PROGRAM DESCRIPTION

Program Goals

1. Provide an educational program in geriatric medicine with a sufficient level of training and experience to produce osteopathic family medicine physicians with the competence and added qualifications in the field of geriatric medicine.
2. Train fellows according to the AOA core competency requirements.
3. Train 1 fellow per year.
4. Use both didactic and clinical training to maximize learning opportunities for fellows.
5. See more specific goals for each fellowship rotation.

Program Objectives

1. Fellows will gain clinical experience in care of the elderly across the health care continuum
2. Fellows will gain knowledge in medical directorship of both nursing homes and hospice
3. Fellows will achieve knowledge in physical exam skills, interpersonal skills, professional attitudes and practical experience necessary of a physician caring for the elderly
4. Fellows will have opportunities to teach other health care professionals
5. Fellows will have formal didactic instruction in required content areas
6. See more specific objectives for each fellowship rotation

Curriculum

The Geriatric Fellowship is 12 months in duration. We offer thirteen four week rotations.

Rotational Structure is as follows:

1) Twenty-four weeks inpatient hospital care
   a. Geriatric consults – Lakeland Specialty Hospital; Lakeland Regional Medical Center
   b. Inpatient Palliative Care consults – Lakeland Specialty Hospital; Lakeland Regional Medical Center

2) Eight weeks sub-acute Rehabilitation in nursing home setting
   a. Four weeks – Lakeland Specialty Hospital

3) Four weeks Geropsychiatric Care
   a. Offered as an outside rotation

4) Four weeks Physical Medicine and Rehabilitation
   a. Inpatient and outpatient

5) Four weeks Neurological Care
   a. Outpatient

6) Four Weeks Hospice/Palliative Care
   a. Inpatient, ambulatory, home care and medical director training.

7) Four weeks of Wound Care
   a. Training in wound care, home care, and podiatric needs of the elderly as well as nutritional needs of the elderly and also research opportunities.
8) Four weeks of Dermatology

Continuity of Care

1) Two half days/week ambulatory clinic
   a. Primary Care – PACE Clinic
   b. Comprehensive Geriatric Assessment – PACE Clinic

2) Long-term care
   a. Will be assigned 4-8 nursing home patients to follow on long-term care throughout 12 months fellowship at Lakeland Specialty Hospital.

3) Home Care
   a. Will be assigned 4 patients to follow through Lakeland Hospice/Homecare.

Program Director Responsibilities

1) Actively engage in the care of geriatric patients
2) Arrange rotations necessary to meet the program goals and arrange affiliation agreements
3) Perform annual program evaluation
4) Select and evaluate faculty and fellows
5) Be directly responsible to the director of medical education to verify that each fellow is meeting or exceeding the minimum standards of the program
6) Prepare required materials for on-site review
7) Provide fellow with all documents pertaining to the training program
8) Provide fellow with the requirements for satisfactory completion of the program
9) Coordinate all schedules
   a. Rotation
   b. Journal Club
   c. Didactic Training
10) Assure adequate supervision of fellows at all times
11) Function in an ethical and professional manner at all times
12) Meet the requirements stipulated in the AOA Basic Documents for Fellowship Training in Geriatrics in Family Medicine

Fellow Qualifications and Responsibilities

1) Graduated from an AOA accredited college of osteopathic medicine
2) Graduated from an AOA accredited Family Medicine residency program or an American Osteopathic Board of Family Physicians certified practicing physician
3) Be and remain a member for the AOA during fellowship training
4) Be appropriately licensed in the state in which training is conducted
5) Attend a minimum of 80% of all scheduled meetings, didactic training sessions
6) Teach residents and students rotating on service
7) Be on-time to all rotation activities
8) Complete a service evaluation after each rotational assignment
9) Participate in an annual evaluation of program goals and curriculum
10) Maintain ambulatory continuity logs
11) Function in an ethical and professional manner at all times
GERIATRIC CORE COMPETENCY PLAN

Ambulatory Clinic

Description of rotation/educational experience: Fellows spend two half-days per week in the outpatient clinic setting. Clinic days will be via the PACE Clinic. PACE is an interdisciplinary outpatient approach to caring for frail elders in their home. The physician serves as the primary care physician and team leader of a multidisciplinary team. The PACE clinic includes consultative care and a geriatric primary care.

Osteopathic Philosophy and Osteopathic Manipulative Medicine

Goal - Fellows will demonstrate and apply knowledge of accepted standards in Osteopathic Manipulative Treatment (OMT) appropriate for the elderly in the outpatient setting.

Competencies:

1. Be knowledgeable about musculoskeletal changes with normal and pathological aging and limitations to consider when performing OMT on the elderly.
2. Perform complete musculoskeletal exam and diagnose abnormalities appropriately.
3. Perform OMT to treat acute or chronic symptoms of the elderly patient as indicated for the individual patient.
4. Know when to refer to an OMT specialist if necessary.
5. Utilize caring, compassionate behavior with elderly patients and their families, thus treating the “whole patient” rather than just symptoms.

Objectives:

1. Obtain experience in the use of OMT in the care of the elderly
2. Understand the integration of Osteopathic Principles and Philosophy into the care of the elderly.

Medical Knowledge

Goal - Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.

Competencies:

1. Have adequate medical knowledge of all the geriatric syndromes.
2. Understand the biology and physiology of aging.
3. Interpret and utilize functional and cognitive assessment screens in the evaluation of the frail elderly patient.
4. Understand current guidelines for screening and preventive health interventions for the elderly patient.
5. Develop and utilize an understanding of the pharmacologic changes that occur with aging to develop appropriate prescribing patterns and minimize adverse drug reactions in the elderly.
6. Maintain log of clinical syndromes seen and procedures done in the clinic.

Objectives:

1. Obtain experience to be comfortable in handling all the geriatric syndromes.
2. Understand preventive care approach in the elderly.
Interpersonal and Communication Skills

Goals - Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families and professional associates.

Competencies:

1. Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds.
2. Communicate effectively with physicians, other health professionals, and health related agencies.
3. Work effectively as a member or leader of a health care team or professional group.
4. Be able to listen well, ask questions slowly when needed and allow a pause for time for patient to answer if needed.

Objectives:

1. Fellows will understand the importance of communicating with family members/guardians of elderly patients, while respecting the patient’s right to privacy.
2. Conduct family conferences independently in a compassionate manner respecting patient autonomy.
3. Dictate a concise report to referring physician outlining the assessment and recommendations derived from a comprehensive geriatric assessment.
4. Maintain comprehensive, timely and legible medical records on H7Ps, progress notes and letters.
5. Return patient calls in a timely manner and address patient/family concerns appropriately.

Professionalism

Goals – Fellows must uphold the Osteopathic Oath and demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Competencies:

1. Compassion, integrity and respect for others.
2. Responsiveness to patient welfare that supersedes self-interest.
4. Demonstrate life-long learning abilities with participation in journal club and other didactic sessions.
5. Demonstrate awareness and proper attention to issues of culture, religion, age, gender, sexual orientation and mental and physical disabilities.

Objectives:

1. Understand CMS guidelines on patient privacy issues.
2. Participate in diversity awareness opportunities as able.
3. Work compassionately with patients and families of many different cultures.

Practice-Based Learning and Improvement

Goals - Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.

Competencies:

1. Identify strength, deficiencies and limits in one’s knowledge and expertise.
2. Systematically analyze practice using quality improvement methods, and improvement changes with the goal of practice improvement.
3. Participate in the education of rotating residents and students.
4. Understand how to use educational resources available in outpatient setting to assist in finding current information for diagnosis and treatment.

Objectives:

1. Fellows provide lectures to residents and students on geriatric syndromes.
2. Participate in quality improvement/research project in clinic.
3. Provide feedback on deficiencies in practice and provide methods to rectify it.
4. Use a case from clinic for an M&M conference to self-evaluate care provided.

Systems-Based Practice

Goal - Fellows must demonstrate an awareness of and responsiveness to the larger context of the health care delivery systems, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Competencies:

1. Coordinate patient care within the health care system and work in teams to enhance patient safety and improve the quality of patient care.
2. Incorporate cost awareness and risk-benefit analysis in patient care.
3. Understand the role and function successfully as a fellow within the ambulatory healthcare team.

Objectives:

1. Learn correct E&M coding for outpatient services in order to maintain compliance with insurance regulations.
2. Understand insurance coverage guidelines when prescribing tests and medications.
3. Coordinate referrals to appropriate specialists for further evaluation and treatment beyond his/her expertise and implement appropriate recommendations from these specialists. (e.g., podiatry, ophthalmology, audiology, psychiatry, psychology, dentistry, nutrition, social work, etc.)
4. Participate in advocacy activities that enhance the quality of patient care.
Hospital Consult Service

Description of Rotation/Educational Experience: Fellows spend 6 months total in the hospital setting (three two-month blocks). Hours will be 8a-4p, Monday through Friday. Consults will be both Geriatric and Palliative Care patients. Fellows will see all new consults initially and then staff with attending. Fellows will also see all patients that require follow-up daily. Fellows will lead rounds and will teach any residents or fellows on services.

Osteopathic Philosophy and Osteopathic Manipulative Medicine

Goals - Fellows will demonstrate and apply knowledge of accepted standards in Osteopathic Manipulative Treatment (OMT) appropriate for the elderly in the inpatient setting.

Competencies:

1. Be knowledgeable about musculoskeletal changes with normal and pathological aging and limitations to consider when performing OMT on the elderly.
2. Perform complete musculoskeletal exam and diagnose abnormalities as pertinent to inpatient consultations.
3. Perform OMT to treat acute or chronic symptoms of the elderly patient as indicated for the individual patient.
4. Utilize caring, compassionate behavior with elderly patients and their families, thus treating the “whole patient” rather than just symptoms.

Objectives:

1. Obtain experience in the use of OMT in the care of the elderly.
2. Understand the integration of Osteopathic Principles and Philosophy into the care of the elderly.

Medical Knowledge

Goals - Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as, the application of this knowledge to patient care.

Competencies:

1. Have adequate medical knowledge of all the geriatric syndromes.
2. Understand the biology of physiology of aging.
3. Interpret and utilize functional and cognitive assessment screens in the evaluation of the frail elderly patient, pertinent to the inpatient setting.
4. Understand knowledge necessary to determine prognosis.
5. Develop and utilize an understanding of the pharmacologic changes that occur with aging to develop appropriate prescribing patterns and minimize adverse drug reactions in the elderly.
6. Fellow will be able to perform and know when palliative care consultation is appropriate.
7. Maintain a log of clinical syndromes seen.

Objectives:

1. Utilize educational resources available to develop specific and current knowledge in geriatrics and palliative care.
2. Know how to use medical knowledge to teach others.
3. Use clinical questions and cases for discussion and research.
4. Understand the difference between hospice and palliative care.
**Patient Care**

Goals - Fellows must be able to provide patient care that is compassionate, appropriate and effective for the treatment of acute health problems in the elderly and manage symptoms in the terminally ill.

Competencies:

1. Obtain a full history, perform a complete physical exam as appropriate for the health problems in the elderly patient, and formulate a differential diagnosis and a treatment plan.
2. Be comfortable in interacting with elderly patients with dementia and related behavioral problems, as well as with dying patients in a compassionate manner.
3. Diagnose and treat a wide variety of commonly encountered conditions in elderly patients.
4. Fellow will be able to identify /manage symptoms commonly experienced by patients at the end-of-life, including but not limited to: pain, dyspnea, fearfulness, anxiety, loneliness, spiritual distress, constipation, nausea, vomiting, delirium, terminal restlessness, and terminal congestion.
5. Evaluate patient’s medications for interactions and prescribe appropriately, considering physiologic changes in the elderly and financial limitations.
6. Order testing in a medically appropriate and fiscally responsible manner.

Objectives:

1. Obtain experience to be comfortable in handling all the geriatric syndromes.
2. Become competent in rendering acute care of the elderly.
3. Understand the health care continuum and discharge options for the elderly.
4. Work to limit restraint use and falls in the elderly patient in the hospital.

**Interpersonal and Communication Skills**

Goals - Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates.

Competencies:

1. Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds.
2. Communicate effectively with physicians, other health professionals, and health related agencies across the healthcare continuum.
3. Work effectively as a member or leader of a health care team or professional group to optimize care.
4. Be able to listen well, ask questions slowly when needed and allow a pause for time for patient to answer if needed.
5. Know how to break bad news and manage difficult family issue/conflicts compassionately and effectively.

Objectives:

1. Fellows will understand the important of communicating with family members/guardians of elderly patients, while respecting the patient’s right to privacy.
2. Conduct family conference independently in a compassionate manner to define goals of care with respecting patient autonomy.
3. Dictate a concise report outlining the assessment and recommendations derived from a comprehensive geriatric/palliative care assessment.
4. Maintain comprehensive, timely and legible medical records on consults and progress notes.
5. Return family calls in a timely manner and address patient/family concerns appropriately.
Professionalism

Goal - Fellows must uphold the Osteopathic Oath and demonstrate a commitment to caring out professional responsibilities and an adherence to ethical principles.

Competencies:

1. Compassion, integrity and respect for others.
2. Responsiveness to patient welfare that supersedes self-interest.
4. Demonstrate life-long learning abilities with participation in journal club and other didactic sessions.
5. Demonstrate awareness and proper attention to issues of culture, religion, age, gender, sexual orientation and mental and physical disabilities.
6. Dictate consuls on the same day they are done.

Objectives:

1. Understand CMS guidelines on patient privacy issues.
2. Participate in diversity awareness opportunities as able.
3. Work compassionately with patients and families of many different cultures.
4. Participate in ethics conferences as able and understand ethical considerations in the care of the elderly and at the end-of-life.

Practice Based Learning and Improvement

Goal – Fellows must demonstrate the ability to investigate

Systems-Based Practice

Goal - Fellows must demonstrate an awareness of and responsiveness to the larger context of the health care delivery systems, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Competencies:

1. Coordinate patient care within the health care system and work in teams to enhance patient safety and improve the quality of patient care.
2. Incorporate cost awareness and risk-benefit analysis in patient care.
3. Understand the role and function successfully as a fellow within the ambulatory healthcare team.
4. Refer patients to support services and hospice both inpatient and outpatient as appropriate.
5. Know how to include attending physician as part of the team in geriatric and palliative care.

Objectives:

1. Learn correct E&M coding for inpatient services in order to maintain compliance with insurance regulations.
2. Understand when to consult in-hospital services including but not limited to, psychiatry, social work, therapy, discharge planning, pastoral care.
3. Include attending physician as part of team in geriatric and palliative care.
4. Participate in advocacy activities that enhance the quality of patient care.
Nursing Home Service

Description of Rotation/Education Experience: Fellows spend 2 months total in the nursing home setting (two one-month blocks). Hours will be 8a – 4p, Monday through Friday. Fellows will see patients as primary care in both sub-acute and long-term care setting. Nursing home training sites are Lakeland Continuing Care Center and Caretel. Fellows will also have a panel of long-term care patients to follow longitudinally for the entire 12 months for fellowship at LCCC.

Osteopathic Philosophy and Osteopathic Manipulative Medicine

Goals – Fellows will demonstrate and apply knowledge of accepted standards in Osteopathic Manipulative Treatment (OMT) appropriate for the elderly in the inpatient setting.

Competencies:

1. Be knowledgeable about musculoskeletal changes with normal and pathological aging and limitations to consider when performing OMT on the elderly.
2. Perform complete musculoskeletal exam and diagnose abnormalities as pertinent to inpatient consultations.
3. Perform OMT to treat acute or chronic symptoms of the elderly patient as indicated for the individual patient.
4. Utilize caring, compassionate behavior with elderly patients and their families, thus treating the “whole patient” rather than just symptoms.

Objectives

1. Obtain experience in the use of OMT in the care of the elderly.
2. Understand the integration of Osteopathic Principles and Philosophy into the care of the elderly.

Medical Knowledge

Goals - Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences in the nursing home setting, as well as the application of this knowledge to patient care.

Competencies:

1. Have adequate medical knowledge of all the geriatric syndromes and learn psychosocial aspects of aging, including interpersonal and family relationships, living situations, adjustment disorders, depression, bereavement and anxiety
2. Understand the biology of physiology of aging.
3. Interpret and utilize functional and cognitive assessment screens in the evaluation of the frail elderly patient, pertinent to the inpatient setting.
4. Develop and utilize an understanding of the pharmacologic changes that occur with aging to develop appropriate prescribing patterns and minimize adverse drug reactions in the elderly. Review medication lists of all residents.
5. Maintain a log of clinical syndromes seen.
Objectives:

1. Utilize educational resources available to develop specific and current knowledge in geriatrics and palliative care.
2. Know how to use medical knowledge to teach others.
3. Use clinical questions and cases for discussion and research.
4. Fellow will observe at least one Minimum Data Set (MDS) evaluation and learn how to fill out the MDS.

Patient Care

Goals - Fellows must be able to provide patient care that is compassionate, appropriate and effective for the treatment of acute and chronic health problems in the elderly.

Competencies:

1. Obtain a full history, perform a complete physical exam as appropriate for the health problems in the elderly patient, and formulate a differential diagnosis and a treatment plan. Include cognitive evaluation, pain assessment and mood problems.
2. Be comfortable in interacting with elderly patients with dementia and related behavioral problems, as well as with dying patients in a compassionate manner.
3. Diagnose and treat a wide variety of commonly encountered conditions in elderly patients.
4. Evaluate patient’s medications for interactions and prescribe appropriately, considering physiologic changes in the elderly and financial limitations.
5. Order testing in a medically appropriate and fiscally responsible manner.

Objectives:

1. To assess, develop and carry out patient management plans for the geriatric syndromes – dementia, delirium, falls, dizziness, polypharmacy, incontinence, weight/appetite loss.
2. Conduct advanced care planning.
3. Become competent in rendering care to the nursing home patient.
4. Understand the health care continuum and discharge options for the elderly.
5. Work to limit restraint use, falls, pressure sores, psychotropic use and weight loss in the elderly.

Interpersonal and Communication Skills

Goals - Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates.

Competencies:

1. Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds.
2. Communicate effectively with physicians, other health professionals, and health related agencies across the healthcare continuum.
3. Participate in interdisciplinary teams related to falls, restraints, psychotropic use, pressure sores, medication errors and weight loss.
4. Be able to listen well, ask questions slowly when needed and allow a pause for time for patient to answer if needed.
5. Present history and physical in a clear and concise manner.

Objectives:

1. Fellows will understand the important of communicating with family members/guardians of elderly patients, while respecting the patient’s right to privacy.
2. Talk with family members in a compassionate manner to define treatment plan while respecting patient autonomy.
3. Maintain comprehensive, timely and legible medical records on H&Ps and progress notes.
4. Return family calls in a timely manner and address patient/family concerns appropriately.

**Professionalism**

Goals - Fellows must uphold the Osteopathic Oath and demonstrate a commitment to caring out professional responsibilities and an adherence to ethical principles.

Competencies:

1. Compassion, integrity and respect for others.
2. Responsiveness to patient welfare that supersedes self-interest.
4. Demonstrate life-long learning abilities with participation in journal club and other didactic sessions.
5. Demonstrate awareness and proper attention to issues of culture, religion, age, gender, sexual orientation and mental and physical disabilities.

Objectives:

1. Understand CMS guidelines on patient privacy issues.
2. Participate in diversity awareness opportunities as able.
3. Work compassionately with patients and families of many different cultures.
4. Understand ethical considerations in the care of the nursing home patient.

**Practice-Based Learning and Improvement**

Goals - Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.

Competencies:

1. Identify strength, deficiencies and limits in one’s knowledge and expertise.
2. Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement.
3. Understand how to use education resources available in the nursing home setting to assist in finding current information for diagnosis and treatment.

Objectives:

1. Participate in quality improvement/research project in the nursing home.
2. Provide feedback on deficiencies in practice and provide methods to rectify it.
3. Use a case from nursing home for a M&M conference to self-evaluate care provided.
4. Complete assigned readings and website reviews as recommended by attending.

**Systems-Based Practice**

Goals - Fellows must demonstrate an awareness of and responsiveness to the larger context of the health care delivery systems, as well as the ability to call effectively on other resources in the system to provide optimal health care.
Competencies:

1. Coordinate patient care within the health care system and work in teams to enhance patient safety and improve the quality of patient care.
2. Incorporate cost awareness and risk-benefit analysis in patient care.
3. Understand the role and function successfully as a fellow within the ambulatory healthcare team.
4. Refer patients to hospice as appropriate.
5. Fellows will participate in quarterly care conferences for their longitudinal care residents.
6. Fellow will work with Physical, Occupational and Speech therapy and observe how each therapist does initial evaluation and decide about plan of care.

Objectives:

1. Understand limitations of nursing home care vs. the acute care setting.
2. Learn correct E&M coding for inpatient services in order to maintain compliance with insurance regulations.
3. Understand what services are available and when to consult nursing home services including but not limited to, psychiatry, social work, therapy, dental and wound care.
4. Participate in advocacy activities that enhance the quality of patient care.
5. Learn about rules and regulations that guide nursing home care, especially those related to medical director F-tags.
Hospice Service

Description of Rotation/Education Experience: Fellows spend one month total in the hospice setting. Hours will be 8a – 4p, Monday through Friday. Fellows will see patients in their home and will round in hospice home facility. Fellows will sit in on weekly interdisciplinary team meetings.

Osteopathic Philosophy and Osteopathic Manipulative Medicine

Goals - Fellows will demonstrate and apply knowledge of accepted standards in Osteopathic Manipulative Treatment (OMT) appropriate for the elderly in the inpatient setting.

Competencies:

1. Be knowledgeable about musculoskeletal changes with normal and pathological aging and limitations to consider when performing OMT on the dying.
2. Perform OMT to treat acute or chronic symptoms of the elderly patient as indicated for the individual patient.
3. Utilize caring, compassionate behavior with elderly patients and their families, thus treating the “whole patient” rather than just symptoms.

Objectives:

1. Obtain experience in the use of OMT in the care of the elderly.
2. Understand the integration of Osteopathic Principles and Philosophy into the care of the elderly.

Medical Knowledge

Goals - Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences in the hospice home and facility setting, as well as the application of this knowledge to patient care.

Competencies:

1. Have adequate medical knowledge of the principles behind using narcotics at the end of life. (pain/dyspnea assessment, narcotic pharmacology, titration of narcotics, commonly seen side effects, prevention of side effects, commercially available products).
2. Learn the currently used tools to determine prognosis in cancer and non-cancer illnesses.
3. Learn about the Hospice Medicare benefit structure.

Objectives:

1. Utilize educational resources available in end-of-life care.
2. Know how to use medical knowledge to teach others.
3. Use clinical questions and cases for discussion and research.
4. Observe and participate in the role and responsibilities of the hospice physician.
Patient Care

Goals - Fellows must be able to provide patient care that is compassionate, appropriate and effective for the treatment of acute and chronic health problems of the dying.

Competencies:

1. Obtain a patient history and perform physical exam pertinent to the patient’s terminal diagnosis and level of comfort.
2. Be comfortable in interacting with dying patients in a compassionate manner.
3. Evaluate patient’s medications for contribution to patient comfort understanding financial limitations of hospice.
4. Order testing in a medically appropriate and fiscally responsible manner to affect patient comfort.

Objectives:

1. To assess, develop and carry out patient management plans for the dying patient – dementia, delirium, weight/appetite loss, edema, dysphagia, terminal congestion, SOB, debility.
2. Conduct advanced care planning.
3. Become competent in rendering care to the dying patient.
4. Understand the health care continuum and locations of hospice care available.

Interpersonal and Communication Skills

Goals - Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates.

Competencies:

1. Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds.
2. Communicate effectively with physicians, other health professionals, and health related agencies across the healthcare continuum; understand importance of communicating with the attending physician as part of the hospice team.
3. Participate in hospice interdisciplinary team.
4. Be able to listen well, ask questions slowly when needed and allow a pause for time for patient to answer if needed.
5. Know how to manage difficult family issues/conflicts compassionately and effectively.
6. Present history and physical in a clear and concise manner.

Objectives:

1. Fellows will understand the important of communicating with family members/guardians of dying patients, while respecting the patient’s right to privacy.
2. Talk with family members in a compassionate manner to define treatment plan while respecting patient autonomy.
3. Maintain comprehensive, timely and legible medical records on H&Ps and progress notes.
4. Return family calls in a timely manner and address patient/family concerns appropriately.
**Professionalism**

Goals - Fellows must uphold the Osteopathic Oath and demonstrate a commitment to caring out professional responsibilities and an adherence to ethical principles.

Competencies:

1. Compassion, integrity and respect for others.
2. Responsiveness to patient welfare that supersedes self-interest.
4. Demonstrate life-long learning abilities with participation in journal club and other didactic sessions.
5. Learn about the interaction between medical care and spiritual, cultural, ethnic and racial factors.

Objectives:

1. Understand CMS guidelines on patient privacy issues.
2. Participate in diversity awareness opportunities as able.
3. Work compassionately with patients and families of many different cultures.
4. Understand ethical considerations in the care of the nursing home patient.

**Practice-Based Learning and Improvement**

Goals - Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.

Competencies:

1. Identify strength, deficiencies and limits in one’s knowledge and expertise.
2. Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement.
3. Understand how to use education resources available in the end-of-life care setting to assist in optimizing patient comfort.

Objectives:

1. Provide feedback on deficiencies in practice and provide methods to rectify it.
2. Use a case from hospice for a M&M conference to self-evaluate care provided.
3. Complete assigned readings and website reviews as recommended by attending.

**Systems-Based Practice**

Goals - Fellows must demonstrate an awareness of and responsiveness to the larger context of the health care delivery systems, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Competencies:

1. Coordinate patient care within the health care system and work in teams to enhance patient safety and improve the quality of patient care.
2. Incorporate cost awareness and risk-benefit analysis in patient care.
3. Understand the role and function successfully as a fellow within the ambulatory healthcare team.

Objectives:

1. Understand limitations of nursing home care vs. the acute care setting.
2. Learn correct E&M coding for inpatient services in order to maintain compliance with insurance regulations.
3. Understand what services are available and when to the home hospice patient.
4. Participate in advocacy activities that enhance the quality of patient care.
5. Learn about rules and regulations that guide hospice care.
Neurological Care

Description of Rotation/Education Experience: Fellows spend one month on rotation with a Neurology service. Fellows will spend time in the inpatient and outpatient setting.

Osteopathic Philosophy and Osteopathic Manipulative Medicine

Goals - Fellows will demonstrate and apply knowledge of accepted standards in Osteopathic Manipulative Treatment (OMT) appropriate for the elderly in the outpatient and inpatient Neurological setting.

Competencies:

1. Utilize caring, compassionate behavior with elderly patients and their families, thus treating the ‘whole patient’ rather than just symptoms.

Objectives:

1. Understand the integration of Osteopathic Principles and Philosophy into the care of the elderly.

Medical Knowledge

Goals - Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences in the nursing home setting, as well as the application of this knowledge to patient care.

Competencies:

1. Have adequate medical knowledge of all the geriatric syndromes.
2. Understand the biology of physiology of aging.
3. Interpret and utilize cognitive assessment screens in the evaluation of the frail elderly patient.
4. Understand the role of the Neurologist in the outpatient and inpatient setting and when to consult.
5. Develop and utilize an understanding of the pharmacologic changes that occur with aging to develop appropriate prescribing patterns of medication and minimize adverse drug reactions in the elderly.

Objectives:

1. Utilize educational resources available to develop specific and current knowledge in Neurology related to the elderly.
2. Know how to use medical knowledge to teach others.
3. Use clinical questions and cases for discussion and research.

Patient Care

Goals - Fellows must be able to provide patient care that is compassionate, appropriate and effective for the treatment of psychiatric problems in the elderly.

Competencies:

1. Obtain a full history, perform a complete physical exam as appropriate for the health problems in the elderly patient, and formulate a differential diagnosis and a treatment plan.
2. Be comfortable interacting with elderly patients with dementia and related behavioral problems, as well as with dying patients in a compassionate manner.
3. Diagnose and treat a wide variety of commonly encountered conditions in elderly patients.
4. Administer cognitive assessment screens in the evaluation of elderly patients.
5. Evaluate patient’s medications for interactions and prescribe appropriately, considering physiologic changes in the elderly and financial limitations.
Objectives:

1. Obtain experience to be comfortable in handling all the geriatric syndromes
2. Understand the role of Neurologist and when to refer.

Interpersonal and Communication Skills

Goals - Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates.

Competencies:

1. Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds.
2. Communicate effectively with physicians, other health professionals, and health related agencies.
3. Work effectively as a member or leader of a health care team or professional group.
4. Be able to listen well, ask questions slowly when needed and allow a pause for time for patient to answer if needed.

Objectives:

1. Fellows will understand the important of communicating with family members/guardians of elderly patients, while respecting the patient’s right to privacy.
2. Conduct family conferences independently in a compassionate manner respecting patient autonomy.
3. Dictate a concise consultation and also report to referring physician when needed to outline the assessment and recommendations derived from a comprehensive geropsychiatric assessment.
4. Maintain comprehensive, timely and legible medical records on H&Ps, progress notes and letters.
5. Return family calls in a timely manner and address patient/family concerns appropriately.

Professionalism

Goals - Fellows must uphold the Osteopathic Oath and demonstrate a commitment to caring out professional responsibilities and an adherence to ethical principles.

Competencies:

1. Compassion, integrity and respect for others.
2. Responsiveness to patient welfare that supersedes self-interest.
4. Demonstrate life-long learning abilities with participation in journal club and other didactic sessions.
5. Demonstrate awareness and proper attention to issues of culture, religion, age, gender, sexual orientation and mental and physical disabilities.

Objectives:

1. Understand CMS guidelines on patient privacy issues.
2. Participate in diversity awareness opportunities as able.
3. Work compassionately with patients and families of many different cultures.

Practice-Based Learning and Improvement

Goals - Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.
Competencies:

1. Identify strength, deficiencies and limits in one’s knowledge and expertise.
2. Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement.
3. Participate in the education of rotating residents and students.
4. Understand how to use education resources available in the nursing home setting to assist in finding current information for diagnosis and treatment.

Objectives:

1. Fellows provide teaching to residents and students on same rotation when needed.
2. Provide and listen to feedback on deficiencies in practice and provide methods to rectify it.
3. Perform a case study or readings or presentations as directed by attending physician.

Systems-Based Practice

Goals - Fellows must demonstrate an awareness of and responsiveness to the larger context of the health care delivery systems, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Competencies:

1. Coordinate patient care within the health care system and work in teams to enhance patient safety and improve the quality of patient care.
2. Incorporate cost awareness and risk-benefit analysis in patient care.
3. Understand the role and function successfully as a fellow within the Neurology service.

Objectives:

1. Learn correct E&M coding for inpatient services in order to maintain compliance with insurance regulations.
2. Understand insurance coverage guidelines when prescribing tests and medications.
3. Participate in advocacy activities that enhance the quality of patient care.
Physical Medicine and Rehabilitation (PMR)

Description of Rotation/Education Experience: Fellow will spend one month on rotation with PMR physician in both the inpatient and outpatient setting.

Osteopathic Philosophy and Osteopathic Manipulative Medicine

Goals - Fellows will demonstrate and apply knowledge of accepted standards in Osteopathic Manipulative Treatment (OMT) appropriate for the elderly in the inpatient setting.

Competencies:
1. Be knowledgeable about musculoskeletal changes with normal and pathological aging and limitations to consider when performing OMT on the elderly.
2. Perform complete musculoskeletal exam and diagnose abnormalities appropriately.
3. Perform OMT to treat acute or chronic symptoms of the elderly patient as indicated for the individual rehabilitation patient.
4. Know when to refer to OMT specialist if necessary.
5. Utilize caring, compassionate behavior with elderly patients and their families, thus treating the “whole patient” rather than just symptoms.

Objectives:
3. Obtain experience in the use of OMT in the care of the elderly rehabilitation patient.
4. Understand the integration of Osteopathic Principles and Philosophy into the care of the elderly.

Medical Knowledge

Goals - Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences in the nursing home setting, as well as the application of this knowledge to patient care.

Competencies:
1. Have adequate medical knowledge of all the geriatric syndromes.
2. Understand the biology of physiology of aging.
3. Interpret and utilize functional and cognitive assessment screens in the evaluation of the frail elderly patient undergoing or being considered for rehabilitation.
4. Understand current guidelines to qualify for inpatient or outpatient rehabilitation for the elderly patient and understand what care is offered in rehabilitation in each setting.
5. Maintain a log of clinical syndromes seen and any procedures performed.

Objectives:
1. Utilize educational resources available to develop specific and current knowledge in rehabilitation geriatrics.
2. Know how to use medical knowledge to teach others.
3. Use clinical questions and cases for discussion and research.
**Patient Care**

Goals - Fellows must be able to provide patient care that is compassionate, appropriate and effective for the treatment of acute and chronic health problems in the elderly.

Competencies:

1. Obtain a full history and perform a complete physical exam with functional status evaluation as appropriate for rehabilitation consultation in the elderly patient.
2. Be comfortable interacting with elderly patients with dementia and related behavioral problems in a compassionate manner.
3. Diagnose and treat a wide variety of commonly encountered musculoskeletal conditions in elderly patients.
4. Recommend appropriate level of care for the elderly patient.
5. Evaluate patient’s medications for interactions and prescribe appropriately, considering physiologic changes in the elderly and financial limitations.
6. Treat pain in the elderly patient to optimize comfort and functional status.

Objectives:

1. Obtain experience to be comfortable in evaluating for and recommending rehabilitation care in the elderly patient.
2. Understand musculoskeletal illnesses and pain treatment approach in the elderly.
3. Understand the role of the PMY physician in the care of the elderly across care settings.

**Interpersonal and Communication Skills**

Goals - Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates.

Competencies:

1. Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds.
2. Communicate effectively with physicians, other health professionals, and health related agencies.
3. Work effectively as a member or leader of a health care team or professional group.
4. Be able to listen well, ask questions slowly when needed and allow a pause for time for patient to answer if needed.

Objectives:

1. Fellows will understand the importance of communicating with family members/guardians of elderly patients, while respecting the patient’s right to privacy.
2. Dictate a concise consultation to referring physician outlining the assessment and recommendations for rehabilitation plan of care.
3. Maintain comprehensive, timely and legible medical records on consultations and progress notes.

**Professionalism**

Goals - Fellows must uphold the Osteopathic Oath and demonstrate a commitment to caring out professional responsibilities and an adherence to ethical principles.
Competencies:

1. Compassion, integrity and respect for others.
2. Responsiveness to patient welfare that supersedes self-interest.
4. Demonstrate life-long learning abilities with participation in journal club and other didactic sessions.
5. Demonstrate awareness and proper attention to issues of culture, religion, age, gender, sexual orientation and mental and physical disabilities.

Objectives:

1. Understand CMS guidelines on patient privacy issues.
2. Participate in diversity awareness opportunities as able.
3. Work compassionately with patients and families of many different cultures.

Practice-Based Learning and Improvement

Goals - Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.

Competencies:

1. Identify strength, deficiencies and limits in one’s knowledge and expertise.
2. Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement.
3. Participate in the education of rotating residents and students.
4. Understand how to use education resources available in the nursing home setting to assist in finding current information for diagnosis and treatment.

Objectives:

1. Listen and provide feedback on deficiencies in practice and provide methods to rectify it.
2. Participate in team meetings as able and respond to recommendations from attending physician and team members to improve practice when needed.
3. Teach residents and medical students on rotation as able.
4. Perform readings, case reviews or educational presentations as directed by attending physician.

Systems-Based Practice

Goals - Fellows must demonstrate an awareness of and responsiveness to the larger context of the health care delivery systems, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Competencies:

1. Coordinate patient care within the health care system and work in teams to enhance patient safety and improve the quality of patient care.
2. Incorporate cost awareness and risk-benefit analysis in patient care.
3. Understand the role and function successfully as a fellow within the rehabilitation healthcare team.
4. Refer patients to hospice as appropriate.

Objectives:

1. Learn correct E&M coding for rehabilitation in order to maintain compliance with insurance regulations.
2. Understand insurance coverage guidelines when prescribing tests and medications and recommending level of care.
3. Participate in advocacy activities that enhance the quality of patient care as able.
4. Learn about the role of PMR in each care setting.
Multidisciplinary Rotation

Description of Rotation/Education Experience: Fellows will spend one month on rotation with multiple specialties including wound care, home care, podiatry and nutritional services. Time will be spend in outpatient setting for Podiatry and home care and will be in the inpatient setting or wound care (wound clinic) and nutritional services. Fellows will also use some of this time to further research project.

Osteopathic Philosophy and Osteopathic Manipulative Medicine

Goals - Fellows will demonstrate and apply knowledge of accepted standards in Osteopathic Manipulative Treatment (OMT) appropriate for the elderly in the inpatient setting.

Competencies:

1. Be knowledgeable about musculoskeletal changes with normal and pathological aging and limitations to consider when performing OMT on the elderly.
2. Utilize caring, compassionate behavior with elderly patients and their families, thus treating the “whole patient” rather than just symptoms.

Objectives

1. Understand when neurological or skin disorders may prohibit OMT from being performed.
2. Understand the integration of Osteopathic Principles and Philosophy into the care of the elderly.

Medical Knowledge

Goals - Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences in the nursing home setting, as well as the application of this knowledge to patient care.

Competencies:

1. Have adequate medical knowledge of common neurological disorders in the elderly.
2. Understand the biology of physiology of aging.
3. Learn evaluation and treatment of common podiatric disorders in the elderly.
4. Understand what home care services offer for the elderly patient.
5. Learn evaluation and treatment of wounds in elderly patients.
6. Have adequate medical knowledge of nutritional changes with aging, how to evaluate and address nutritional needs in the elderly.
7. Develop and utilize an understanding of the pharmacologic changes that occur with aging to develop appropriate prescribing patterns and minimize adverse drug reactions in the elderly.
8. Maintain a log of clinical syndromes seen and procedures performed.

Objectives:

1. Utilize educational resources available to develop specific and current knowledge in above areas.
2. Know how to use medical knowledge to teach others.
3. Use clinical questions and cases for discussion and research.

Patient Care

Goals - Fellows must be able to provide patient care that is compassionate, appropriate and effective for the treatment of acute and chronic health problems in the elderly.
Competencies:

1. Obtain a full history, perform a complete physical exam as appropriate for the health problems in the elderly patient, and formulate a differential diagnosis and a treatment plan.
2. Be comfortable interacting with elderly patients with dementia and related behavioral problems in a compassionate manner.
3. Administer functional and cognitive assessment screens in the evaluation of elderly patient with neurological disease.
4. Be able to appropriate diagnose, stage and treat wounds as indicated.
5. Evaluate patient’s medications for interactions and prescribe appropriately, considering physiologic changes in the elderly and financial limitations.

Objectives:

1. Obtain experience to be comfortable in evaluating neurological changes in the elderly and know when to refer for neurological consultation.
2. Understand preventive care approach in the elderly for good podiatric care and understand common podiatric illnesses and when to refer to podiatric consultation.
3. Develop basic understanding of wound pathophysiology and treatment.
4. Understand the role of the nutritionist as a member of the healthcare team.

Interpersonal and Communication Skills

Goals - Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates.

Competencies:

1. Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds.
2. Communicate effectively with physicians, other health professionals, and health related agencies.
3. Work effectively as a member or leader of a health care team or professional group.
4. Be able to listen well, ask questions slowly when needed and allow a pause for time for patient to answer if needed.

Objectives:

1. Fellows will understand the importance of communicating with family members/guardians of elderly patients, while respecting the patient’s right to privacy.
2. Dictate a concise consultation to referring physician when indicated on rotation.
3. Maintain comprehensive, timely and legible medical records on progress notes.
4. Return family calls in a timely manner and address patient/family concerns appropriately.

Professionalism

Goals - Fellows must uphold the Osteopathic Oath and demonstrate a commitment to caring out professional responsibilities and an adherence to ethical principles.

Competencies:

1. Compassion, integrity and respect for others.
2. Responsiveness to patient welfare that supersedes self-interest.
4. Demonstrate life-long learning abilities with participation in journal club and other didactic sessions.
5. Demonstrate awareness and proper attention to issues of culture, religion, age, gender, sexual orientation and mental and physical disabilities.

Objectives:

1. Understand CMS guidelines on patient privacy issues.
2. Participate in diversity awareness opportunities as able.
3. Work compassionately with patients and families of many different cultures.

Practice-Based Learning and Improvement

Goals - Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.

Competencies:

1. Identify strength, deficiencies and limits in one’s knowledge and expertise.
2. Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement.
3. Participate in the education of rotating residents and students.
4. Understand how to use education resources available in the nursing home setting to assist in finding current information for diagnosis and treatment.

Objectives:

1. Fellows provide teaching to residents and students on rotation as able.
2. Listen to and provide feedback on deficiencies in practice and provide methods to rectify it.
3. Perform cast study or readings or presentations as directed by attending physician.
4. Work on research project as assigned.

Systems-Based Practice

Goals - Fellows must demonstrate an awareness of and responsiveness to the larger context of the health care delivery systems, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Competencies:

1. Coordinate patient care within the health care system and work in teams to enhance patient safety and improve the quality of patient care.
2. Incorporate cost awareness and risk-benefit analysis in patient care.
3. Understand the role and function successfully as a fellow within the ambulatory healthcare team.

Objectives:

1. Learn correct E&M coding for inpatient services in order to maintain compliance with insurance regulations. Know when to refer to wound care specialist.
2. Understand insurance coverage guidelines when prescribing tests and medications.
3. Participate in advocacy activities that enhance the quality of patient care.
4. Know when to refer elderly patient for home care services and how reimbursed.
# Geriatric Medicine

## Teaching Faculty

<table>
<thead>
<tr>
<th>Faculty</th>
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<tbody>
<tr>
<td>Keith VanOosterhout, MD</td>
<td>ABFP</td>
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<tr>
<td>Douglas Tacket, DO</td>
<td>AOBFP</td>
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<td>Ewanah Johnson, MD</td>
<td>ABIM</td>
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<td>Mark Smalley, DO</td>
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<td>Richard Frieden, MD</td>
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<td>Robert Ward, DO</td>
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<td>Peter Spencer, DO</td>
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<tr>
<td>Christina Pareigis, MD</td>
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<td>Jason Beckrow, DO</td>
<td>AOBIM</td>
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<tr>
<td>Laurence Habenicht, MD</td>
<td>ABS</td>
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POLICY: Duty Hours

PURPOSE: To provide an institutional policy and procedure relative to duty hours for residents and fellows (“trainee”), as required by the American Osteopathic Association (AOA), and to establish a process for reporting and monitoring of duty hours.

REFERENCE: AOA Basic Document for Postdoctoral Training Programs (AOA BOT 2/2006)

EFFECTIVE: July 1, 2011

GMEC APPROVAL: March 2011

1. The trainee shall not be assigned to work physically on duty in excess of 80 hours per week averaged over a 4-week period, inclusive of in-house night call and any allowed moonlighting. No exceptions shall be permitted.
2. The trainee shall not work in excess of 24 consecutive hours. Allowances for already initiated clinical care, transfer of care, educational debriefing and formal didactic activities may occur, but shall not exceed 4 additional hours and must be reported by the resident in writing with rationale to the DME/Program Director and reviewed by the MED. These allowances are not permitted for OGME-1 trainees. Residents may not assume responsibility for a new patient or any new clinical activity after working 24 hours.
3. The trainee shall have on alternate weeks 48-hour periods off, or at least one 24-hour period off each week and shall have no call responsibility during that time.
4. Upon conclusion of a 20-24 hour duty shift, trainees shall have a minimum of 12 hours off before being required to be on duty or on call again. Upon completing a duty period of at least 12 but less than 20 hours, a minimum period of 10 hours off must be provided.
5. All off-duty time must be totally free from clinical, on call and educational activity.
6. Rotations in which trainee is assigned to Emergency Department duty shall ensure that trainees work no longer than 12 hour shifts with no more than 2 additional hours for transfer of care and educational activities and must be reported by the resident in writing to the DME/Program Director and reviewed by the MEC.
7. In cases where a trainee is engaged in patient responsibility which cannot be interrupted at the duty hour limits, additional coverage shall be provided as soon as possible by the attending staff to relieve the resident involved. Patient care responsibility is not precluded by the work hours policy.
8. The trainee shall not be assigned to in-hospital call more often than every third night averaged over any consecutive four-week period. Home call is not subject to this policy however it must satisfy the requirement for time off. Any time spent returning to the hospital must be included in the 80 hour maximum limit.
9. At the trainee’s request, the training institution must provide comfortable sleep facilities to trainees who are too fatigued at shift conclusion to safely drive.
10. Any professional clinical activity (“moonlighting”) performed outside of an official residency program may only be conducted with permission of the program administration (DME/Program Director) as defined in the Lakeland HealthCare Department of Medical Education policy, and must not interfere with the resident’s didactic or clinical performance. All approved hours are included in the total allowed work hours under AOA policy and will be monitored by the Graduate Medical Education Committee. This policy must be published in the institution’s House Staff manual. Failure to report and receive approval by the program may be grounds for terminating a resident’s contract. All moonlighting will be inclusive of the 80 hour per week maximum work limit and must be reported. OGME-1 trainees shall be prohibited from moonlighting.
11. The trainee will be required to submit a House Staff Duty Hours Report Form (sample attached or via New Innovations) to the Department of Medical Education on a weekly basis. Duty hour forms will be reviewed by Medical Education staff.
12. The Graduate Medical Education Committee will review duty hour compliance on a monthly basis and will address duty hour violations if and when they become known.

13. The Department of Medical Education will provide a written report on duty hour compliance to the Educational Standards Committee of the Statewide Campus System as per AOA requirements.

14. Trainees who wish to report duty hour noncompliance may do so without reprisal by contacting any or all of the following:
   a. Director of Medical Education at Lakeland HealthCare
   b. Compliance Officer at Lakeland HealthCare
   c. Assistant Dean at Statewide Campus System
   d. AOA confidential e-mail address (postdoc@osteopathic.org)
   e. The AOA Postdoctoral Program Violation Hotline (877) 325-8197.
POLICY: Appointment, Advancement and Due Process

PURPOSE: To provide an institutional policy and procedure relative to the initial appointment, reappointment and advancement of interns and residents at Lakeland HealthCare, to define due process relative to recommendations of adverse actions; and to provide for hearing of grievances.

REFERENCE: AOA Basic Document for Postdoctoral Training Programs (AOA BOT 2/2006)

EFFECTIVE: July 1, 2011

GMEC APPROVAL: March 2011

Part 1: Selection and Appointment

1. OGME-1/Match
   a. Lakeland HealthCare will accept applications for OGME-1 through the Electronic Resident Application Service (ERAS) or whatever system may be designated by the AOA.
   b. Lakeland HealthCare will participate in the Osteopathic Internship Match sponsored by AOA and administered by the National Matching Service (NMS), and will abide by the guidelines of both AOA and NMS.
   c. The selection of candidates for linked programs will be carried out by the Residency Program Director (RPD) for that specialty and/or his/her designee(s). Recommendations for candidates will be submitted to the DME for inclusion on the rank order match list.
   d. The selection of candidates for unlinked traditional rotating internship positions will be carried out by the DME and/or his/her designee(s).
   e. Matched candidates will receive a contract for OGME-1 postdoctoral training from the DME within the time frames required by AOA and NMS.
   f. Candidates who apply during the post-match period (“scramble”) will be reviewed by the RPD and DME. Selected candidates will be offered a contract for OGME-1 training.
   g. If an OGME-1 candidate breaches the match agreement or contract, the DME will notify the AOA.

2. Applicants for Residency Positions (OGME-2 or higher)
   a. Applicants for residency and sub-specialty residency (fellowship) positions will submit the following documents: application form (Lakeland HealthCare or ERAS), curriculum vitae, copy of osteopathic medical school diploma or final transcript, COMLEX transcript, letters of recommendation, including a letter from the RPD and/or Director of Medical Education of all current or prior graduate medical education training programs.
   b. The RPD will review applicants and recommend selected applicants to the DME for appointment.
   c. A contract for the appropriate year of postdoctoral training will be provided to the approved applicant by the DME.

3. All candidates selected for appointment will be approved by the Graduate Medical Education Committee. A list of appointees will be presented the Medical Executive Committee. Verification of appointments will be made by the Department of Medical Education to the AOA, OPTI and specialty colleges as required.

4. All contracts will be for a period of one year (12 months). Any extension of a contract due to leave of absence or for academic reasons will be made in accordance with AOA guidelines.
Part 2: Advancement and Reappointment

1. Continuation of a linked intern or resident in his/her graduate medical education program will be based upon evaluation and progress.

2. Recommendations for advancement and reappointment will be made by the RPD to the DME and will be presented to the GMEC. Contracts will be issued by the DME to those interns and residents recommended for reappointment.

3. If the RPD and/or DME recommend against advancement in the program, the intern/resident will be duly notified in writing within the time frame specified by AOA. The intern/resident will be entitled to due process as defined below.

4. Verification of advancement and reappointment, or of non-continuation in the program, will be made by the Department of Medical Education to AOA, the OPTI, and the specialty college as required.

Part 3: Program Completion

1. Recommendation for graduation for residents who have completed their training will be made by the RPD to the DME and will be presented to the GMEC.

2. Certificates of completion of the residency program will be presented to the resident after the resident has completed all program requirements and Lakeland HealthCare has received all required documents from the resident.

Part 4: Lakeland HealthCare Graduate Medical Education Discipline Hearing and Review Process

Purpose

The purpose of the process is to prescribe procedures regarding the imposition and review of discipline of Interns and Residents. This disciplinary process does not create a contractual obligation on the part of the Lakeland HealthCare to use progressive discipline in all cases. Lakeland has the right to appropriately discipline any inappropriate conduct without being required to progress through these levels of discipline.

Definitions

**Department Chairperson:** The individual, designated by the Lakeland medical staff, responsible for administrative, clinical and academic affairs of a clinical department.

**Director of Medical Education (DME):** A physician, appointed by a committee of the medical staff chosen by the Vice President of Medical Affairs, who is a member of the Lakeland Medical Staff, and is responsible for oversight of Medical Education and the day to day operations of Lakeland medical education activities.

**Disciplinary Committee:** A sub-committee of the Medical Education Committee comprised of the Lakeland Director of Medical Education, the Chairman of the Medical Education Committee (if different from the Director of Medical Education) and two members of the Medical Education Committee appointed by the Chairman of the Medical Education Committee (appointed for a two-year term), and the Vice President of Human Resources (or designee) of Lakeland. The Lakeland Vice President of Legal/Compliance (or designee) will serve as counsel for the Disciplinary Committee. This committee has the responsibility to review recommendations from a department regarding extensions of Concern Status, Probation, and Termination, subject to the limitations set forth in this policy.

**Program Director:** the physician designated as the person responsible for the particular specialty program in which an Intern/Resident is enrolled.

**Resident or Intern:** physician in training under contract with Lakeland who is enrolled in a Lakeland training program.
**Supervising Attending Physician:** an attending physician who is responsible for the performance of the Intern/Resident for a particular service. The DME may serve as the supervising attending physician in the case of an Intern.

**TYPES OF PROGRESSIVE DISCIPLINE**

**Coaching:** a non-threatening discussion between the Intern/Resident and Intern/Resident Supervising Attending Physician(s) which is intended to improve overall performance or professional conduct and behavior. The Intern/Resident Supervising Attending Physician may use coaching when work performance, academic performance or other work related conduct is not satisfactory. During a coaching session, a Supervising Attending Physician should point out the instances of inappropriate conduct or academic deficits, suggest corrective action, and ask the Intern/Resident for an agreement to change.

**Verbal Counseling:** a first level of notice of a matter of disciplinary concern, which may be taken by the Supervising Attending Physician. If an Intern/Resident continues to engage in similar inappropriate conduct or if the Intern/Resident conduct is such that bypassing coaching is justified, the Supervising Attending Physician may engage in verbal counseling. A verbal counseling is a warning. A discussion should be held between the Supervising Attending Physician and the Intern/Resident. The Supervising Attending Physician should advise the Intern/Resident of the problem, point out specific instances of the problem, and suggest appropriate corrective action. The discussion should be mutual and should focus on problem solving. The Supervising Attending Physician must notify the Program Director or DME (in the case of an Intern) of the problem and corrective action plan. The Supervising Attending Physician or Program Director should document the discussion and place a copy in the Resident’s file. The Supervising Attending Physician should advise the Intern/Resident that the Intern/Resident is expected not to repeat the problem behavior and that more severe disciplinary action will be taken if the behavior recurs.

**Written Reprimand:** a more serious and higher level of discipline which may be taken by the Supervising Attending Physician or Program Director. The Written Reprimand should be in writing and includes the following information (See Written Reprimand in Appendix C):
1. Intern/Resident name;
2. Person(s) present at the meeting in which the Supervising Attending Physician or Program Director gives the Written Reprimand to the Intern/Resident;
3. The reason for the reprimand;
4. A brief description of the incident or conduct for which the Intern/Resident is being reprimanded.
5. The dates, times, and location of the conduct for which the Intern/Resident is being reprimanded;
6. Dates of prior discipline regarding such conduct and any recommendations to correct deficiencies; and
7. A signature/date line for the Intern/Resident, supervising attending physician, Program Director, and a copy to the Director of Medical Education.

By signing the Written Reprimand the Intern/Resident is simply acknowledging receipt of the document. If the Intern/Resident refuses to sign the document, the Program Director should make that notation on the document, sign and date it.

The Written Reprimand may include a monitoring or observation period, state the standards for judging the Intern/Resident improvement and how often during this period the Intern/Resident will be evaluated. The Written Reprimand should be placed in the Intern/Resident’s file.

**Concern Status:** A level of formal discipline less serious than Probation. An Intern/Resident may be placed on Concern Status by the Program Director or DME for a period up to 6 months. The Program Director must notify the Department Chair and DME. The DME will notify the Disciplinary Committee in writing of placement of an
Intern/Resident on Concern Status. Any extensions thereof or move to probationary status requires approval of the Disciplinary Committee.

There are three types of Concern Status: clinical, academic and professional.

- **Clinical concern** includes unsatisfactory performance on the clinical portions of the Intern/Resident program.
- **Academic concern** includes unsatisfactory performance on the knowledge-based portions of the Intern/Resident program.
- **Professional concern** includes behaviors, which call into question the ethical, personal or moral attributes of the Resident as they relate to fitness to practice medicine.

During the period of Concern Status the Program Director or DME shall evaluate the Intern/Resident monthly, shall inform the Intern/Resident, in writing, of the deficiencies and expectations for remediating Concern Status, and may remove Intern/Resident from such status by written notice with copies sent to the DME. The DME must notify the Disciplinary Committee.

**Probation:** A period of critical examination of an Intern/Resident to determine if the person is fit to continue in the program. Probation may be preceded by Concern Status (clinical, academic or professional) but may be imposed without such prior discipline if warranted by the seriousness of the precipitating circumstances. Probation may be imposed for up to 3 months by the Disciplinary Committee and may be extended for additional periods by the Disciplinary Committee upon recommendation of the Program Director or DME. Any extended Probation status shall be reviewed at the end of rotations by the Disciplinary Committee. During the period of Probation the Program Director or DME shall evaluate the Intern/Resident monthly; shall inform the Intern/Resident in writing of the deficiencies and expectations and may remove Intern/Resident from such status by written notice with copies sent to the Disciplinary Committee.

**At Will Employment**
Intern/Resident acknowledges that she/he is an at will employee which means she/he can be discharged at any time with our without cause and she/he is equally free to quit at any time.

**Disciplinary Decisions and the Disciplinary Committee**

A. An Intern/Resident’s Supervising Attending Physician may coach an Intern/Resident and give verbal counseling. Written Reprimands to an Intern/Resident must involve the Program Director or DME.

B. The Program Director may place an Intern/Resident on Concern Status for up to 6 months. However, all extensions of Concern Status greater than six months require approval of the Disciplinary Committee.

C. The Disciplinary Committee shall make all decisions regarding extensions of Concern Status, Probation, and recommendations of Termination, as follows:

1. The Program Director may make written recommendations to the Disciplinary Committee regarding discipline. The Program Director will follow the department’s own internal procedures in making such recommendations.
2. The Disciplinary Committee has the authority to adopt, disapprove or modify said department recommendations.
3. The Disciplinary Committee shall meet within 14 calendar days of receipt of a recommendation from a department to take disciplinary action and shall advise the Vice President of Medical Affairs of its decisions on all disciplinary matters.
4. If the decision of the Disciplinary Committee is to recommend termination of an Intern/Resident, said recommendation shall be made to the Vice President of Medical Affairs of Lakeland, who shall have final authority as to whether to terminate the Intern/Resident from the training program and/or terminate the Intern/Resident’s contract.

During the period of any extension of Concern Status or Probation, the Program Director shall evaluate the Intern/Resident monthly; shall inform the Intern/Resident in writing of the deficiencies and expectations; and may remove the Intern/Resident from such status by written notice.
Disciplinary Decisions: Which Are Grievable and/or Are Appealable

Coaching: Coaching is not grievable under the Lakeland Policy, is not appealable under the Lakeland Policy and is not subject to appeal.

Verbal Counseling, Written Reprimand, Placement on Concern Status (Clinical, Academic or Professional) and Probation and Extension: Verbal Warning, Written Reprimand, Placement on Concern Status (Clinical, Academic or Professional) and Probation may be discussed by informal dispute pursuant to the policy but are not appealable and are not subject to judicial review.

INFORMAL DISPUTE RESOLUTION PROCESS

A. Purpose
Lakeland (Lakeland) is committed to maintaining an open and fair method of resolving Intern/Resident concerns and answering questions. To this end, all Interns/Residents are encouraged to informally raise any questions or concerns they have about the terms or conditions of their employment. If informal methods are not satisfactory, the Intern/Resident Informal Dispute Resolution Process makes a three-step process available to Interns/Residents who have an issue. Lakeland is also committed to preventing any retaliation against persons who raise legitimate questions about the terms and conditions of employment in good faith.

B. Policy
Interns/Residents are encouraged to raise questions or concerns about the Intern/Resident employment contract, academic programs and policies, departmental work rules, and unsafe or unhealthy work environments. Interns/Residents should discuss these issues with their Supervising Attending Physician, Program Director whenever possible, and if possible, the Supervising Attending Physician should work with the Intern/Resident to resolve the concerns. If the concerns cannot be resolved to the Intern/Resident’s satisfaction by the Intern/Resident’s Supervising Attending Physician or Program Director, this procedure provides for additional, prompt, review by the Director of Medical Education and the Vice President of Medical Affairs of Lakeland. An Intern/Resident may use the process outlined in this procedure to raise concerns regarding oral counseling, Written Reprimands, placement on Concern Status and Probation or extensions thereof. An Intern/Resident may not use the process outlined in this Informal Dispute Resolution Process, when an Intern/Resident is terminated from their Intern/Resident program or when an Intern/Resident’s contract is terminated and the Intern/Resident appeals, or to raise a question about employment discrimination and unlawful harassment. The procedures set forth in Lakeland policies prohibiting employment discrimination should be used to make complaints about unlawful employment discrimination or harassment. This grievance policy is not intended to limit any rights Interns/Residents may have under Federal or State laws prohibiting discrimination.

C. Procedure
The Intern/Resident Informal Dispute Resolution Process consists of the following:

Step 1: The Intern/Resident is expected to start by seeking answers to a question or resolving a concern by an informal discussion with his or her Supervising Attending Physician.

Step 2: If the question or concern cannot be resolved informally, the Intern/Resident may file for an Informal Dispute Resolution and again discuss the question or concern with his or her Supervising Attending Physician within 7 calendar days of the first informal discussion. The Intern/Resident should use the Intern/Resident Informal Dispute Resolution Process Form to file a formal review. The Supervising Attending Physician is expected to review the request and get back to the Intern/Resident with a written answer or response within 14 calendar days. Lakeland also recognizes that in some cases a question or concern may involve an Intern/Resident’s Supervising Attending Physician and the Intern/Resident may be reluctant to discuss the situation with that person. If this is the case, an Intern/Resident may request information or raise a concern with the Program Director or Department Chair by using the Intern/Resident Informal Dispute Resolution Form.
Step 3: If the Intern/Resident is not satisfied with the response of the Supervising Attending Physician or Program Director or Department Chair to Step 2 or the Supervising Attending Physician or Program Director or Department Chair fails to provide an answer within 14 calendar days, the Intern/Resident may forward his or her concern using the Intern/Resident Grievance Form to the Director of Medical Education. The Intern/Resident must submit the Intern/Resident Grievance Form, along with the original grievance and the response thereto, to the Director of Medical Education within 14 calendar days from the day of the Intern/Resident receipt of the Supervising Attending Physician, Program Directors, Department Chair’s response. It is the responsibility of the Director of Medical Education or designee to investigate the Intern/Resident question or concern, discuss it with the Intern/Resident, and provide a written response to the Intern/Resident within 14 calendar days.

Step 4: If the Intern/Resident has taken Step 3 and is not satisfied with the response that has been received (or a timely response has not been provided to the Intern/Resident), the Intern/Resident may address a written request for review to the Vice President of Medical Affairs on the Intern/Resident Informal Dispute Resolution Process Form, attaching copies of all forms generated in Steps 2 and 3. The Intern/Resident must request the review within 7 calendar days of receiving the response under Step 3. Where appropriate, the Vice President of Medical Affairs or designee will investigate, review and discuss the Intern/Resident’s concern with the Intern/Resident as soon as possible. The Vice President of Medical Affairs or designee will provide a written response to the Intern/Resident, which will be the final decision and resolution of the Intern/Resident concern.

D. Prohibition Against Retaliation

Lakeland is committed to preventing any retaliation against persons who raise legitimate questions about the terms and conditions of their employment in good faith. All managers and supervisors at all levels are expected to take the time to answer questions, and work toward the resolution of workplace concerns. Doing so will make an important contribution to the overall performance and growth of our organization.

TERMINATION AND APPEAL PROCESS

A. PURPOSE

To prescribe the procedures governing termination of an Intern/Resident from a program and/or termination of a contract for cause and the rights of the Intern/Resident has to appeal such termination. An Intern/Resident who is the subject of any form of progressive discipline, such as counseling, probation, placement on clinical concern or remediation plan, has no right to appeal such action and no rights under this policy.

B. POLICY

Termination for cause may be imposed only by the Vice President of Medical Affairs who shall consider the recommendation of the Disciplinary Committee. This policy will define the procedures to be followed when an Intern/Resident is terminated from the Intern/Resident program for cause and/or where the Intern/Resident’s contract is terminated for cause.

C. DEFINITIONS

TERMINATE/TERMINATION: For purposes of this policy, the term “Terminate” or “Termination” specifically excludes disciplinary action such as placement on probation, evaluation, clinical concern, remediation plan, compliance plan, or anything less than the termination of the Intern/Resident from the Intern/Resident program and/or termination of the Intern/Resident contract.
D. DISCIPLINARY COMMITTEE: RECOMMENDATION REGARDING TERMINATION

When a matter regarding disciplinary action of an Intern/Resident is brought before the Disciplinary Committee, the Disciplinary Committee shall meet within 10 working days of receipt of the request. The Disciplinary Committee shall consider all relevant information regarding termination, and thereafter make a written recommendation regarding the termination shall be forwarded to the Lakeland Vice President of Medical Affairs and the affected Intern/Resident within 10 working days of the Disciplinary Committee’s decision.

E. NOTICE OF INTENT TO TERMINATE AND PRETERMINATION MEETING

1. After reviewing the recommendation of the Disciplinary Committee, the Vice President of Medical Affairs shall decide whether to proceed with termination of the Intern/Resident. If the Vice President of Medical Affairs decides to proceed with termination, the Vice President of Medical Affairs shall give the Intern/Resident written notice of the Intent to Terminate, stating the basis for the termination and including sufficient detail to apprise the Intern/Resident of the acts which serve as the basis for the termination.

2. The Notice of Intent to Terminate shall inform the Intern/Resident of the time and place of a pre-termination meeting with the Vice President of Medical Affairs at which the Intern/Resident may inform the Vice President of Medical Affairs (or his designee) of any reason why termination should not be imposed. This meeting shall occur no less than three working days after receipt of the Notice of Intent to Terminate.

F. NOTICE OF DECISION OF VICE PRESIDENT OF MEDICAL AFFAIRS

1. After the pre-termination meeting or waiver thereof, a written Notice of Termination shall be issued by the Vice President of Medical Affairs informing the Intern/Resident of the decision of the Vice President of Medical Affairs. This notice of termination shall be issued no less than ten (10) days after the pre-termination meeting. If the decision of the Vice President of Medical Affairs is to terminate the Intern/Resident, the Notice will indicate its effective date, and shall further inform the Intern/Resident of the right to appeal the decision. Such notice shall terminate the Intern/Resident contract.

2. The Intern/Resident’s right to compensation ceases effective the date of issuance of the Notice of Termination.

G. APPEAL OF TERMINATION

An Intern/Resident who is terminated may appeal such termination as follows:

1. Appeal Statement: The appeal shall be in writing and filed with the Vice President of Human Resources of Lakeland no later than 10 business days following the date of personal delivery or certified mailing of the Notice of Termination by the Vice President of Medical Affairs. The appeal shall be considered filed when received by the Vice President of Human Resources of Lakeland.

The Intern/Resident’s appeal shall state the facts upon which it is based and the action requested. The Intern/Resident’s appeal shall provide in sufficient detail the necessary facts and identities of all persons referenced in the appeal so that the basis of the appeal and the relief sought by the Intern/Resident may be understood.

2. Answer: No answer to the Intern/Resident’s appeal is required. The issues on appeal shall be addressed in the hearing.

3. Issues on Appeal: The issues to be heard on appeal shall be framed by the Notice of Termination and the Intern/Resident’s appeal. Irrelevant and immaterial issues will be excluded.
4. **Hearing Officer**: The Vice President of Human Resources of Lakeland or (designee) shall assign a Hearing Officer to serve and hear the appeal. The Hearing Officer shall be an individual who is not employed by or under contract with Lakeland. However, the Hearing Officer shall have training and knowledge of healthcare and merit system principles and shall be selected from a list of hearing officers that have been approved by the Hospital Board. After an appeal is assigned to a Hearing Officer, he/she shall be the authorized representative of the Hospital Board. The Hearing Officer shall have authority to set the time for hearing, grant or refuse extensions of time, conduct the hearing and issue proposed findings of fact, conclusions of law and a recommendation. Witnesses may be called to give testimony, including testimony concerning clinical and academic issues. Only relevant evidence and testimony shall be heard and focus on the issues on appeal. The Hearing Officer is the authorized representative of the Hospital Board and is fully authorized and empowered to conduct such hearings or proceedings and to take any action in connection with the proceeding which the Hospital Board is authorized to take by law or pursuant to any Lakeland policy or procedure. The Hearing Officer is authorized to issue only proposed findings of fact, conclusions of law and recommendations.

Assignment of an appeal to a Hearing Officer shall not preclude the Hospital Board from withdrawing such assignment and conducting the hearing itself, or reassigning the appeal to another Hearing Officer.

5. **Time of Setting and Notice**: Every hearing shall be scheduled to commence within 30 calendar days from receipt of an appeal, unless the time is extended upon mutual consent of the parties or upon good cause as determined by the assigned Hearing Officer. Written notice of the time, date, place of the hearing on appeal and the name of the Hearing Officer, if any shall be served by the Vice President of Human Resources of Lakeland or designee, upon the Resident, the Vice President of Medical Affairs, the Program Director and the Discipline Committee at least 10 calendar days before the date of such hearing. This notice shall be delivered to the Intern/Resident personally or by certified mail.

6. **Conduct of the Hearing**: Hearings shall be closed to the public. Parties may represent themselves or be represented by legal counsel, or a lay representative, of their choosing. The hearing shall be informal and technical rules of evidence shall not apply to the proceedings, except that irrelevant, immaterial, incompetent or unduly repetitious evidence or evidence protected by the rules of privilege recognized by law may be excluded.

   Upon the motion of either party, the Hearing Officer may exclude from the hearing room any witnesses not at the time under examination; parties to the proceedings, or their attorneys or other person representing them, shall not be excluded.

7. **Hearing Officer’s Report**: At the conclusion of the hearing, the Hearing Officer shall prepare proposed findings of fact and conclusions of law and recommendation in a form acceptable to the Hospital Board and file a copy of the proposed findings of fact, conclusions of law, and recommendations with the Hospital Board within 35 days of the close of the hearing. The Human Resources Department of Lakeland shall provide copies of the Hearing Officer’s report to the Intern/Resident, the Hospital Board and the Vice President of Medical Affairs.

8. **Filing of Written Objections**: Within 10 days from receipt of the Hearing Officer’s report, the Intern/Resident or the Vice President of Medical Affairs may file written objections (not post-hearing evidence) to the Hearing Officer’s report, with the Vice President of Human Resources of Lakeland, who shall provide copies to the Vice President of Medical Affairs, the Intern/Resident and the Hospital Board.

9. **Findings of Fact, Conclusions of Law and Order**: The Hospital Board shall, upon receipt of the Hearing Officer’s proposed findings of fact, conclusions of law and recommendations and any written objections thereto, make written findings of fact, conclusions of law and issue an order as soon as practicable following the next scheduled Hospital Board meeting. A copy of the Hospital Board’s written findings of
fact, conclusions of law and order shall be sent to the Intern/Resident and the Vice President of Medical Affairs by certified mail and inform them that they may have an opportunity to orally address the Hospital Board, but only upon written motion. The Intern/Resident and the Vice President of Medical Affairs may appear before the Hospital Board, but are not entitled to present evidence or argument regarding the appeal.

The Hospital Board may request that the Hearing Officer be present during consideration of the matter by the Hospital Board, and if requested, shall assist and advise the Hospital Board. The decision by the Hospital Board shall be in accordance with the prescribed voting procedures governing actions by the Hospital Board.

The Intern/Resident or Vice President of Medical Affairs may submit a written request to the Hospital Board to withdraw this matter from the Hospital Board at the time prior to the final decision by the Hospital Board.

10. **Decision by Hospital Board:** A majority of a quorum of the Hospital Board present at the meeting may adopt the Hearing Officer’s proposed findings of fact, conclusions of law and recommendations in its entirety or the Hospital Board may decide the case upon the record, with or without taking additional evidence. If a majority of the Hospital Board members present at this meeting where the vote is taken, determine that the action taken by the Vice President of Medical Affairs was arbitrary and taken without reasonable cause the Intern/Resident appeal shall be sustained and upheld. If the Hospital Board determines that the action taken by the Vice President of Medical Affairs was not arbitrary or was not taken without reasonable cause, the Intern/Resident’s appeal shall be dismissed, and the termination shall be upheld. A copy of the Hospital Board’s written findings of fact, conclusions of law and order shall be sent to the Intern/Resident and the Vice President of Medical Affairs.

If the Hospital Board requires legal advice concerning its deliberation or decision, such advice shall be provided by the Corporate Vice President of Legal Affairs (or designee).

11. **Compliance of Lakeland and Appeal:** In the event that the Hospital Board decides that the termination of the Intern/Resident shall be upheld, the appeal shall be denied.

If the Hospital Board decides that the termination shall not be upheld, the Hospital Board shall have the power to determine the amount of back pay and leave accrual, if any. The Hospital Board, if appropriate, may also take into consideration any other just and equitable relief to the Intern/Resident and the best interest and effectiveness of Lakeland services.

**REVIEW**

The decision of the Hospital Board shall be final.
Lakeland House Staff
Informal Dispute Resolution Process Form

Date:

Level of Dispute

(  ) Step 1: Informal discussion(s) with Supervising Attending Physician

(  ) Step 2: To Supervising Attending/Program Director Chair.
Name:

(  ) Step 3: To Director of Medical Education along with copy of Step 1.

(  ) Step 4: To Vice President of Medical Affairs /Designee, c/o Human Resources Department along with copies of Step 1 and Step 2 documents and responses.

Intern/Resident Name:

Current Supervisor:

Department/Location: Work Phone:

Date of event issue (or first knowledge of the event):

What Happened (Facts): (Attach additional sheet if needed)

Dates of oral discussion with (Step 1) supervisor about the Event:

Supervisor’s response to verbal discussion:

Intern/Resident requested solution:

Intern/Resident Signature Date