governing principles. Module assignments, projects, and individualized development plans will focus on infusing these competencies throughout the continuum of the residency. These six competencies include:

1. Medical Knowledge
2. Patient Care and Procedural Skills
3. Professionalism
4. Interpersonal and Communication Skills
5. Practice-Based Learning and Improvement
6. Systems-Based Practice

### **Program Goals:**

1. Develop practitioners with advanced clinical skills to optimize patient outcomes within orthopedic practice.
2. Develop leaders who advocate for quality and equitable patient care within inter-professional healthcare teams, analyze the efficacy of medical intervention, and enhance safety by identifying errors and implementing potential system solutions.
3. Develop thinkers, who systematically analyze self-practice by identifying strengths and limitations, who set learning and improvement goals by incorporating formative evaluation feedback to guide personal and professional development.

### **Program Outcomes:**

Upon completion of this residency the Athletic Trainer will:

1. Demonstrate cultural and social proficiency by recognizing that diverse perspectives and backgrounds strengthen approaches to solving social problems and contribute to improved communication, advocacy, and outcomes for our patients.
2. Develop, guide, and evaluate professional and community health education initiatives that disseminates new knowledge and/or policy which will directly affect the population served.
3. Devise and continually modify individualized developmental plans (IDP) that will allow for systematic self-analysis to foster self-directed, self-monitored, and self-corrective learning and thinking.
4. Demonstrate professional leadership in promoting the appropriate utilization and completion of health records while capturing patient reported outcomes.
5. Construct clinically relevant questions, gather and critically appraise evidence to develop solutions that incorporate principles of evidence-based care and information mastery into clinical practice.

6. Perform multi-cycle quality improvement initiatives to address identified weaknesses of the system and suggest solutions to improve health care quality and optimal patient care systems.
7. Perform comprehensive patient assessments targeting chief complaints, while accounting for unique circumstances, comorbidities, and historical subtleties, to formulate a list of differential diagnoses guiding diagnostic testing for simple and complex conditions across a spectrum of ages and impairments.
8. Interpret diagnostic testing and physical examination findings to develop unique care plans which prioritize the patient's interests and are prudent to the risks and benefits associated with common and complex procedures and tests performed.
9. Collaborate with the attending physician to manage simple and complex orthopedic patients and when needed modify care plans, to maximize long-term health-related quality of life measures.

### RESIDENCY CONTACTS

**Program Director:**

Jim Reidy MS, LAT, ATC, CSCS  
 St. Luke's University Health Network  
 77 S. Commerce Way  
 Bethlehem, PA 18017  
 Office: 484-526-7636  
 Cell: 484-225-0974  
 James.reidy@sluhn.org

**Medical Director:**

Dr. Dan Heckman, MD  
 St. Luke's West End Medical Center  
 501 Cetronia Rd.  
 Suite 125  
 Allentown, PA 18104  
 484-526-1735  
 Daniel.Heckman@sluhn.org

**Faculty:**

Title	Personnel	Focus	Content
<b>Medical Director</b>	Dan Heckman, MD	Quality Assurance	
<b>Program Director</b>	Jim Reidy, MS, LAT, ATC	Development Assessment Scholarship	Core Competencies, Shoulder, Elbow, Foot/Ankle
<b>Core Faculty</b>	Nicki Calhoun, MS, LAT, ATC, OTC	Clinical	Orthopedics (Shoulder, Knee)
<b>Affiliated Faculty</b>	Scott Doroshov, MD	Physician	Orthopedics
	Brett Keller, DO	Physician	Orthopedics
	Lenny Paparo, MS, LAT, ATC, OTC	Clinical	Hip, Patient-Reported Outcomes
	Chris Servian, LAT, ATC, OT-SC, BCS-O	Clinical	Surgery, Imaging

	Kevin Call, MS, ATC	Clinical	
	Steven Chen, MD	Physician	MSK Radiology
	Erica Lopes	Organizational and Talent Development	Leadership
	Andrea Moore, PA-C	Clinical	Surgical Concepts
	Jeremy Witcoski, PA-C	Clinical	Surgical Concepts
	Dan Strohecker, MS, LAT, ATC, OTC	Clinical	Hip, Total Joint
	Morgann Duncan, MS, LAT, ATC, OTC	Orthopedics	Communication, SDOH
	Becky Bedard, ATC	Administration	Healthcare Administration
	Brian Gloyeske MS, LAT, ATC	Evidence-Based Practice	Evidence-Based Practice
	Julia Plourde, MD	General Medical Concepts	Cardiology, Pharmacology, Orthopedic Oncology
	Dan Dobrowolski, DAT, LAT, ATC, OTC	Quality Improvement	Quality Improvement

Lenny Paparo  
Affiliate Faculty (P)  
Leonard.Paparo2@sluhn.org  
484-506-5633

Nicki Calhoun  
Core Faculty  
Nicole.calhoun@sluhn.org  
717-903-7725

**Clinical Competency Committee (CCC):**

The Clinical Competency Committee is responsible for appraising data collected quarterly from the Residency assessment plan and determining if Residents are on the appropriate path to attain the Residency Program Outcomes. Quarterly meetings with residents will guide development of the Individualized Education Plan.

**Clinical Competency Committee (CCC)**

<b>Title</b>	<b>Personnel</b>
Chair/Secretary	Jim Reidy
Quality Officer	Nicki Calhoun
Faculty Member	Lenny Paparo

**Program Evaluation Committee (PEC):**

The Program Evaluation Committee will meet 4 times yearly to appraise the quality of the residency program, complete the annual report, and implement program improvement action plans. The PEC will evaluate 5 components of the program including: Resident performance (Collaboration with the CCC), faculty development, graduate performance, program quality, and program policies, protocols, and procedures.

**Program Evaluation Committee (PEC)**

<b>Title</b>	<b>Personnel</b>
Chair	Jim Reidy
Faculty Member	Nicki Calhoun
Clinical Member	Lenny Paparo
Resident Member	Resident

## POLICIES AND PROCEDURES

### Admission Criteria:

- BOC Certification
- Master's degree in Athletic Training
- PA and NJ Athletic Training Licensure

### Clinical Clearances:

Residents will be St. Luke's University Health Network employees and must adhere to the requirements of employment through the Network. Please refer to Human Resources under MyNet.

### SLUHN Mission:

The mission of St. Luke's University Health Network is to provide compassionate, excellent quality and cost-effective health care to residents of the communities we serve regardless of their ability to pay. The mission will be accomplished by:

- Making the patient our highest priority
- Promoting health and continuously improving care provided to heal the sick and injured
- Coordinating and integrating services into a seamless system of care
- Improving the level of service provided throughout the network
- Ensuring all health care services are relevant to the needs of the community
- Striving to maximize the satisfaction of our employees, patients, medical staff, volunteers
- Training allied health professionals, nursing and medical students, and residents in a variety of specialties and to attract them to practice within the Network's service area

### PCRAFT

<b>PRIDE</b>	We take pride in our accomplishments and in our organization.
<b>CARING</b>	We show consideration for others and their feelings. We treat others as we want to be treated.
<b>RESPECT</b>	We recognize the value, diversity and importance of each other, those we serve and the organization.
<b>ACCOUNTABILITY</b>	We are responsible to make decisions and solve problems in a timely and effective manner.
<b>FLEXIBILITY</b>	We adapt to the changing needs and expectations of those we serve.
<b>TEAMWORK</b>	We work together to improve quality.

## **SLUHN policies**

The Residency program will adhere to the policies and standards set forth in the Employee handbook accessible by all residents on MyNet.

### **FINANCIAL OVERVIEW**

#### **Salary**

Resident	\$52,000-58,000.00 commensurate with experience
Full benefits package available	

#### **Non-Salary Expense**

Continuing Education	\$750.00
-NATA Dues (CEUs)	\$250.00
ATPPS Annual Meeting	\$1000.00
OTC Certification	~\$350.00
GME Book Allowance	\$500.00
GME Device Allowance	~\$600.00
AORN Periop 101	\$250.00
Suturing Course	\$300.00

Residents should plan to incur fees such as: Pennsylvania & New Jersey Athletic Training Licensure (~\$325), Clothing (~\$250), and travel costs to and from clinical and didactic responsibilities. *This is an estimate of annual fees associated with the SLUHN AT Residency*

### **CLINICAL RESPONSIBILITIES**

#### **Physician Clinical Assignment**

The Athletic Training Resident will be exposed to specialty trained orthopedic surgeons and non-physician specialists in clinical and surgical settings over the course of this one-year Residency. Residents are fully immersed in physician practice under an assigned Physician Faculty member with targeted rotations to ensure a well rounded and comprehensive clinical experience. As they become an integral part of the staff functioning as an Athletic Trainer inside the Physician's office they will be immersed in the ideal environment to develop clinical evaluation and diagnosis reasoning and skill. Residents will accumulate 1664 hours of focused clinical time throughout the residency program.

#### **Traditional Setting Clinical Assignment**

Residents support the St. Luke's Outreach Athletic Training Program during special events that provide an opportunity for residents to expand their clinical skills.



## EDUCATIONAL RESPONSIBILITIES

### Core Modules

Core Didactic and Clinical experiences will occur within the structure of 5 modules. These modules include:

1. Core Competencies
2. Evidence Based Practice and Quality Improvement
3. Orthopedic Evaluation, Diagnosis, and Management
4. Musculoskeletal Diagnostic Techniques
5. Primary Care Considerations for Musculoskeletal Management

### Additional Modules

Formalized structured experiences focused on specific specialty skill and knowledge development within St. Luke's University Health Network.

1. Surgical Curriculum
2. Leadership Curriculum

### Clinical Learning Experiences

Residents will primarily be placed with one clinical team within orthopedics. Throughout the year case logs will be monitored to ensure residents are gaining clinical experience across the spectrum of the specialty area. Residents may also engage in targeted rotations with other physicians to ensure case log thresholds are met.

### Didactic Education

Over the course of the residency there are a minimum of 260 didactic hours. More didactic hours will be included in the first quarter of the residency but they will be regularly occurring throughout the course of the residency year.

### Scholarship

The participation of residents/fellows and core faculty members in areas related to Boyer's definition of scholarship. This includes scholarship of: **discovery, integration, application or engagement, and of teaching and learning**. This might include, but is not limited to, original research that advances knowledge; synthesis of information across disciplines, topics within a discipline, or across time (ie interprofessional education or science communication; organized clinical discussions, grand rounds, journal clubs, and/or conferences). Demonstration of scholarship involves generating, transmitting, and applying knowledge for the benefit of external audiences in ways that are consistent with the mission and values of the residency/fellowship. This can occur through, but not limited to, one or more of the following: peer-reviewed publication, presentation of case reports or clinical series at local, regional, or national professional meetings; participation in national committees or educational organizations, or public sharing of skills or knowledge in the specialty area that provides the opportunity for application and evaluation by others.

### Scholarship Development Points

Residents must achieve a total of 20 points throughout the year according to the following Scholarly Activity structure. All activities must be related to the orthopedic specialty area to qualify.

Points	Activity
1	Peer Presentation
1	Literature Review
2	Orthopedic Presentation
6	Clinical Case Analysis (score/53)
8	Critically Appraised Topic
8	Poster presentation (local or hospital level)
10	Poster presentation (regional or national)
10	Podium presentation (Local or Hospital)*
12	Research Project (IRB/Collected data)
12	Podium presentation (Regional or National)*
12	Published in peer reviewed journal

\* - Value is time dependent

### Quality Improvement

Residents will complete a Quality Improvement Project with multiple PDSA cycles throughout the Residency.

1. Collaborative QI: Program Patient-Reported Outcome Initiative
2. Individual QI: As residents assimilate into their primary clinical team and environment they will identify an area to engage in quality improvement

### Network Educational Programming

A primary component of St. Luke's University Health Network's mission is to educate employees to be the best clinicians within their respective field. The Network offers numerous educational opportunities within many different disciplines.

Residents are required to attend:

- Orthopedic Surgery Grand Rounds (1<sup>st</sup> Wednesday of each month, 7am)
- Medical Education Symposia
- Residents and Fellow' Annual Research Symposium
- SLUHN Research Curriculum Series (virtual)

\*Other educational opportunities are frequently available through SLUHN and Residents should do their best to attend. Selected topics will be mandatory.

- Sports Medicine BOC Continuing Education Opportunities
- ATPPS Residency Didactics

- ❑ Emory University Residency Didactics
- ❑ Surgical Grand Rounds

### **Community Engagement**

Residents will play a lead role in the administration and planning of events at their clinical assignments and other initiatives of St. Luke's Sports Medicine. These projects will help develop leadership qualities and prepare Residents to become leaders in the field of Athletic Training. Community Health is a core concept of St. Luke's University Health Network and Residents will work along with their clinical preceptors to implement educational programming for our community partners.

Residents will also engage in supporting Network Community Star Wellness clinics by providing orthopedic expertise to enhance patient care and decision making.

### **Leadership Curriculum**

#### **Interpersonal and Communication Skill Development**

Participants of the Athletic Training Residency Program will meet with an Organizational Development Consultant to gain insight on and enhance their interpersonal and communication skill competency. This process will consist of completing targeted assessments, individualized consulting and goal setting. Residents will utilize assessment results to identify developmental areas and integrate action plans into their Individualized Development Plan. Throughout the consulting engagement we encourage participants to consistently leverage current strengths and provide them with practical tools and resources to help implement new knowledge and skills into clinical practice.

Depending on the needs of the participant they will attend three to five, one hour sessions with an OD consultant.

The following is a list of assessments that might be used, as well as a description of each:

#### **MBTI:**

The Myers–Briggs Type Indicator (MBTI) is an introspective self-report questionnaire designed to indicate psychological preferences in how people communicate, perceive the world around them and make decisions. The MBTI emphasizes the value of naturally occurring differences. The underlying assumption of the MBTI is that we all have specific preferences in the way we construe our experiences, and these preferences underlie our interests, needs, values, and motivation.

#### **TKI**

The Thomas–Kilmann Conflict Mode Instrument (TKI) is a conflict style inventory, which is a tool developed to measure an individual's response to conflict situations. The TKI helps to understand how different conflict-handling styles affect interpersonal and group dynamics—and for empowering them to choose the appropriate style for any situation. The TKI tool assesses an individual's typical behavior in conflict situations and describes it

along two dimensions: assertiveness and cooperativeness. It provides detailed information about how that individual can effectively use five different conflict-handling modes, or styles.

### **Emotional Intelligence (EQ)**

The emotional quotient identifies how a person understands and responds to their feelings, as well as, understanding and responding to the feelings of others. It affects how we manage behavior, navigate social complexities, and make personal decisions that achieve positive results. Emotional intelligence is made up of four core skills that pair up under two primary competencies: personal competence and social competence. You will be provided with a book at your first coaching session, Emotional Intelligence 2.0, by Travis Bradberry and Jean Greaves.

The Program Director works closely with Erica Lopes within Organizational Development to monitor progress of the Residents throughout the year and adapt the programming to address identified gaps and optimize Resident progression.

### **Benchmarks of Surgical Curriculum**

- Completion Association of perioperative Registered Nurses (AORN) Periop 101: Core Curriculum
  - 48 hours of focused didactic education and skill development
- Average of 341 surgical encounters through the year
- OTC exam is taken in the November window, OTC-SC is taken in the April window
- Additional focused didactics on surgical techniques associated with body parts associated with the Orthopedic Evaluation and Diagnosis Module
  - Including microbiology and wound care
- Surgical curriculum and Orthopedic Evaluation and Diagnosis Module contain knowledge assessments
- Surgical curriculum contains appropriate supervision and skill checks by faculty as Residents progress through a system of graded authority and responsibility.
- Suturing course, additional faculty learning support, simulation center activities, Arthrex lab experience
  - We do not suture at St. Luke's but prepare our ATs to provide that services if they were to move to a system that allows it

### **Hours Policy**

Residents are required to complete and accurately log the clinical and didactic hours prescribed by the program. These hours will be logged in New Innovations along with hours the resident engages in scholarship throughout the program. The clinical schedule of the residents align with the clinical responsibilities of their primary assigned physician in the clinic and operating room. A few exceptions to this is when residents engage in program didactics and musculoskeletal radiology didactics. The program typically extends beyond the 1 year minimum requirement in order to ensure CAATE clinical hour requirements are met.

The Athletic Training Residency policy for Resident hours follows the guidelines set forth by the ACGME.

1. Resident duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all times spent in clinic, clinical outreach, didactics and directed educational experiences.
2. Residents must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks).
3. Residents will log programmatic hours within New Innovations and the program director will verify to ensure violations of the ACGME guidelines do not occur

Residents are required to keep accurate duty hours of didactic, scholarship, and clinical time within New Innovations.

Moonlighting: Residents also have a 2<sup>nd</sup> position as a per diem Athletic Trainer within the Network. This allows them to be compensated for voluntary hours supporting providing Athletic Training Services in support of events and contracts associated with St. Luke’s Sports Medicine. Hours completed as a per diem Athletic Trainer are included in the assessment of residents within the ACGME guidelines.

### Programmatic Assessments

Resident Evaluations	Count	Time of evaluations	Threshold
AT Milestones (Faculty)	3	Quarterly (1, 2, 3, remediation)	4/5 (3.75 SBP)
AT Milestones (Self Assessment)	4	Quarterly (initial, 1, 2, 3)	4/5
Core Competency Self Assessment	3	Entrance/6months/12months	4/5
PBLI Self Evaluation	3	Entrance/6months/12months	4/5
360 Evaluation (Faculty)	4	Quarterly (1, 2, 3, remediation)	≥4
360 Evaluation (Self Assessment)	4	Quarterly (initial, 1, 2, 3)	≥4
Ranking of attributes	1	On entrance	Completion
Preferred Learning Method	1	On entrance	Completion
Radiology Evaluation	2	6months/ 12 Months	4/5
Assessments	Count	Time of assessment	Threshold
Clinical Case Analysis	3	Quarterly (2, 3, 4)	42/53
Scholarship		Continuous	20 points
Individualized Developmental Plan	4	Quarterly (1, 2, 3, 4)	Sufficient Progress Toward Goals
Quality Improvement Project	1	Quarterly	Completion
Journal Club (	3	Quarterly (2, 3, 4)	3/5
Diagnostic Accuracy	1	Quarterly (1, 2, 3, 4)	>85% Accuracy

Imaging accuracy	1	Quarterly (1, 2, 3, 4)	>85% Accuracy
Assessments that Evolve With Program Initiatives			
Module 1 Learning Assessment(s)	2	Quarter 1 and 3	(>80%)
Module 2 Learning Assessment(s)	2	Quarter 2 & 4	(>80%)
Module 3 Learning Assessment(s)	6	After body region content completion	(>80%)
Module 4 Learning Assessment(s)	2	Quarter 2 and 4	(>80%)
Module 5 Learning Assessment(s)	1	After module completion	(>80%)
Weekly Literature Discussion documents	8	1 per month	71/80pts
Grand Rounds Implementation Reflection	4	After 4 selected grand rounds	100% Completion
<b>Program Evaluations</b>	<b>Count</b>	<b>Time of evaluations</b>	<b>Threshold</b>
Module Evaluation(s)	5	After module completion	Completion
Resident Evaluation of Faculty	2	6 months/ 12 months	None
Clinical Learning Environment Assessment	2	6 months/ 12 months	None

**Program Goals:**

1. Develop practitioners with advanced clinical skills to optimize patient outcomes within orthopedic practice.
  - a. **Learning outcomes: 5, 6, 7, 8, 9, 10**
  - b. **Module(s): 2, 3, 4, 5**
2. Develop leaders who advocate for quality and equitable patient care within inter-professional healthcare teams, analyze the efficacy of medical intervention, and enhance safety by identifying errors and implementing potential system solutions.
  - a. **Learning outcomes: 1, 2, 3, 4, 5, 6**
  - b. **Modules(s): 1, 2**
3. Develop thinkers, who systematically analyze self-practice by identifying strengths and limitations, who set learning and improvement goals by incorporating formative evaluation feedback to guide personal and professional development
  - a. **Learning outcomes: 1, 2, 3, 4**
  - b. **Modules(s): 1**

**Module 1 Outcomes (Program Goals 2-3)**

1. Demonstrate cultural and social competence by recognizing that diverse perspectives and backgrounds strengthen approaches to solving social problems and contribute to improved communication, advocacy, and outcomes for our patients. (Milestones ICS-2, PROF-2)
  - a. *LO1 is assessed by: Core Competency Self-Assessment, Milestones ICS-2, PROF-3, 360°*

*eval questions (SBP 1, Prof 2), Module 1 Pre-Module Worksheet, Module 1 Learning Assessments, Leadership Curriculum*

2. Develop, guide, and evaluate professional and community health education initiatives that disseminates new knowledge and/or policy which will directly affect the population served. (Milestones SBP-5)
  - a. *LO2 is assessed by: Scholarly Activity Points, Community Presentation, Staff/Professional Presentations, Milestones SBP-5, Module 1 Pre-Module Worksheet, Module 1 Learning Assessments*
3. Devise and continually modify individualized developmental plans (IDP) that will allow for systematic self-analysis to foster self-directed, self-monitored, and self-corrective learning and thinking. (Milestones ICS-4, SBP-1)
  - a. *LO3 is assessed by: IEP, 360° eval questions (MK1, MK2, Prof 3, PBLI 1, PBLI 2, PBLI 3), Module 1 Pre-Module Worksheet, Module 1 Learning Assessments, Milestones, SBP-1, Leadership Training*
4. Demonstrate professional leadership in promoting the appropriate utilization and completion of health records while capturing patient reported outcomes. (Milestone ICS-4)
  - a. *LO4 is assessed by: Milestone ICS-4, 360° eval questions (ICS 2)), Module 1 Pre-Module Worksheet, Module 1 Learning Assessments, Documentation audits, Care Sense Reporting*

### **Module 2 Outcomes (Program Goals 1-2)**

5. Construct clinically relevant questions, gather and critically appraise evidence to develop solutions that incorporate principles of evidence-based care and information mastery into clinical practice. (Milestones PBLI-1)
  - a. *LO5 is assessed by: Clinical Case Analysis (CCA), Journal Club, Weekly Literature Discussions, Module 2 Pre-Module Worksheets, Module 2 Learning Assessments, Critically Appraised Topic Paper, 360° Eval questions (PBLI 1), Milestone PBLI-1*
6. Perform multi-cycle quality improvement initiatives to address identified weaknesses of the system and suggest solutions to improve health care quality and optimal patient care systems. (Milestone PBLI-2, SBP-1)
  - b. *LO6 is assessed by: Care Sense Project, Quality Improvement Project(s), Leadership Curriculum, 360° Evaluation (ICS 1, SBP 2), Milestone PBLI-2, SBP-1*

### **Module 3 Outcomes (Program Goal 1)**

7. Perform comprehensive patient assessments targeting chief complaints, while accounting for unique circumstances, comorbidities, and historical subtleties, to formulate a list of differential diagnoses guiding diagnostic testing for simple and complex conditions across a spectrum of ages and impairments. (Milestones PC-3, PC-5, MK-3)
  - a. *LO7 is assessed by: Module 3 Pre-Module Worksheets, Module 3 Learning Assessments, Milestones PC-3 and PC-5, MK-3*

### **Module 3, 4 Outcomes (Program Goal 1)**

8. Interpret diagnostic testing (e.g. plain radiographs, MRI, MR Arthrograms, NCS, EMG, CMP, and

CBC) and physical examination findings to develop unique care plans which prioritize the patient's interests and are prudent to the risks and benefits associated with common and complex procedures and tests performed. (Milestones PC-6, MK-2, Ortho-1)

- a. *LO8 is assessed by: Module 3 Pre-Module Worksheets, Module 3 Learning Assessments, Module 4 Pre-Module Worksheets, Module 4 Learning Assessments, Diagnostic Accuracy, Imaging Accuracy, Radiology evaluation, Milestones PC-6, MK-2, Ortho-1.*

### **Module 3, 5 Outcomes (Program Goal 1)**

9. Collaborate with the attending physician to manage simple and complex orthopedic patients and when needed modify care plans, to maximize long-term health-related quality of life measures. (Milestones Ortho-2)

- a. *LO9 is assessed by: Module 3 Pre-Module Worksheets, Module 3 Learning Assessments, Module 5 Pre-Module Worksheets, Module 5 Learning Assessments, Milestones PC-6, MK-2, Ortho-1, 360° Evaluation questions (4)*

### **Graduation**

In order to receive their Certificate of Residency Completion, Residents must satisfactorily meet the thresholds established in Comprehensive Assessment Plan.

### **Retention policy**

Residents who do not meet the requirements of the program have the opportunity to continue as employees within the department. These employees will sign a formal acknowledgement that they are not finishing the program.



### Typical Resident Week

Physician Clinic/OR: 40 hours per week  
 Didactic Education: 5-7 hours per week  
 Scholarly Activities: 4-15 hours per week

TIME	SUN	MON	TUE	WED	THU	FRI	SAT
7am				Orthopedic Grand Rounds			
8am		Physician Clinical Assignment	OR Training/ OR	Physician Clinical Assignment	OR	Clinical Learning Experiences/ Physician Clinical Assignment	Scholarly Activity
9am							
10am							
11am							
12pm							
1pm							
2pm			OR		Physician Clinical Assignment	Physician Clinical Assignment	Musculoskeletal Diagnostic Imaging
3pm							
4pm							
5pm							Scholarly Activity
6pm							
7pm	Scholarly Activity						
8pm							

## **Pertinent Programmatic SLUHN and Graduate Medical Education Policies**

Grievance Policy (Source: GME Policies)

### **Q. Adverse Action and Grievances Procedures**

Overview - Each program will follow the procedures listed below for recognizing and dealing with clinical performance and educational problems prior to those problems becoming serious. These procedures also describe due process in instances where actions of suspension, nonrenewal, non-promotion, or dismissal are taken against a resident/fellow.

The objective is to assist the Housestaff in correcting training difficulties through educational opportunities and supervision. If however these remedial measures are not successful, the procedures provided below exist for the program to implement an adverse action such as suspension or dismissal. Grievance procedures for Housestaff are also provided below should they feel a suspension or dismissal is unwarranted. These grievance procedures may also apply to general matters concerning employment.

Individual members of the Housestaff will be offered a variety of supervised experiences tailored to correct any identified deficiencies. PDs will be required to clearly define the problem(s) in writing, the steps designed to remedy the problem(s), the anticipated outcome and the time frame(s) within which improvement of the Housestaff performance should occur. Documentation concerning the steps to be taken, etc. should be maintained in the Housestaff's file and discussed with the Housestaff. Both the Housestaff and PD will sign letters of remediation, formal reprimands, probation, etc. Consistent with general hospital policy, and in accordance with the severity of the problem(s) identified, remedial actions can be initiated with an informal oral conference and become as stringent as formal counseling conferences with written documentation, a written warning, probation, suspension, and/or termination.

#### **1. Unsatisfactory Performance:**

1.1. The evaluation of a member of the Housestaff's performance will be based upon reports received by the PD from the faculty, including attending physicians and senior Housestaff, and an appraisal by the PD. Housestaff receiving unsatisfactory evaluations must be notified by the PD. The Housestaff will thereafter have the opportunity to discuss the evaluation(s) in conference with the PD. The PD will make a written record of the results of such discussion. If the Housestaff fails to correct the activity identified as a problem within a reasonable period of time, a written warning is appropriate. If the problem is not resolved after timely conferences and a written warning, then suspension or dismissal may be appropriate.

1.2. Whenever an academic problem is identified and/or an unprofessional conduct occurs with Housestaff, the PD must inform the appropriate clinical department chief and the

DIO prior to taking any remedial, probation, or adverse action. The purpose of such communication will be to assure consistency in the application of remedial, probation, and adverse actions affecting Housestaff based upon their misconduct or deficiency.

1.3. An important element of success in remedial efforts is to document all plans and actions taken and to make efforts to obtain the Housestaff's agreement to the corrective plan. Such documentation will also serve as a written record of past remedial efforts if more stringent action, such as suspension or termination, must be considered. In those cases where more stringent action is warranted, the Housestaff will be informed by the PD of the opportunity to file a grievance if the Housestaff disagrees with the PD's action.

1.4. The PD will notify Housestaff in writing of intent not to renew his/her contract no later than 4 months when possible prior to the end of the Housestaff's current contract.

## **2. Unprofessional Behavior or Conduct:**

2.1. It is expected that Housestaff will observe professional behavior and conduct in order to maintain the clinical learning environment. Listed below are several behavioral offenses which may result in disciplinary action ranging from counseling with written documentation concerning the same to a written warning, probation, or immediate discharge from all duties and responsibilities as Housestaff:

2.1.1. Falsification of a GME program application;

2.1.2. Violation of posted health, safety, fire prevention, or security rules;

2.1.3. False, fraudulent, or malicious statement(s) or action(s) involving relations with patients, the hospital, co-workers or the public;

2.1.4. Chronic or habitual lateness or absenteeism;

2.1.5. Unauthorized use, removal, theft, or intentional damage to the property of a patient or visitor, an employee, the hospital, or an independent contractor;

2.1.6. Actual or threatened physical violence; profane or abusive language;

2.1.7. Transporting, possessing, being under the influence of and/or consuming an intoxicant(s) or illicit controlled substance(s) on the hospital premises;

2.1.8. Disorderly or disruptive conduct including sexual or other unlawful harassment with any person(s) on hospital premises, will be dealt with according to the SLUHN Hospital Employee Handbook.

2.1.9. Inappropriate appearance, including not adhering to the Housestaff Dress Code and the Network dress code that is listed in the SLUHN Hospital Employee Handbook and gross inattention to good grooming and personal hygiene,

2.1.10. Writing prescriptions for relatives, friends or others outside the scope of the program;

2.1.11. Violating HIPAA and/or any patient confidentiality policy; and

2.1.12. Other issues of unprofessional or behavioral conduct as determined by

the PD.

Any action which results in dismissal of Housestaff from program must be documented in writing by the PD and approved by the DIO. Such action must be communicated in writing and either delivered in person to the Housestaff, or sent via certified mail, return receipt requested. If the Housestaff disagrees with the action that has been taken, and the problem cannot be resolved within the program, the Housestaff may file a grievance. The rigors of fulfilling the responsibilities of an Housestaff may cause emotional stress requiring the support of behavioral services. Should Housestaff or display evidence of the need for such support or if this support is deemed necessary by the PD, behavioral health evaluation and support will be offered through the Employee Assistance Program.

### **3. Grievance Procedures for Housestaff Adverse Actions**

The following procedure is available to Housestaff who feels that the adverse action imposed by the program is unwarranted. It is hoped that most matters will be resolved between the program and Housestaff; however, if such resolution does not occur, the Housestaff may file a grievance. All documentation regarding the grievance will be maintained in the Resident File. Every effort will be made throughout the grievance procedure to adhere to the time constraints indicated. However, extensions of specified deadlines may be granted for legitimate delays such as holidays, paid-time offs or illnesses. Any delay will be properly documented and communicated to the appropriate individuals. Any action taken that would suspend or terminate the Housestaff's participation in the GME program will be communicated to the Housestaff in writing, and either delivered in person or sent via certified mail, return receipt requested. Regardless of mode of transmission, the Housestaff will have the opportunity to meet and discuss such action with the PD. If the matter cannot be satisfactorily resolved, the Housestaff may file a grievance stating the grounds for his or her disagreement. Any determination by the Housestaff to file a grievance must be submitted in writing to the DIO no later than fifteen (15) calendar days after the PD has imposed the adverse action or a notification is made to the DIO. Extensions of specified deadlines may be granted for legitimate delays such as holidays, paid-time offs or illnesses.

### **4. Composition of the Review Panel:**

The DIO shall appoint a Review Panel no later than ten (10) calendar days after the filing of a grievance by Housestaff. The role of the Review Panel is to review the information contained in the grievance, the information in the allegation against the Housestaff, and to make a recommendation regarding the issues at hand. Such Review Panel shall be composed of three (3) members of the teaching staff, which will include at least:

4.1. One (1) member of the teaching staff from the program the aggrieved Housestaff is enrolled,

4.2. One (1) senior Housestaff from a specialty area different from the aggrieved Housestaff,

4.3. One (1) Housestaff from the same training specialty as the aggrieved Housestaff.

There will be no right to discovery in connection with the filing of a grievance; however, the aggrieved Housestaff will be entitled to copies of any reports or evaluations relied

upon by the PD when determining to impose the adverse action. In addition, the Review Panel may accept any relevant information if it is information upon which responsible, reasonable persons are accustomed to rely in the conduct of serious affairs. There is no right to have an attorney present at the review panel meeting.

### **5. Meeting with Review Panel:**

The DIO shall schedule a meeting of the Review Panel as soon as possible, but no later than ten (10) calendar days after the appointment of the Review Panel. At the meeting of the Review Panel, the aggrieved Housestaff shall be informed of the information supporting the action taken by the PD, and shall be invited to discuss, explain and/or refute it. Upon conclusion of the meeting, the Review Panel shall begin its deliberations. Within five (5) calendar days after adjournment of the meeting, the Review Panel will present its recommendation in writing to the DIO, who shall forward a copy of it to the aggrieved Housestaff, certified mail, return receipt requested, and copies to the clinical department chief, the PD, the DIO, and the SVP&GC.

### **6. Grievance Procedures for Housestaff Dispute Resolution**

6.1. It is the policy of St Luke's University Health Network to give Housestaff the opportunity to discuss freely and openly with administration any matters concerning the clinical learning environment. St Luke's is very much interested in how the Housestaff feel about the Network, his/her work, their progress, the clinical learning environment, and relationships with supervisors and other Housestaff. Administration follows the Dispute Resolution Policy and Procedure listed online in SLUHN Hospital Employee Handbook.

6.1.1. Overall, it is expected that Housestaff initiate the FIRST STEP of the Dispute Resolution process by communicating their concern(s) to the Program Director.

6.1.2. If the problem or concern is not resolved to Housestaff satisfaction, the Housestaff may continue the process by contacting either HR, Senior Administration, and/or DIO.

6.1.3. If the problem or concern is still not resolved to Housestaff satisfaction, the DIO can initiate steps 4 and 5 above to constitute a Review Panel with written request and description of the concern or problem, if such a written request and description is not already completed.

6.1.4. If there is a perceived conflict of interest, the DIO can recuse him/her self or the Housestaff can ask DIO to recuse him/her self and a designee from the Temple/St Luke's medical school will be assigned.

6.2. Open door discussions with the program director, faculty, assigned mentors and/or other program leadership are encouraged. Housestaff have numerous mechanisms to raise concerns including but not limited to:

6.2.1. Housestaff also have access to an anonymous suggestion box through a survey medium not associated with Housestaff names to ensure anonymity. A link to this suggestion box is found on their homepage of New Innovations. This information is first reviewed by the resident

representatives. Issues, concerns, or suggestions are then either reviewed with the appropriate program leadership if a specific program is identified or brought to GMEC for discussion and follow-up. Any further discussion or follow up with the residents will be discussed at every other month Housestaff Forum hosted by the GME office.

6.2.2. In addition, on an annual basis, the DIO meets with the Housestaff in each program so that Housestaff can express and address concerns in a protected manner. Housestaff are encouraged to schedule individual meetings with the DIO after this group meeting, as needed. These meetings are confidential. The DIO writes a short summary of themes for the program director to review and decide next steps.

6.2.3. Housestaff can also raise concerns through the Chief Resident Committee, St Luke's Resident Organization meeting (SLRO and ARC), and SLRO's annual forum with and without GME administration present.

**Renewals/Dismissals** (Source: GME Policies) - each of its programs provides a resident/fellow with a written notice of intent when that resident's/fellow's agreement will not be renewed, when that resident/fellow will not be promoted to the next level of training, or when that resident/fellow will be dismissed. The Programs will work with the GME office in such dismissals.

### **Family and Medical Leave (Source: Employee Handbook)**

The Family and Medical Leave Act of 1993 (FMLA) provides eligible employees with job protected leaves of absence due to certain medical and family reasons. To be eligible for a FMLA leave, the employee must have been employed for 12 months prior to the start of the leave and must have worked at least 1,250 hours during the twelve (12) month period prior to the start of the leave.

#### **Type of Leaves**

An eligible employee will be granted up to twelve (12) unpaid workweeks of leave in any twelve (12) month period measured backward on a rolling basis from each date leave is used. Leave may be taken for the following reasons:

- A. because of the birth of a son or daughter and to care for that newborn child
- B. because of the adoption or foster care placement of a son or daughter with the employee
- C. to care for the spouse, son, daughter or parent of an employee who has a serious health condition; or
- D. because of a serious health condition that makes the employee unable to perform the essential functions of his/her job

**(For reasons C & D, the leave may be on intermittent or reduced work schedule basis.)**

If the leave falls under Items A and B above, the employee must provide his/her Supervisor/Manager with not less than thirty (30) days' advance notice of his/her intention to take leave under the FMLA. Any such leave must end within twelve (12) months of the child's

birth or placement. When the birth date or placement of a child requires the leave to begin in less than thirty (30) days, the employee must inform his/her Supervisor/Manager as soon as possible.

If planned medical treatment under Items C and D necessitates a leave, the employee must provide his/her Supervisor/Manager with not less than thirty (30) days' notice prior to the beginning of the leave. If medical treatment is not planned, such as a change in circumstances or a medical emergency, the employee is responsible for notifying the Supervisor/Manager as soon as it is possible.

An employee requesting a medical leave due to his/her serious health condition (Item D) must provide a completed Medical Certification form. **Medical Certification forms are distributed to the employee by the Leave of Absence team and should be returned to the Leave of Absence team for review.**

If an employee must take a leave to care for a family member, the Medical Certification form must be completed indicating the employee is needed to care for a son, daughter, spouse or parent (Item C) and an estimate of the time needed for the care of that family member. The medical certification form must be updated if more time off is needed than what was originally requested. For all FMLA leaves, an employee may substitute available PTO and holiday hours as part of the twelve (12) workweek periods. However, under Item D, an employee is required to substitute available sick hours as part of the twelve (12) workweek period. Once available sick hours have been used, an employee may elect to substitute PTO and holiday hours as part of the 12-workweek entitlement. An employee participating in our Short-Term Disability Program (STD) may apply for STD benefits and such disability leave will be counted as part of the twelve (12) workweek period for FMLA purposes. Similarly, an employee's workers' compensation absence will run concurrently with the twelve (12) workweek period for FMLA purposes.

An employee applying for intermittent leave or leave on a reduced leave schedule for planned medical treatment is expected to make a reasonable effort to schedule the treatment so that it is not unduly disruptive to work operations. The employee must provide a completed Medical Certification form since such scheduling is subject to the approval of the health care provider. This certification must also include a statement of the medical necessity for such leave. The same information is required to support an intermittent leave which is necessary to care for a son, daughter, spouse or parent with a serious health condition. An employee taking intermittent leave may be temporarily assigned to an alternative position, providing equivalent pay and benefits, which better accommodates the restricted work schedule. The alternative position will not necessarily entail equivalent duties to the employee's usual position. An updated medical certification form must be submitted when more time off than originally requested is needed. In the case of an indefinite leave, St. Luke's may request an updated form no more than every thirty (30) days.

If a request does not qualify under the FMLA, the employee may be eligible for a leave in accordance with the Network's Leave of Absence policy.

If both spouses are employed by the Network, they will be allowed a combined total of twelve (12) weeks to take a family leave for the birth or placement of a child and to care for the child, or to care for a parent (but not a parent-in-law) with a serious health condition.

In addition to the above-referenced types of leave, St. Luke's complies with the National Defense Authorization Act for FY 2008. Under those amendments to the FMLA, St. Luke's offers: (1) eligible employees up to twelve (12) weeks of leave because of "any qualifying exigency" arising out of the fact that the spouse, son, daughter or parent of the employee is on active military duty, or has been notified of an impending call to active military duty status, in support of a contingency operation; and (2) an eligible employee who is the spouse, son, daughter, parent or next of kin of a covered military service member who is recovering from a serious illness or injury incurred in the line of duty on active duty up to twenty-six (26) weeks of leave to care for the military service member. The latter military caregiver leave is available during a "single twelve-month period" during which an eligible employee is entitled to a combined total of twenty-six weeks for all types of FMLA leave. Further information and forms may be obtained from Human Resources.

#### **Return to Work After a Family Medical Leave Absence**

- Upon returning from a leave, the employee will be returned to the same or equivalent position. However, if during the time of the leave period there was a reduction in staff and the employee's position is no longer available, the employee is not entitled to job restoration. Also, "key" employees (exempt and within the highest paid 10% of the workforce) may not be eligible for job restoration.
- An employee who is on leave must notify his/her Supervisor/Manager and the Leave of Absence Team at least five (5) days prior to the date he/she will be returning to work.
- An employee who has been absent for medical reasons must obtain a "return to work" release from his/her health care provider. The release will be reviewed by the Leave of Absence Team and the "return to work" release must specify the type, nature and duration of any physical restrictions. Return to work notes must also be turned into the Leave of Absence Team.
- An employee may be returned to work in line with his/her medical restrictions if there are any open available jobs which the restricted employee is qualified to perform. Also, reasonable accommodations may be made with respect to the employee's position or an equivalent position which allows the employee to perform the essential functions of the job.

#### **Code of Conduct/Business Ethics Policies (Source: Employee Handbook)**



## **Americans with Disabilities Act**

The Network is fully committed to complying with all applicable provisions of the Americans with Disabilities Act (ADA), and all other applicable federal and state laws with similar provisions. It is the Network's policy not to discriminate against any qualified employee or applicant regarding any terms or conditions of employment because of such individual's disability so long as the employee can safely perform the essential functions of the job, with or without reasonable accommodation. Consistent with this policy of nondiscrimination, the Network will provide reasonable accommodation(s) to a qualified individual with a disability, as defined by the ADA, who has made the Network aware of his or her disability, provided that such accommodation does not constitute an undue hardship on the Network.

Employees with a disability who believe they need a reasonable accommodation to perform the essential functions of their job should contact the Human Resources Department to initiate the interactive process. The Network strongly encourages qualified individuals with disabilities to come forward and request reasonable accommodation. The Network shall maintain the confidentiality of all medical information in accordance with the ADA and all other applicable law.

## **Confidentiality of Patients' Protected Health Information**

St. Luke's University Health Network takes its obligations under HIPAA and related laws very seriously; as a result, there are severe consequences for violating HIPAA and related laws which include disciplinary action up to and including termination of employment.

St. Luke's University Health Network has the responsibility to continually safeguard the confidentiality of "protected health information" ("PHI" as defined by HIPAA) and other information that is deemed to be confidential by law. This information may include, but is not limited to information on patients, employees, students, volunteers, other employees, donors, research, and financial and business operations. All employees are legally and morally responsible to maintain confidentiality of all patient protected health information (PHI) whether it be written, electronic (ePHI), oral, overheard, or observed.

Any protected health information pertaining to a patient should be discussed in areas where these matters cannot be overheard. Employees should not discuss such information in public areas (hallways, stairways, cafeterias, and elevators) within or outside our facilities. Employees are to refrain from discussing any patients' PHI with other employees unless it is applicable to their job functions or duties. Additionally, information should not be discussed with other co-workers, patients, family members or friends.

Employees will be granted access to computer systems based on their job descriptions. "Access" is defined as to intercept, instruct, communicate with, store data in, retrieve data from or otherwise make use of any information from the computer, computer system, or data base. Computers are 10 Network property and are not to be accessed for personal use. Unless you have a job related need to know, you must NOT access a patient's records. Employees violate

HIPAA rules when accessing a patients' medical information without authorization, permission or as part of their job-related duties. Employees accessing their own medical information or clinical test results is prohibited by St. Luke's and would be considered a violation of company policy.

Inappropriate discussion, access, or distribution of confidential information of any nature reflects poor judgment and undermines the confidence which the Network and the public have in you as an employee. Violations of this rule will result in disciplinary actions up to and including termination of employment. In fact, the Network takes its obligations under HIPAA and related laws so seriously that it has implemented a Sanctions Policy as applicable law requires.

Please see Sanctions Policy, APP #249 (<http://pnp.slhn.org/doc.aspx?pvdID=19530>) for more information on the severe consequences for violating these policies and expectations.

### **Corporate Compliance/Anti-Fraud Enforcement and Whistleblower Protections**

Federal and State governments allocate a significant portion of their budget on health care programs. As such, they have identified specific agencies and implemented laws to protect against provider fraud. The False Claims Act is the federal government's primary civil remedy for improper or fraudulent claims. It applies to all federal programs, including Medicare and Medicaid.

The False Claims Act prohibits, among other things, knowingly presenting or causing to be presented to the Federal government a false or fraudulent claim for payment. Knowingly means that a person, with respect to information (1) has actual knowledge of the information; (2) acts in deliberate ignorance of the truth or falsity of the information; or (3) acts in reckless disregard of the truth or falsity of the information, and no proof of specific intent to defraud is required.

The False Claims Act also allows private individuals to bring "qui tam" actions (commonly known as "whistleblowers") for violations of the Act. Individuals must have direct and independent knowledge of the information on which the allegations are based. Employers may not retaliate against employees for bringing qui tam suits. Any employee who is discharged, demoted, suspended, threatened, or harassed because of lawful acts taken under the False Claims Act is entitled to all relief necessary to make the employee whole.

The Commonwealth of Pennsylvania also prohibits the submission of false claims and statements to the Medical Assistance program through the enactment of Fraud and Abuse Control Provisions. These provisions prohibit, among other things, employees from knowingly or intentionally presenting for allowance or payment any false or fraudulent claim to the PA Medical Assistance program, submitting a duplicate claim for services, submitting a claim for services which were not rendered to a recipient, or submitting a claim which misrepresents the description of services, supplies or equipment dispensed.

The New Jersey False Claims Act similarly prohibits submitting or making false claims and statements; prohibiting, among other things, employees from knowingly presenting or causing to be presented to the State of New Jersey (including the NJ Medicaid program) false or

fraudulent claims for payment or making or using false statements to the State. Knowingly means (1) having actual knowledge that the information is false; (2) acting in deliberate ignorance of the truth or falsity of the information; or (3) acting in reckless disregard of whether the statement is true or false.

The New Jersey False Claims Act also authorizes an individual to bring a whistleblower action as a private person; provided that an individual seeking to file an action as a whistleblower must first allow the State Attorney General to investigate the claim. The New Jersey False Claims Act forbids retaliation by an employer against an employee who filed a whistleblower action.

The New Jersey Conscientious Employee Protection Act allows any employee working in New Jersey to report any act or behavior that the employee reasonably believes to be fraudulent, criminal or in violation of a law, rule, regulation, or clear mandate of public policy. The Conscientious Employee Protection Act also prohibits the employer from taking any retaliatory action against any employee who complains of wrongdoing, provided that the employee must reasonably believe the activity complained of was occurring and was improper.

The Pennsylvania Whistleblower Law likewise prohibits retaliation against a Pennsylvania employee for making a good faith report to a superior or to an appropriate authority about an instance of wrongdoing or waste as more fully defined in the statute. The Whistleblower Law also prohibits retaliation against an employee who has participated in an investigation, hearing, or inquiry into the employer's alleged misconduct.

St. Luke's University Health Network's (St. Luke's) Compliance Program promotes an atmosphere of the highest ethical and professional standards. St. Luke's is fully committed to compliance with all applicable federal and state laws and regulations.

Individuals are expected to report potential compliance issues including fraud related to The False Claims Act upon discovery or notification of the same. Individuals may make such reports to any of the following:

1. Supervisor or department director or designee
2. Human Resources
3. Legal Services Department, Senior Management, and/or Chief Compliance & Privacy Officer
4. Hotline (1-855-9 ETHICS or 1-855-938-4427) available 24/7, 365 days of the year. All reports can be made anonymously and confidentially

No individual who reports in good faith a concern of fraud, waste, abuse, or other wrongdoing under this or any of the incorporated Compliance Department policies, shall be subject to disciplinary action or any other form of retaliation (Non-Retaliation Policy (#253)).

As part of St. Luke's Compliance Program, we have adopted policies describing Federal and State Anti- Fraud enforcement actions, whistleblower protections, and internal procedures for reporting and investigating potential fraud and abuse.

Copies of all SLUHN's compliance policies may be obtained by contacting the Chief Compliance Officer, or via St. Luke's University Health Network's intranet under Policies and Procedures.

### **Equal Employment Opportunity – EEO**

Equal Employment Opportunity has been and will continue to be a fundamental principle at St. Luke's University Health Network. The Network is fully committed to a policy of Equal Employment Opportunity as follows:

All aspects of employment are governed and administrated based on merit, and qualifications, and are not influenced or in any manner affected by race, color, religious creed, ancestry, age, sex, national origin, sexual orientation, gender identity or expression, disability, genetic information, or any other protected characteristic as may be defined by applicable law.

All decisions with respect to recruiting, hiring, and promoting for all job classifications are made without regard to race, color, religious creed, ancestry, age, sex, national origin, sexual orientation, gender identity or expression, disability, genetic information, or any other protected characteristic as may be defined by applicable law. St. Luke's objective is to obtain individuals qualified or qualifiable for the available positions by virtue of job-related standards of education, training, experience, and personal qualifications.

All other personnel matters, such as compensation, benefits, transfers, training, education, tuition assistance and employee programs, are administered without regard to race, color, religious creed, ancestry, age, sex, national origin, sexual orientation, gender identity or expression, disability, genetic information, or any other protected characteristic as may be defined by applicable law.

The Network requires all employees, medical staff, volunteers, vendors, contractors, and others conducting business with the Network to follow and give their continuing support to the Network's Equal Employment Opportunity policy, and all applicable federal, state, and local laws and regulations. Supervisory or managerial personnel are expected to report any suspected violations of this policy, as soon as practicable, to the entity Human Resources Director. This will ensure a prompt investigation.

The Human Resources Department has overall responsibility for this policy and maintains all applicable notice-posting, reporting, and monitoring procedures. Employees' questions or concerns should be referred to the Human Resources Department. Employees who believe that they have been subjected to discrimination in violation of this policy are strongly encouraged to report their concerns, as soon as practicable, through use of the complaint process set forth in the Harassment Policy in this handbook.

Appropriate remedial action (including but not limited to disciplinary action up to and including termination of employment) may be taken against any individual(s) determined to have violated this policy.

## **Harassment Policy**

St. Luke's University Health Network is committed to a workplace free of discrimination and harassment based on race, color, religious creed, ancestry, age, sex, national origin, sexual orientation, gender identity, disability, genetic information, or any other protected characteristic as may be defined by applicable law. Offensive or harassing behavior will not be tolerated against any employee. Supervisory or managerial personnel are responsible for taking proper action to end such behavior in the workplace. Supervisory or managerial personnel who become aware of harassment in the workplace are responsible for reporting such cases to the entity Human Resources Director who will ensure a prompt investigation.

In an effort to prevent sexual and other forms of harassment from occurring, this policy against harassment will be communicated to each employee and redistributed periodically along with training. No employee of the St. Luke's Network is exempt from this policy.

Offensive conduct or harassment of a sexual nature, or race, color, religious creed, ancestry, age, sex, national origin, sexual orientation, disability, genetic information, or any other protected characteristic as may be defined by applicable law and will not be tolerated. This may include but is not limited to:

- Offensive physical actions, written or spoken, and graphic communication (for example, obscene hand or finger gestures or sexually explicit drawings).
- Any type of physical contact when the action is not welcomed by the recipient (for example, brushing up against someone in an offensive manner).
- Expectations, requests, demands or pressure for sexual favors.
- Slurs, jokes, posters, cartoons, and gestures that are offensive.

Any such offensive conduct, occurring in or out of the workplace, will be considered a prohibited form of harassment when any of the following are true:

- There is a promise or implied promise of preferential treatment or negative consequence regarding employment decisions or status.
- Such conduct has the purpose or effect of creating an intimidating or hostile or offensive work environment, or unreasonably interferes with a person's work performance.
- A third party (for example, patient, family member) is offended by the harassing conduct or communication of others.

Harassment is considered a form of employee misconduct. Disciplinary action, up to and including termination, will be taken against any employee engaging in this type of behavior. Any supervisor or manager who has knowledge of such behavior yet takes no action to end it is also subject to disciplinary action.

Any employee who believes he or she is being harassed, or feels harassment is taking place in the workplace, is encouraged to report the harassment promptly to his/her immediate supervisor,

any manager, or Human Resources.

Similarly, anyone who believes he or she is being discriminated against because of harassing behavior (for example, other employees being given special treatment in exchange for sexual favors), is encouraged to report it promptly to any of the above individuals.

The Network will promptly investigate all allegations of harassment and if the allegations are substantiated, the Network will take appropriate remedial action to end the harassment. Reports of harassment will be kept confidential recognizing that some disclosure may be necessary for the purpose of investigation or disciplinary action.

The Network prohibits retaliation against any employee who makes a report of harassment and will take appropriate disciplinary action against any individual engaging in retaliatory behavior.

### **Professional Ethics**

All St. Luke's University Health Network employees are expected to conduct themselves in a professional manner consistent with our Mission, Vision, and Values. Each employee of the Network is always expected to observe ethical, professional relationships with physicians, patients, families, coworkers, and the community.

To ensure that employees perform their jobs ethically and legally, the Network has established a "Code of Conduct". It is contained within the Network's Corporate Compliance Plan and includes but is not limited to:

- Confidentiality
- Conflict of Interest
- Diversity and Inclusion
- Safeguarding Funds and Resources
- Relationships between Caregivers and Patients

All employees are informed of the requirements outlined in the "Code of Conduct" during orientation and during annual training.

If employees have questions regarding the laws and rules that affect their job, they should ask for clarification from a Manager/Supervisor or the Compliance Officer.

Unfavorable criticism of the Network should be avoided except when made to a Department Manager, Human Resources or Network Administration Staff Member. It is the responsibility of all employees to report to Network Administration all matters detrimental to the welfare of the Network.

Violations of the Professional Ethics Policy or "Code of Conduct" may result in disciplinary action, up to and including termination.

For additional information, refer to:  
St. Luke's University Health Network Compliance Program - Code of Conduct





ACKNOWLEDGEMENT

By signing on the line below you agree to the terms and conditions of the Residency and that you have reviewed and agreed to abide by all St. Luke's University Health Network policies and procedures.

Signature: \_\_\_\_\_

Print: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_