

**LIBERIA COLLEGE OF PHYSICIANS AND SURGEONS**



**RESIDENT POLICIES AND PROCEDURES HANDBOOK**

- REVISED 2019 -

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## SECTION 1: INTRODUCTION TO LCPS RESIDENT POLICY DOCUMENT

This document provides the administrative framework through which residents will be guided concerning their conduct during the training. It sheds light on the role and responsibilities of residents, faculty, the training programs, and the Liberia College of Physicians and Surgeons, hereafter referred to as LCPS. It is expected that, when the residents and faculty conduct themselves according to these guidelines, a positive culture of interaction and relationship will be formed in the learning environment.

The goal of this policy document is not to provide answer(s) to all possible questions and scenarios associated with the implementation of a multi-specialty postgraduate medical residency program. Rather, the focus of this document is to provide residents and residency training programs with guidance from the College about how residents should conduct themselves as well as what they can expect from the graduate medical residency program. As the program grows and evolves, topics and issues not addressed in this edition will either be added to a new edition of the document, or addressed by the Hospitals and Training Programs in their own policy guidelines.

This policy covers all residents in programs accredited by LCPS, both those pursuing Membership and those pursuing Fellowship. All LCPS residents are required to adhere to the provisions contained herein and to take keen note of the specific sanction(s) or measures to be applied should there be any breach or violation. Faculty as well as bodies such as the Executive Board of the Liberian Post Graduate Medical Council and the staff members of the Secretariat of the Liberia College of Physicians and Surgeons are equally expected to familiarize themselves with these provisions so as to ensure the achievement of the goals and objectives of LCPS.

Each Resident, upon entry into the program, shall be given a copy of this policy document to read and sign the below acknowledgement statement. This statement shall be detached and placed in the folder of the Resident and it shall constitute part of the Resident's official records at the LCPS.

### **Acknowledgement Statement:**

I, \_\_\_\_\_ hereby acknowledge that I have read and understood the policies and regulations provided to me by the Liberia College of Physicians & Surgeons (LCPS), as stipulated in this **Resident Policies and Procedures Handbook**. I clearly understand that failure to adhere to the said policies may result in the appropriate disciplinary actions as specified herein.

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

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_ Department \_\_\_\_\_

Cell #: \_\_\_\_\_

Email: \_\_\_\_\_ This policy has the full approval of the current LPGMC/LCPS Executive Board and all of its provisions shall be upheld.

## 1.1 STANDARD TERMS AND DEFINITION

**Academic year** – **The academic year for postgraduate medical residency training starts on 1 July and run through 30 June of the following year, as in line with the educational calendar set by the Liberia College of Physicians and Surgeons, and will only be modified as required by circumstances and agreed to by the Executive Committee of the Council.**

**Chief Resident** – A Resident selected from each cohort in each specialty to serve as the primary liaison between the other Residents in the cohort and the Faculty Chair.

**Core Faculty** – An individual based in Liberia who provides long-term mentorship and education to Residents in a given specialty/sub-specialty training program.

**Department** – A general reference to each specialty as an entity under the academic umbrella of the Liberia Postgraduate Medical Council (i.e. the Surgery Department includes the Faculty Chair, Faculty, Chief Resident and Residents).

**Faculty Chair** – An individual designated by the Executive Committee of the Liberia Postgraduate Medical Council to act as the academic and administrative head of the specialty/Department.

**Fellow** – A physician who has undergone and completed a training program for a further two year period post Membership after completing a postgraduate residency (specialty) training program in a given discipline and has been awarded the Fellowship

**Interns** – Individuals who have completed medical school and are undergoing the mandatory one (1) year of professional training before full registration as a medical practitioner.

**Logbook** – Each Resident is required to maintain a department-specific book to record procedures observed, assisted, and performed. All observed and assisted procedures must be signed off by supervisors, consultants or specialists.

**Resident** – Someone who is enrolled in a postgraduate residency training program administered by the Liberia College of Physicians and Surgeons at either the Membership or the Fellowship level.

**Residency Coordinator** – Someone responsible for operational and administrative coordination, including the scheduling, logistics and administrative support for residency training in one or more of the various specialties

**Subspecialist Faculty** – An individual who is delivering a short, focused module on a specialty within one of the main specialty programs or an individual who did sub-specialty training and is serving as core faculty in a residency training program

**Training Hospital** – A hospital accredited by the LCPS for residency training; *or* a training location by virtue of an MOU with one of the accredited residency training programs.

## 1.2 ABBREVIATION

GME	:	Graduate Medical Education
GMRP	:	Graduate Medical Residency Program
GoL	:	Government of Liberia
JFKMC	:	John F. Kennedy Medical Center
LPGMC	:	Liberia Postgraduate Medical Council
MoH	:	Ministry of Health
LCPS	:	Liberia College of Physicians and Surgeons
WACP	:	West African College of Physicians
WACS	:	West African College of Surgeons

## 1.3 ADMINISTRATIVE STANDARDS; ADDRESS AND PHONE CONTACT INFORMATION

When a Resident enters the postgraduate medical education program he or she is expected to provide all required administrative and contact information to be kept on file for each individual. Within this file the LCPS Secretariat (“the Secretariat”) will store and track all relevant academic and disciplinary information. Individuals may, at any time, request a copy of their file. Requests must be made in writing to the Secretary General with at least one (1) week of notice.

It is the responsibility of each Resident to provide the office of the secretariat with current contact information, including home address, mobile phone number and e-mail address. Each Resident should also provide a list of contacts to be notified in case of emergency. All of the above information must be kept current, and the Resident should notify the LCPS secretariat immediately of any changes in the information.

## 1.4 IDENTIFICATION CARDS

Each Resident should be issued an identification card (I.D. Card) by their training institution, which should be updated with the residents’ training status annually. The I.D. card will be displayed on the chest or a visible spot (above waist) on clothes at all times while in any hospital for academic or clinical purposes. Lost Identification cards will be replaced at the expense of the Resident.

## 1.5 EDUCATION RESOURCE LINKS

- 1) Hinari/Research4Life: ([www.research4life.org](http://www.research4life.org) contact the academic office or your program administrator for access)
- 2) Medscape Reference App: <https://reference.medscape.com>
- 3) Epocrates (for quick offline reference on smart phones)  
:<https://www.epocrates.com/mobile/iphone/interest/reference>
- 4) STATA free download: <https://www.stata.com/products/windows>
- 5) Mendeley Desktop free down load: <https://www.mendeley.com/download-desktop>

## SECTION 2: LCPS GRADUATE MEDICAL EDUCATION

### 2.1 WELCOME TO GRADUATE MEDICAL EDUCATION AT LCPS

Graduate Medical Education (GME), also called graduate medical residency training is the phase of formal medical education beginning at entrance to residency training and ending after the educational requirements for one of the medical specialties/sub-specialties have been met. The objective of graduate medical education is to provide residents with an organized and structured educational program in a selected discipline. The ultimate objective is to prepare physicians for the independent practice of medicine at a specialist/subspecialist capacity. The programs are nationally accredited by the Liberia Post graduate Medical Council (LPGMC) and sub-regionally by the West Africa College of Physicians and the West African College of Surgeons respectively for standardization purposes.

The Liberia College of Physicians and Surgeons is committed to excellence in graduate medical education, medical care, and scholarly pursuits. The emphasis of each residency program is to facilitate the residents' personal and professional development in seven general competencies, as well as the achievement of specialty-specific milestones and objectives. Residents are provided guidance and supervision throughout their training with the goal of providing safe and appropriate patient care.

This document covers all programs accredited by the LCPS, whether based at the John F. Kennedy Medical Center (JFKMC), Liberia's main teaching hospital, or other health facilities. While the residency programs are primarily supported by the individual faculties and academic offices at JFKMC and other hospitals/training institutions, LCPS will serve a consultative role and will be available to help navigate challenges, difficulties, or concerns that cannot be settled at the level of the teaching hospital. This includes being available as a potential "final arbiter" when other avenues have failed to resolve a conflict or controversy to the satisfaction of the various parties.

The Resident Policies and Procedures Handbook has been developed as a guide and resource for residents and faculty where applicable. Residents should use this Handbook as a resource to answer questions regarding policies and procedures as they arise during their training.

We wish each and every one of you much success in your training program to become Specialist/Sub-specialist Physicians!

Benjamin L. Harris  
President, LCPS

## 2.2 LCPS GRADUATE MEDICAL EDUCATION COMPETENCIES

The Liberia College of Physicians and Surgeons is committed to providing residents with an educational environment which allows residents to successfully demonstrate with satisfaction and understand the following attributes and objectives set forth.

Each residency/fellowship program enables its residents to develop competence in seven domains. In addition, knowledge and skill objectives within each competency are defined in the various specialty program course curricula. Each faculty will define the specific clinical and educational experiences needed to demonstrate competence.

The seven core competencies as defined by the LCPS are as follows:

### 1. **Patient Care**

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

### 2. **Medical Knowledge**

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

### 3. **Practice-based Learning and Improvement**

Residents 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. Residents are expected to develop skills and habits to be able to meet the following goals:

- Identify strengths, deficiencies, and limits in one's knowledge and expertise;
- Set learning and improvement goals;
- Identify and perform appropriate learning activities;
- Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;
- Incorporate formative evaluation feedback into daily practice;
- Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;
- Use information technology to optimize learning; and,
- Participate in the education of patients, families, students, residents and other health professionals.

### 4. **Interpersonal and Communication Skills**

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents are expected to:

- Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;
- Communicate effectively with physicians, other health professionals, and health related agencies;
- Work effectively as a member or leader of a health care team or other professional group;
- Act in a consultative role to other physicians and health professionals; and,
- Maintain comprehensive, timely, and legible medical records.

## 5. Professionalism

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

- Compassion, integrity, and respect for others;
- Responsiveness to patient needs that supersedes self-interest;
- Respect for patient privacy and autonomy;
- Accountability to patients, society and the profession;
- Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation; and
- A neat and professional appearance in terms of dress code.

## 6. Systems-based Practice

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

Residents are expected to:

- Work effectively in various health care delivery settings and systems relevant to their clinical specialty;
- Coordinate patient care within the health care system relevant to their clinical specialty;
- Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;
- Advocate for quality patient care systems;
- Work in interprofessional teams to enhance patient safety and enhance learning opportunities and patient care quality; and
- Participate in identifying system errors and implementing potential systems solutions.

## 7. Teaching

Residents must demonstrate a commitment to teaching both less experienced physicians and other cadres of healthcare personnel such as nurses, midwives, physician assistants, and community health workers. The specialist physician serves as a leader and trainer within healthcare teams. Expectations include:

- Teach and supervise more junior residents, interns, and medical students and supervise their work, contacting faculty appropriately if needed for further supervision;
- Teach conceptual material in small group and large group (“grand rounds”) settings, preparing effective media presentations; and
- Teach mid-level healthcare providers, including nurses, midwives and other staff for continued improvement of healthcare at all levels.

## SECTION 3: EMPLOYMENT AS RESIDENT PHYSICIAN AND EXPECTATIONS

### 3.1 NON-DISCRIMINATION AND EQUAL OPPORTUNITY

It is the GoL policy, and that of Liberia College of Physicians and Surgeons, to provide equal opportunities for all residents, employees, and applicants, in compliance with all laws and regulations applicable in Liberia, including a commitment to recruit, train, hire, transfer, and promote in all job classifications without regard to religion, age, sex, physical or mental disability, or marital status.

### 3.2 MEMBERSHIP/FELLOWSHIP ADMISSION REQUIREMENTS

The following must be completed for residents to be enrolled in training in any residency program (and documentation thereof submitted to the LCPS):

- Have MD degree from a recognized institution
- Clearance letter from MOH, for all A. M. Dogliotti College of Medicine graduates and all those whose Medical Education was provided for or sponsored by the Government of Liberia
- Valid LMDC professional license
- Residence permit (for non-Liberian candidates)
- Medical checkup and criminal/sanctions check certificates (at own cost)
- Pass entrance exams (written and oral) in the chosen field of study
- Attestation of acknowledgement of receipt and agreement to abide by the policies and procedures in this Resident Policies and Procedures Handbook.

N.B:

- When an applicant applies for residency training in one of the residency programs, that program will have the right to offer that candidate a position. Should that candidate NOT be offered a position in the residency program which they applied for, their exam and interview information may be shared, with the candidate's consent, with other programs which may still be looking for candidates, in hopes of being offered a position by an alternative program. Another option for the candidate who passes the exam and interview is for them to defer the possibility of entering the program by a maximum of one year, when they could be considered. Note that they would simply become one of the candidates for a position in the subsequent year's class, and no guarantee can be made about the availability of such a place a year later.

### 3.3 LCPS RESPONSIBILITIES:

LCPS has a responsibility to provide:

- Standards for accreditation of programs operating under the authority of the LCPS
- General policies (such as this handbook) to guide the operation of residencies accredited by LCPS

### 3.4 INDIVIDUAL RESIDENCY PROGRAM AND DEPARTMENT RESPONSIBILITIES:

The program has a responsibility to:

1. Meet its educational goals as they are described in the course curriculum. The goals and the outlines of resident assignments for each year, which may involve activities in several hospitals, should be available at the faculty chair's offices. **The Faculty Chairs in consultation with the administrations of the various teaching hospitals may find it necessary to modify resident assignments** as required by available personnel, educational resources, institutional patient care responsibilities, career goals, and the academic progress of each resident.
2. Provide timely evaluations to residents about their performance in all aspects of the program.
3. Monitor work schedules and their adherence to clinical and educational work hour standards.
4. Provide information and support to trainees as they prepare to sit for WACP/WACS primary and LCPS and WACP/WACS membership and fellowship examinations.

### 3.5 RESIDENTS' RESPONSIBILITIES:

Residents are expected to:

1. Perform all duties and accept all assignments designated by the faculty chair or designee. Residents' performance will be evaluated by the entire faculty and consultants of the department.
2. Develop a personal program of self-study and professional growth with guidance from the teaching Faculty and staff.
3. Demonstrate competence in the areas of patient care, medical knowledge, communication and interpersonal skills, professionalism, practice-based learning and improvement, systems-based practice, and teaching for the discipline you are in.
4. Participate in safe, effective, and compassionate patient care, commensurate with your level of advancement and competence, under the general supervision of teaching faculty and staff.
5. Participate fully in the educational and scholarly activities of your program and, as required, assume responsibility for teaching and supervising other residents and students.
6. Participate in programs and activities involving the medical staff and adhere to established practices, procedures and policies of the training site.
7. Participate in committees and council meetings, as invited.
8. Develop an understanding of ethical, socioeconomic and medical/legal issues that affect GME and how to apply cost-containment measures in the provision of patient care.
9. Become familiar with, comply with, and be subject to all standard protocols as well as training facility policies, rules and regulations.
10. Return all hospital properties such as books and equipment; complete all records; and settle professional and financial obligations prior to departing from your training program and rotation sites.
11. Demonstrate sufficient confidence to enter practice without direct supervision in order to satisfactorily complete the training program.
12. Report any of one's own activity or behavior that results in a police investigation or an arrest or that receives media attention such that the safety of patients or the reputation of the LCPS could be compromised.

### 3.6 PRE-EMPLOYMENT MEDICAL AND LEGAL BACKGROUND CHECK

Residents are required to provide medical status certificate (at own cost) before entry into the program. The LCPS is committed to providing its residents with a professional environment that fosters excellence, rejects intolerance, and provides a safe workplace. To better achieve this, it is necessary that every resident pass a criminal background check and provide a certificate (at own cost) including a government sanctions check at a police department in order to train in a residency program.

### 3.7 PROFESSIONAL LICENSURE/PERMIT REQUIREMENT

All Residents should maintain an active professional license from LMDC and Residence Permit from the Liberia Immigration Service (for non-Liberians) during the entire duration of the training at own cost.

### 3.8 GRADUATION/SEPARATION REQUIREMENTS

In order to graduate from a residency program at the LCPS, a Resident must:

1. Have passed end of training program LCPS exit examination and provide proper documentation
2. Have completed all program exit requirements and been evaluated as competent in all seven competencies and all curricular requirements for their program
3. Must have a letter of Residency Program Completion by the Faculty Chair

All access to institutional computer systems, including email (when applicable), financial, administrative and logistical support will be terminated at the end of the last day of training.

## SECTION 4: LEAVE, SALARY AND BENEFITS POLICY

### 4.1 LEAVES AND TIME OFF

Residents are entitled to different types of leave. Taking leave over and above the usual annual leave (especially when multiple leaves or absences occur in the same contract year) may negatively impact time necessary to complete the program requirements for graduation. Residents are responsible for understanding their requirements for program completion.

Detailed leave policies will be established by the relevant host medical institutions in collaboration with the residency programs which they host including relevant Academic Coordinators/Offices. In general those leave policies should conform to the below listed guidelines and the labor laws of the Republic of Liberia.

### 4.2 ANNUAL VACATION/ LEAVE

LCPS policy recommends that residents be provided with four weeks paid vacation per training year - a week is equal to 5 weekdays and 2 weekend days. In general this leave is divided, two weeks for every six-month period of training. Residents should plan their vacation with the Chief Resident in consultation with the Faculty Chair at the time that would cause least disruption to their rotation to ensure adequate coverage of educational and clinical responsibilities and, therefore, preferences may be denied or approved and vacations may need to be changed at times.

Residents in the same rotation should discuss among themselves to ensure that the Department is not left empty by scheduling of vacation at the same time.

Annual Vacation/Leave cannot be carried over into a new academic year nor can vacation leave be borrowed from a subsequent year of training. All relevant faculties must be informed in advance about residents' leave schedules to avoid disruption in clinical and educational activities.

### 4.3 OTHER PLANNED AND UNPLANNED ABSENCES (ILLNESS, FAMILY EMERGENCY, ETC.)

In general, host institutions in consultation with the relevant Faculty Chairs and/or Academic Coordinators/Offices will set policy for other types of planned or unplanned leave or absence.

### 4.4 MATERNITY

A Resident should apply for Maternity Leave through a written request to the Faculty Chair. Maternity leave of 12 weeks is required by the labor laws of the Republic of Liberia. Leave may be taken prior to or after birth depending on the needs of the resident, medical complications, rotation schedules, etc. Due to the impact of a lengthy absence on the education of the resident, rescheduling of rotations or extension of the training period may be required/mandated by the relevant Faculty.

### 4.5 PATERNITY LEAVE

A male resident who has recently fathered a child may apply through a formal written request to the Faculty Chair and for a short duration of paternity leave to provide support to his wife and baby. This leave may be considered a portion of the resident's Annual Leave. Other detailed policies may be set by the relevant host institution.

#### 4.6 LEAVE OF ABSENCE

If a Resident is on sick leave or other unplanned absence for more than two (2) weeks then there must be a discussion with the Faculty Chair regarding the status of the Resident. The Faculty Chair in collaboration with the relevant Academic Coordinator can work with the resident to make necessary adjustments to the training schedule. Leaves without an appropriate request or agreement may lead to a Letter of Deficiency or, if no adequate response is forthcoming from the Resident, termination from the program.

#### 4.7 BEREAVEMENT LEAVE

In the event of a death in the immediate family, a Resident may take bereavement leave of up to three working days. Immediate family is defined as biological parents, parents-in-law, biological siblings, spouse/domestic partner, biological or legally adopted children, biological grandparents or biological grandchildren. Qualified bereavement leave does not reduce vacation time or sick days.

#### 4.8 JURY DUTY

Residency training has been recognized as an activity that should not be interrupted. That being said, participation in jury duty is a civic responsibility. In the event that a resident gets called for jury duty, he/she must notify the faculty chair or designee. The Faculty Chair must make arrangements to release the resident from clinical activities during the jury duty process. If a resident participates in jury duty, a copy of the juror certificate indicating the dates of service as a juror must be submitted promptly to his/her Faculty Chair.

#### 4.9 PERSONAL LEAVE OF ABSENCE

Under certain circumstances, a Resident may request an unpaid personal leave of absence for any reason not covered by another leave policy or after another leave ends and if the resident has exhausted or is not eligible to receive vacation or sick time. A personal leave for up to 30 days may also be granted as a medical or reasonable accommodation depending on the circumstances. Personal leave is within the sole discretion of the Faculty Chair and the relevant Academic Office. Such leave will result in extension of the time needed to complete the educational program. Possible outcomes include extension of training equal to the amount of training lost; extension of training longer than the amount lost on leave including repeating a full year of training; and lastly withdrawal from the program.

#### 4.10 ADMINISTRATIVE LEAVE WITHOUT PREJUDICE

A Resident may be placed on Administrative Leave without Prejudice for reasons including but not limited to the investigation of an alleged Code of Conduct Violation (see “*Code of Conduct*”), or the need for a Fit for Duty Evaluation. Administrative Leave without Prejudice is not a sanction. It is taken in an effort to protect the safety and wellbeing of the resident, patients, other individuals with whom the resident has contact, and/or of the LCPS and its affiliated hospitals. Because continuous training is vital to all residency and fellowship programs, the length of Administrative Leave without Prejudice can be no longer than 30 days. A resident will receive full pay and benefits while on Administrative Leave without Prejudice.

If placing a resident on Administrative Leave without Prejudice is to be considered, the Faculty Chair and Academic Coordinator will meet with the Resident in order to gain his/her input before making that decision. Administrative Leave without Prejudice can result in an extended training period to meet all of the requirements of the program.

#### 4.11 SALARY CONTINUITY

Policies concerning ongoing salary support for Residents within LCPS accredited training programs will be determined through consultation by the Ministry of Health, relevant host training institutions and the LCPS. In general, Residents coming from a private or an autonomous operating hospital will receive salary support from their respective hospital according to that hospital’s policies. Foreign students must seek their own funding and also pay the requisite tuition and other fees approved by the Executive Members through the means defined by the LCPS. Foreign students will entirely be responsible for their sustenance while in the program, except as otherwise arranged with the host hospital/residency program.

#### 4.12 MEDICAL AND DENTAL INSURANCE

Medical benefits for the Residents will be determined by the host institution.

#### 4.13 AWAY ELECTIVES

An away elective, clinical or research-based, is a rotation at an institution that is not affiliated with the LCPS Residency Program, where the resident is directly supervised and evaluated by an already recognized core/part-time/adjunct faculty. The Faculty Chair and relevant Academic Coordinator will determine the merits of the request for an away elective and be responsible for approval (when necessary) for Resident participation.

Residents may apply for approval for away electives for clinical or research experiences.

In general, approval for such away electives must be obtained by the applying Resident based on:

1. Faculty Chair’s support for this experience
2. Availability of appropriate evaluation of the resident’s experience during the elective stay
3. Availability of funding support for this experience

Generally, away electives will be reviewed on a case by case basis with a focus on resident safety, the educational experience based on rotational goals and objectives, and availability of appropriate supervision.

**A Resident who is not in good standing in their training program may not participate in an Away Elective. There is no guarantee or “right” to be granted an Away Elective, it is at the discretion of the residency program.**

## 4.14 MOONLIGHTING

Policies regulating/restricting professional activities outside the program or “**moonlighting**” will be set by the relevant host institutions/faculty chairs. LCPS recommends that **moonlighting be prohibited for all PGY 1 residents.**

## SECTION 5: PROFESSIONALISM

### 5.1 STANDARDS OF PROFESSIONALISM

**The Liberia College of Physicians and Surgeons (LCPS) is committed to the highest standards of professionalism for all employees and trainees.** The professionalism and the image we present should inspire confidence in the care and services we provide as professionals and as training institutions.

We expect that trainees demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles, including:

1. Compassion, integrity, and respect for others;
2. Responsiveness to patient needs that supersedes self-interest;
3. Respect for patient privacy and autonomy;
4. Accountability to patients, society and the profession;
5. Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation;
6. A safe, comfortable and healthy work environment;
7. Presenting a professional and identifiable appearance to patients, their families and visitors, and the medical and business communities; and
8. Supporting a culture of confidence and service excellence while, at the same time, accommodating sincerely held religious and cultural beliefs when operationally feasible.

Note: When Residents go on strike or take actions which prevent patient care from taking place in an effective manner, they may be held liable for consequences which occur due to disruptions in patient care and delays in academic and educational schedules.

### 5.2 WORK ENVIRONMENT

Training institutions affiliated with LCPS will provide each Resident with a work environment that promotes the success of the resident in reaching the goals for their educational program. The environment should comply with all LCPS institutional and WACP/WACS accreditation requirements.

#### **Institutional Requirements**

Residents on duty shall be provided with:

- Food services or allowances and sleeping quarters while on call.
- Library or reading room with reference resources.
- Appropriate security and personal safety measures in place at sites hosting residents. These shall include, but not be limited to parking facilities, on-call quarters, hospital and institutional grounds and related clinical facilities.
- Work schedules which comply with the duty hour requirements set forth herein (p. 23-24).

## **Common Program Requirements**

The Academic Program Office(s) and training institutions will ensure a culture of professionalism that supports patient safety and personal responsibility. They will integrate Residents into interdisciplinary clinical quality improvement and patient safety programs. The program office(s) and/or training institutions shall seek to minimize the number of transitions in care for patients/residents, and will help to design and teach effective hand-over processes. In addition, they will ensure that appropriate supervision is in place for all residents involved in patient care.

### **5.3 PROHIBITION OF MISTREATMENT INCLUDING DISCRIMINATION AND DISCRIMINATORY HARASSMENT, SEXUAL HARASSMENT AND SEXUAL ASSAULT, INTIMATE PARTNER VIOLENCE, AND STALKING**

**The Liberia College of Physicians and Surgeons (LCPS) is committed to maintaining a safe and non-discriminatory learning, living and working environment for all staff, faculty, residents, patients and visitors.** Academic and professional excellence can exist only when each member of our community is assured an atmosphere of safety and mutual respect. All members of LCPS are responsible for the maintenance of an environment in which people are free to learn and work without fear of bullying, stigma, discrimination, discriminatory harassment or interpersonal violence. Discrimination diminishes individual dignity and impedes equal employment and educational opportunities.

The College does not discriminate in any of its education or employment programs and activities on the basis of an individual's race, color, ethnicity, religious creed, age, sex, marital status, national origin, ancestry, or sexual orientation.

#### **Definition of Mistreatment**

“Mistreatment arises when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process. It can take the form of physical punishment, sexual harassment, stalking, psychological cruelty, or discrimination based on race, religion, ethnicity, sex, age or sexual orientation.”

#### **Sexual Harassment**

Sexual harassment is a kind of sex discrimination that can occur in the workplace, at work-related events, or between individuals in any context. Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors and other conduct of a sexual nature – such as unwelcome verbal, visual or physical advances – that tend to create a hostile, intimidating or offensive work environment. All employees and individuals associated with the Liberia College of Physicians and Surgeons, or with residency programs accredited by LCPS, must maintain an environment which discourages sexual harassment. All individuals should adhere to a zero tolerance policy toward sexual harassment.

#### **Reporting Mistreatment or Sexual Harassment**

Residents or faculty may report mistreatment or sexual harassment via several avenues to any one or to all of the following individuals: a core faculty member, the program director/coordinator, the secretary general or the respective vice presidents via direct phone call, email or in person. Reports may be made verbally for the purposes of immediate reporting, but should be formalized in writing not more than three (3) days after the verbal communication.

#### **Protection from Retaliation**

Retaliation against any individual who, in good faith, reports or participates in the reporting, investigation, or adjudication of mistreatment is strictly forbidden.

## Investigation

Once an incident has been reported it must be immediately investigated. The alleged harasser/offender and appropriate hospital management (if applicable) will be informed prior to the initiation of the investigation. An appropriate committee will be formed to investigate the allegation of mistreatment. In the case of allegations of Sexual Harassment, the procedure described in the Civil Service Standing Orders for the Republic of Liberia will be followed (pages 39-44; accessed 14 Aug 2019 via <http://csa.gov.lr/public/doc/Standing%20Orders%20.pdf>).

A Resident who is found to have committed an act or acts of discrimination, harassment, sexual harassment, or other mistreatment is subject to disciplinary action, up to and including separation from the college.

## 5.4 FACULTY, STAFF AND TRAINEE RELATIONS

**Relationships between faculty, staff, residents, students, and patients should demonstrate the highest standards of ethical conduct in all educational settings and be conducted without abuse, humiliation, harassment and exploitation of relationships for personal gain or advantage.** In particular, all faculty and staff of LCPS and LCPS- accredited programs, including residents, must be aware that amorous relationships between trainers and trainees are likely to lead to difficulties and have the potential to place faculty, staff and residents at great personal and professional risk. The power difference inherent in the faculty-resident or administrator-resident relationship means that any amorous relationship between a faculty or staff member and a resident is potentially exploitative or could at any time be perceived as exploitative. Moreover, amorous relationships between supervisors and their subordinate employees often adversely affect decisions, distort judgment, and undermine workplace morale for all employees, including those not directly engaged in the relationship. Therefore, the college strongly discourages all faculty and staff from pursuing or engaging in amorous relationships with medical students or residents, and vice versa.

One exception to this rule would be if there is a pre-existing relationship (whether marriage or ongoing romantic relationship) between two individuals who later find themselves as faculty and resident in an LCPS program. In such a case, the faculty member would need to excuse him/herself from examinations, evaluations, and disciplinary hearings concerning their partner. In fact, as a general rule, any employee of LCPS or an LCPS-accredited program who participates in supervisory or administrative decisions concerning an employee or resident with whom s/he has or has had an amorous relationship has a conflict of interest in those situations and should seek recusal from evaluations, examinations, or disciplinary hearings concerning that individual.

## 5.5 CODE OF CONDUCT

**Residents should maintain a professional demeanor and conduct in direct patient care and in interactions with patients, family members, other healthcare professionals, support staff and the public.** They should demonstrate integrity which will establish the level of trust essential to the physician-patient relationship. In addition, residents' behavior reflects on the reputation and standing of the College, and therefore behavior which is of a sufficiently grievous nature to reflect negatively on the reputation of the College will lead to disciplinary action.

LCPS residents are expected to act in a professional, courteous, respectful, and confidential manner. Violating these rules may be cause for disciplinary action up to and including dismissal. Residents may be placed on Administrative Leave without Prejudice as appropriate for investigation into an alleged Code of Conduct violation. Conduct that is considered to be in violation of this code includes, but is not limited to, the following:

1. Unlawfully distributing, dispensing, selling or offering for sale, possessing, using or being under the influence of alcohol, illicit drugs, or a controlled substance when on the job, or in a position to be called into work, subject to duty; or smelling of alcohol or having the odor of alcohol on the breath.
2. Misusing or willfully neglecting property, funds, materials, equipment or supplies from any of the affiliate sites.
3. Fighting or acting in any manner that endangers the safety of one's self or others.
4. Destroying property in any way.

5. Stealing or possessing without authority any equipment, tools, materials, or other property of any of the affiliated training sites.
6. Refusing to do assigned work.
7. Academic misconduct such as cheating or misrepresentation/plagiarism of research activities.
8. Falsifying attendance or other records
9. Providing patient care under circumstances of physical, mental or emotional lack of fitness that could interfere with the quality of care.
10. Being repeatedly or continuously absent or late, or being absent without notice or justifiable reason.
11. Conducting oneself in any manner which is offensive, intimidating, physically threatening, verbally abusive or contrary to common decency or morality.
12. Carrying out any form of harassment, including sexual harassment.
13. Failing to comply with the training facility's confidentiality policies or applicable confidentiality laws.
14. Failing to report a police investigation or an arrest involving the resident to the relevant Faculty Chair/Residency Program Office.
15. Engaging in behavior which is below the professionalism standards of the residency program.
16. Gambling or unauthorized solicitation in the workplace.
17. Misuse of computer/internet access at work, such as, but not limited to, accessing or viewing offensive or pornographic material, misuse of computer accounts, unauthorized destruction of files, creating illegal accounts, possession of or use of an unauthorized password, disruptive or annoying behavior on the computer and non-work-related utilization of computer software or hardware.
18. Being convicted of a crime.
19. Failure to cooperate or to be truthful in a program-related investigation.
20. Failure to adhere to appropriate dress code.
21. Inciting others to violate authority.
22. Requesting money, a bribe or some form of compensation from a patient as a determining factor to perform one's duty.

If a violation of the Code of Conduct has occurred, corrective disciplinary action should result according to the Non-academic Deficiency/Code of Conduct Violation policy.

## 5.6 PROFESSIONAL ATTIRE/DRESS CODE

Professionally dressing is important to promote an appropriate view of the institution, build patient trust and maintain a safe work environment.

### **Identification**

The ID card for the trainee's current hospital or training institution should be worn and clearly visible for all clinical encounters. ID cards should be worn above the waist.

### **Footwear**

All employees must wear shoes that are appropriate to their job. Shoes should be clean and in good repair. Closed-toed shoes are required in patient care areas and areas where extra protection may be needed (research labs). In addition, appropriate protective clothing/covering should be worn as needed to prevent blood or other potentially infectious materials from reaching the skin. Flip-flops, slippers, open toed shoes and excessively high-heeled shoes are examples of inappropriate footwear.

### **Clothing**

Clothing should fit properly, be clean and in good condition. Business casual is appropriate for most areas. Do not wear clothing that is non-professional in appearance, length, or fit. Detailed dress code policies may be set by the individual training institutions.

## **Grooming and Hygiene Standards**

Good personal hygiene and cleanliness is an essential part of providing high-quality service. Patients, guests and staff have a right to expect general cleanliness and good oral hygiene. Hair should be worn in such a way as to prevent contamination or cause a safety hazard. Facial hair should be neatly trimmed and maintained. In addition, heavy perfumes should be avoided in order to respect patients with chemical sensitivities.

## **5.7 SOCIAL NETWORKING POLICY**

Social and business networking websites (i.e., Instagram, LinkedIn, Facebook, Twitter, Flickr, etc.) and cell phone texting are increasingly being used for communication by individuals as well as businesses and universities. As such, it has become necessary to outline appropriate individual and LCPS sanctioned use.

### **Guiding Principles**

1. Privacy and confidentiality between physician and patient is of the utmost importance.
2. Respect among colleagues and co-workers must occur in a multidisciplinary environment.
3. The tone and content of all electronic communication must remain professional.
4. The individual is responsible for the content of his/her own blogs/posts/texts.
5. Material published on the web should be considered permanent.
6. Any information posted on the Internet is public information
7. All health care providers have an obligation to maintain the privacy of patient health information.
8. Internet use and texting must not interfere with the timely completion of job duties.
9. Personal blogging or posting of updates should not be done during work hours or with work computers.
10. It is always inappropriate to “friend” or “follow” patients on any social networking site or to check patient profiles.
11. Texting about and posting of any sensitive, proprietary, confidential, private or financial information about LCPS or any affiliated site is prohibited.
12. Obtaining cell phone photographs or videos of any patient is prohibited, unless with their permission and strictly for educational or consultative purposes.
13. Refrain from posting or texting any material that is obscene, defamatory, profane, libelous, threatening, harassing, abusive, hateful or embarrassing to another person or any other entity. This includes, but is not limited to, comments regarding LCPS staff/operations or affiliated hospitals or their employees.
14. Any personal legal liability imposed for any published content will be the responsibility of the resident. Texts are discoverable even if deleted from the cell phone.
15. Social networking sites and texting can be the source of cyber-bullying, harassment, stalking, threats or unwanted activity.

### **Communication Regarding LCPS or Affiliated sites**

Unauthorized use of LCPS information or logos is prohibited. No phone number, email address, web address, name of the department or LCPS may be posted without permission from an authorized departmental individual or LCPS office. For identification purposes, a resident may list the affiliation with LCPS and affiliated institutions.

However, in all communication from a resident who is listed as being affiliated with the LCPS or an accredited institution, a **disclaimer** must be attached such as: “All opinions and views expressed in my profile (on my page) are entirely personal and do not represent the opinions or views of LCPS, or LCPS faculty, staff, or residents.”

### **Offering Medical Advice**

It is never appropriate to provide medical advice on a social networking site.

### **Privacy Settings**

Residents should consider setting privacy at the highest level on all social networking sites.

## 5.8 CODE OF CONDUCT VIOLATIONS/NON-ACADEMIC DEFICIENCIES HANDLING

The Liberia College of Physicians and Surgeons and/or affiliated training institutions have codes of conduct that apply to residents' participation in GMRP related duties wherein residents are expected to act in a professional, courteous, respectful, and confidential manner.

Code of Conduct Violations can interfere with a Resident's performance during the training and therefore may interfere with his or her ability to meet the expectations and requirements of the academic program and employment.

Please note, when a Faculty Chair or Residency Program Coordinator notes or decides that a minor violation of the Code of Conduct has occurred (examples might include arriving late for duty on several occasions, getting into an argument with staff in a patient care area, or revealing information about a patient to an unauthorized source), a verbal or written warning may be issued to the Resident without resorting to a Letter of Misconduct (LOM) as described here. If such warnings are ineffective or the Resident's misconduct worsens, further steps should be taken according to the policy described herein.

If there is an allegation of a Code of Conduct violation, the respective Faculty Chair and Residency Program coordinator will investigate the case which may or may not require engagement of police. During the period of investigation, it may be necessary to remove a resident from active participation in the clinical and educational responsibilities of the program (*see Administrative Leave without Prejudice policy*). In the course of an investigation of an alleged Code of Conduct Violation, the faculty chair and/or institution residency program coordinator will meet with the resident in order that the resident might provide perspective regarding the alleged violation. This meeting and/or attempt should be documented.

If a Resident has been placed on administrative leave due to a reported or suspected Code of Conduct Violation, and the alleged Code of Conduct Violation is not substantiated, the resident will return to the program. If the investigation determines that a Code of Conduct violation is substantiated by a preponderance of the evidence, the investigators will meet with the resident to inform him/her of the outcome of the investigation and give the resident an opportunity to respond. If subsequent to this meeting, the investigators decide to proceed with a Letter of Misconduct, the options are a Letter of Misconduct or a Letter of Misconduct with Adverse Action.

## 5.9 LETTER OF MISCONDUCT (LOM)

**A letter of Misconduct (LOM) is a formal written notification that states the nature of the Code of Conduct Violation and outlines the program's expectations of what corrective action is necessary for the resident to successfully complete training.** The Letter of Misconduct should be delivered to the resident in a manner which requires a signed and dated receipt of delivery to the resident within three (3) business days of the faculty chair's decision to issue a Letter of Misconduct. A copy of the Letter of Misconduct will be provided to LCPS.

The resident file should include:

- Documentation of the meeting to discuss the Code of Conduct Violation and a corrective action plan.
- Documentation of outcome:
  - Successful corrective action or
  - Failure to meet expectations for corrective action

A Letter of Misconduct without Adverse Action will be removed from a resident's file at LCPS if the resident has satisfied the requirements of the corrective action plan and has successfully completed the training program.

## 5.10 LETTER OF MISCONDUCT WITH AVERSE ACTION (LOMAA)

**A Letter of Misconduct with Adverse Action (LOMAA) is a formal written notification that states the nature of the Code of Conduct violation, the Adverse Action, and where applicable, what corrective action is necessary for the resident to successfully complete training.** The Letter of Misconduct with Adverse Action should be delivered to the resident in a manner which requires a signed and dated receipt of delivery to the resident within three (3) business days of the Program Director's decision to issue the letter. A copy of the Letter of Misconduct with Adverse Action will be provided to LCPS.

Adverse Actions include:

1. Delayed promotion of a resident with extension of appointment
2. Suspension (length of time to be determined)
3. Termination/dismissal

### **Note:**

1. All Adverse Actions will be reflected in the Final Residency Training Summary letter from the Faculty Chair to LCPS. If the Adverse Action is delayed promotion or non-renewal, a resident may remain in the training program during the appeal process. If a resident remains in the training program during the appeal process, he/she will receive pay and benefits.
2. In the event that the resident disputes the validity/appropriateness of a Letter of Misconduct, the resident may appeal to LCPS which will form a review committee to hear such appeals.
3. If the Adverse Action of termination is rescinded at any level of appeal, the resident will rejoin the training program. Pay will be reinstated and will be retroactive to the termination/dismissal date

The status of a resident with a LOMAA will be reflected in their Final Residency Training Letter. A Letter of Misconduct with an Adverse Action may not be removed from a resident file.

## SECTION 6: EVALUATION AND PROMOTION

### 6.1 EVALUATION

The Liberia College of Physicians and Surgeons recognizes residency training as a continuum from a beginning general practitioner to a competent specialist and/or sub-specialist physician. The primary responsibility for defining the standards of academic performance and personal and professional development rests within individual departments and their faculty chairs.

**Each residency department will provide formative and summative evaluations of residents' performance relative to their specific faculty's curriculum requirements and in each of the seven LCPS Core Competencies for their level of training.** Written evaluations are provided to residents according to the program's evaluation process. Each faculty will provide quarterly written evaluations to each resident encompassing the above mentioned areas of competency. In each faculty (department), the Clinical Competence Committee (CCC) will be comprised of all of the consultants engaged in resident training activities and teaching faculty in the department (core and part-time). The CCC reviews resident evaluations in all aspects of their training program, provides examinations at the end of each 6-month block, and determines advancement of the residents to the next training year.

Until a permanent information system is established, documentation of evaluations will be done on paper. A copy of the evaluation and results will be stored in the individual resident's file at the College, and the results will be shared with the resident by the faculty chair or Academic/Residency Coordinator. The Secretary General, Assistant Secretary General, appropriate Faculty Chair, appropriate Residency Coordinator, Resident, and any relevant ad-hoc committee will have access to the evaluations and results of each Resident.

At the end of each academic year residents will be assessed either through an end-of-year assessment or through a culminating review of assessments over the course of the year (or both). Faculty Chairs, acting in consultation with the CCC, will be responsible for setting the benchmark for passing and will communicate the benchmark to residents prior to any assessment. Any resident not surpassing the benchmark will be given the opportunity to re-sit the assessment. If a resident does not pass the assessment the second time, or if the resident chooses not to re-sit the assessment within 6 weeks, then the resident may either apply to repeat the year or withdraw. The application should be in the form of a written communication from the resident addressed to the Faculty Chair. The Faculty Chair will respond to the application within two weeks of receipt with copies to the relevant Vice President and the Secretary General.

At the conclusion of training, a Final Verification of Training Completion letter will be prepared and issued to each resident by the Secretary General (SG) after a formal report of each exiting resident's summative evaluation is prepared by the Faculty Chair and shared with the Resident and SG.

## 6.2 PROMOTION

The Faculty Chairs along with other training faculty and the Clinical Competence Committee involved in the department will determine if a resident has successfully met promotion requirements. **If a resident is making sufficient progress towards promotion, the resident's status will be changed (that is, from PGY-1 to PGY-2, or from PGY-2 to PGY-3).** In the final year of training, the Faculty Chair will submit the resident's name to the Academic Coordinator and Secretary General to indicate that it is anticipated that a resident will graduate from the program. Graduation from the program requires the resident to meet all of the criteria for graduation as determined by the Faculty Chair and the relevant competence committee of the department.

If the Faculty Chair/Clinical Competence Committee of the department determines that a resident is not meeting criteria for promotion, there are several options to consider. See the policy (below) on *Academic Deficiencies*, or the policy on *Code of Conduct Violations/Non-Academic Deficiencies* (page 17-18) for further details.

## 6.3 ACADEMIC DEFICIENCIES AND INTERVENTIONS

It is expected that residents progress according to criteria set by the residency program faculty. There are several options for the Faculty Chairs in consultation with their CCC to help a resident reach the expected academic performance when he/she does not progress as expected. **The options for an academic deficiency are Remediation, a Letter of Deficiency (LOD) and a Letter of Deficiency with Adverse Action (LODAA).** The decision as to which approach to take will be made by the Faculty Chair in consultation with the CCC on a case-by-case basis. When it is decided that an Adverse Action is the most appropriate course of action, those possible actions include:

1. Delayed promotion of a resident with extension of contract/appointment
2. Non-renewal of contract/appointment
3. Termination/dismissal

**Note:**

1. It is important to make decisions for remediation or notification regarding a deficiency as soon as the deficiency is known by the faculty. If a resident is being formally remediated with either a Letter of Remediation or a Letter of Deficiency without Adverse Action **at the time of promotion**, then by definition he/she is not meeting the standards of the program and therefore cannot be promoted to the next level of training. Therefore, this notification must result in an Adverse Action (*see Letter of Deficiency with Adverse Action in this policy*). All Adverse Actions will be reflected in the Final Residency Training Summary Verification letter.
2. If an Adverse Action is delayed promotion or non-renewal, a resident may remain in the training program during the appeal process. If a resident remains in the training program during the appeal process, he/she will receive pay and benefits.
3. If a resident is terminated/dismissed, he/she will not receive stipends/benefits, but may continue to receive salary if permitted throughout the appeal process.
4. If an Adverse Action of termination/dismissal is rescinded at any level of appeal, the resident will rejoin the training program. Allowances/stipends will be reinstated immediately.

The options for a Faculty Chair when a Resident is identified as having an academic deficiency are described below.

#### 6.4 REMEDIATION

A Resident whose academic performance does not meet program standards in one or more of the competencies defined by the LCPS may be given a period of remediation to meet the program's standards. This status is not appealable and will not be reported to outside agencies. **A period of remediation should not last longer than one month.** A Resident cannot be promoted to the next level of training while on a status of Remediation.

Before a Resident is placed on Remediation, the Faculty Chair will meet with the Resident to discuss observed deficiencies, a proposed remediation plan and, if adopted, the program's expectation of what is necessary for the resident to successfully remediate. At this juncture, the Resident must be offered the opportunity to provide information to the Faculty Chair regarding the observed deficiencies and the proposed remediation plan. To the extent the faculty chair's decision to place a Resident on Remediation is a joint decision with the department's Competency Committee, any mitigating information provided by the resident must be shared with the Competency Committee prior to the decision.

The Letter of Remediation must be delivered to the Resident within 3 business days of the decision to issue the Letter of Remediation and in a manner which requires a signed and dated receipt of delivery to the Resident. If the Remediation is successful and there are no further concerns in training, this status should not be reflected in the Final Residency Training Verification letter.

The Resident file will include the following:

1. Documentation of (1) the meeting to discuss the Remediation plan and expectations and (2) copy of a Letter of Remediation to the Resident
2. Documentation of outcome after Remediation:  
Successful remediation **or**
3. Transition to a Letter of Deficiency (LOD) or a Letter of Deficiency with Adverse Action (LODAA)

## 6.5 LETTER OF DEFICIENCY (LOD)

**A Letter of Deficiency (LOD) is a formal written notification of deficiency in one or more of the LCPS GME competencies.** A Faculty Chair may choose to address deficiencies with Remediation first, but is not required to use Remediation first if he/she determines that a LOD is warranted. A Resident cannot be promoted to the next level of training while on a LOD.

Before a resident receives a LOD, the Faculty Chair must meet with the Resident and address the observed deficiencies, a proposed action plan, and if adopted the program's expectations of what is

necessary for the resident to successfully remediate. At this juncture, the Resident must be offered the opportunity to provide information to the Faculty Chair regarding the observed deficiencies.

To the extent the Faculty Chair's decision to issue a resident a Letter of Deficiency is a joint decision with the Competence Committee of the department, any mitigating information provided by the Resident should be shared with the Clinical Competency Committee before the final decision is made. Additionally, the relevant Academic Coordinator and the LCPS Secretary General should be informed of the decision to issue a Letter of Deficiency and should receive a copy of the letter.

If after meeting with the resident, the Faculty Chair proceeds with the LODAA, the LODAA must be delivered to the resident within 3 business days of the decision to issue the LODAA and in a manner which requires a signed and dated receipt of delivery to the resident.

**\*A resident cannot have a Letter of Deficiency for more than 6 months; if the Letter of Deficiency has not been resolved after a 6 month period, it must be transitioned to a Letter of Deficiency with Adverse Action (LODAA).**

## 6.6 LETTER OF DEFICIENCY WITH ADVERSE ACTION (LODAA)

The appropriate Academic Coordinator and Secretary General must be contacted by the Faculty Chair as soon as it is determined that a LODAA will be required.

**A Letter of Deficiency with Adverse Action is a formal written notification of deficiency in one or more of the LCPS GME competencies which reflects the need for intense remediation of the resident in order to meet expected milestones and to progress as expected in his/her training program.** A Faculty Chair may determine that a LODAA is necessary after a period of Remediation; after a LOD; or a LODAA may be the first step in addressing a more serious deficiency. A LODAA is required if a resident does not make adequate progress as outlined during a period of time with a LOD. A resident cannot be promoted to the next level of training while on a LODAA.

Adverse Actions include:

1. Delayed promotion of a resident with extension of contract/appointment
2. Non-renewal of contract/appointment
3. Termination/dismissal

Before a resident receives a LOD with Adverse Action, the Faculty Chair must meet with the Resident and address the observed deficiencies, proposed action plan and if adopted, the program's expectation of what is necessary for the Resident to successfully remediate. At this juncture, the Resident must be offered the opportunity to provide information to the Faculty Chair regarding the observed deficiencies. To the extent the Faculty Chair's decision to issue a resident a LODAA is a joint decision with the Clinical Competence Committee of the department, any mitigating information provided by the Resident must be shared with the Committee prior to the final decision.

If after meeting with the resident, the Faculty Chair proceeds with the LODAA, the LODAA must be delivered to the Resident within 3 business days of the decision to issue the LODAA and in a manner which requires a signed and dated receipt of delivery to the resident.

If a Resident wishes to appeal a LODAA, they may do so within two weeks of receiving the letter by writing formally to the LCPS Secretary General, the relevant Academic Coordinator, and the Vice President of their respective faculty to file their appeal.

The Secretary General will form a committee to hear the appeal and will make a final decision within three weeks of the appeal date.

The Resident file will include the following:

- Documentation of (1) the meeting(s) to discuss the deficiencies, action plan and expectations (2) delivery of the LODAA to the resident
- Documentation of outcome:
  - Successful remediation of the deficiency **or**
  - Consequences of failing to remediate the deficiency

The status of a resident with a LODAA will be reflected in the Final Residency Training Summary Verification letter. A Letter of Deficiency with an Adverse Action may not be removed from a resident file.

**\*In general a Resident should be expected to complete three-year membership level of the training program within no more than a five-year timeframe. Extensions beyond the five-year timeframe require consultation with the relevant Faculty Chair, Academic Coordinator, and Vice President of the College.**

## SECTION 7: OTHER POLICIES

### 7.1 DELINQUENT MEDICAL RECORD POLICY

The timely completion of medical records is of importance to all institutions. When a resident fails to complete required patient records within the time limit determined by the relevant clinical service, he or she can be removed from clinical service responsibilities until those records are complete. Medical recording skill is one of the clinical competence parameters. Failure to complete medical records in a timely manner needs formal feedback and progress over time should be reflected in the resident's progressive evaluations.

### 7.2 DRUG-FREE WORKPLACE

LCPS prohibits residents and employees from the distribution, dispensing, possession, or use of alcohol, drugs, or other recreational substances in its facilities, during training related activities, and while residents or employees are on the job or subject to duty.

Any resident who violates this policy may be disciplined, up to and including termination.

Counseling and support services should be sought for any resident with alcohol or drug-related problems.

### 7.3 HOLIDAYS POLICY

Residents will be scheduled and required to work on holidays in order to provide adequate patient coverage. Individual programs/departments chief residents in consultation with the faculty chair will be responsible for scheduling residents on holidays.

## 7.4 RESIDENT AVAILABILITY

It is important that hospital staff and Interns be able to contact on-duty residents at all times. Therefore, all residents should carry their “on-duty Mobile Phones” when on duty, unless they are participating in a rotation out of range. Residents participating at rotations out of range should ensure that the hospital staff and Interns on-call are kept apprised of the best way to reach them. Additional policies concerning reaching residents on-call or in other situations will be set by the training institutions.

## 7.5 CLINICAL AND EDUCATIONAL WORK (DUTY) HOURS

In programming didactic, work and call schedules for residents, consideration should be given to the educational opportunities for and personal well-being of the residents, and the needs of the patient, including patient safety and continuity of care. The purpose of restricting duty hours is to avoid fatigue on the part of residents which may impair their ability to provide good patient care.

Clinical and educational work (duty) hours are defined as all required clinical and academic activities and include patient care (inpatient and outpatient), all administrative duties related to patient care, in-house call, scheduled academic activities (i.e., conferences, morning report, lectures, etc.), and research that is a required part of the residency program.

The requirements are as follows:

1. Clinical and educational work hours are limited to no more than 80 hours per week, **averaged** over a 4-week period inclusive of in-house calls where applicable.
2. Residents must be provided with 1 day (defined as a continuous 24-hour period) in 7 free from all clinical and academic activities, **averaged** over a 4-week period.
3. In general, “first line” clinical assignments such as staffing the emergency room as the first-line provider should not exceed 24 hours of continuous assignment. However, if a resident is “backing-up” other clinicians such as interns, PAs, or more junior residents, longer periods of back-up coverage may be assigned (with the expectation that the resident will be able to sleep for some portion of this duty), as long as the overall 80 hour/week limit is respected.
4. Residents should have eight (8) hours off between scheduled clinical and educational work periods. There may be instances when the resident chooses to stay to care for a patient or return to the hospital with fewer than eight (8) hours free. This flexibility may be exercised within the context of the 80-hour and the one-day-off-in-seven requirements.
5. PGY-1 residents are not permitted to take at-home call.

### **Duty Hours Monitoring**

Faculty chairs, chief residents and program directors/coordinators should take time on a regular basis to review the work and on-call schedules of their residents to ensure that the duty hour limitations are being respected.

## 7.6 NEEDLESTICKS & OTHER OCCUPATION EXPOSE TO BLOOD-BORE PATHOGENS

**Training institutions accredited by LCPS should train all residents on universal precautions (UP) and infection prevention and control (IPC) skills and the trainees, when on rotation at a hospital or office, must comply with UP and IPC principles. In the event of any injury occurring on the job, especially needle sticks, mucosal splashes, or other exposures to blood and bodily fluids, it is the resident's responsibility to:**

1. Notify his/her supervisor of any accident or injury occurring while on the job.
2. Keep his/her supervisor informed of his/her medical status on an on-going basis.
3. Follow the physician's treatment plan.
4. Keep medical appointments and avoid any activity which will further aggravate the injury.

Each training facility will have a guideline or protocol in place to provide for relevant assessment and care to healthcare workers, including residents, involved in a workplace exposure to potentially infectious material. This policy should be understood and followed by residents-in-training. Appropriate post-exposure care (including chemoprophylaxis) should start as soon as possible (when deemed necessary) as recommended by available guidelines and the relevant health institution's policies.

### **Blood-Borne Pathogen Training**

All residents should receive training about blood-borne pathogens. The initial training should be done at orientation for all new residents.

## 7.7 LOGBOOKS

Logbooks should be designed, printed, and provided to each Resident by the respective training institution/residency program in line with LCPS policies and standards.

Residents are expected to maintain their Logbooks for each block. Logbooks should be completed appropriately with dates, title of the procedure and signature of the faculty directly responsible for the course work or procedure performed. Supervising faculty should carry out logbook checking once a week, preferably every Friday afternoon or as deemed convenient. During the process to verify the number of procedures carried out in relation to curriculum requirements, procedures not appropriately confirmed/signed off will not be counted as performed.

## 7.8 PRIVACY AND SECURITY OF CONFIDENTIAL DATA

### **CONFIDENTIAL DATA**

The LCPS and affiliated training sites should have policies and procedures governing the privacy and security of *confidential data* (including but not limited to patient's personal health information). These policies should also establish requirements for the security and appropriately controlled release of all such information, as when requested by court or legal entity.

In the course of the resident's training, the trainee may be granted access to various types of *Confidential data*, including but not limited to:

1. Patient information that is protected by law
2. IDs and/or Passwords for access to institutional computing resources
3. Research data requiring protection

## PATIENT INFORMATION

*Confidential data* about patients specifically includes, but is not limited to, information relating to a patient's medical file and the physical or mental health condition, medical history or medical treatment of the patient or a member of the patient's family that is obtained by the resident, another medical professional, a medical care institution or other related institution. This includes patient information contained in written, oral or electronic form.

Residents shall only access such confidential patient information only as may be required in the course of training or direct patient care. Residents have a responsibility to keep secure and confidential the information collected about patients during their encounters with healthcare professionals. Releasing selective items from such information is appropriate under certain circumstances, such as when treating the patient, providing for continuity of care, participating in approved research and educational activities, complying with laws, and assuring reimbursement for services provided. Such releases provide a benefit to the patient and/or to society.

In the case of research activities, all collection of data for research purposes must be approved by an institutionally recognized body such as an Ethics Committee or Institutional Review Board (IRB).

## 7.9 TRANSITIONS OF CARE/HANDOVER

**Purpose:** The purpose of this policy is to establish standards for residents in training within LCPS accredited programs to ensure that Transitions of Care and Handover occur in such a manner that the quality and safety of patient care is not compromised.

The term "Transitions of Care" refers to *the movement of patients between health care practitioners and/or settings*. Examples of Transitions of Care include:

1. Admission to the hospital from an outpatient setting,
2. Admission of a patient to the hospital from another facility, such as an outside hospital or clinic.
3. Transfer of a hospitalized patient to a different level of care within the hospital (i.e. from the ward to the high dependency unit or ICU or vice versa).
4. Transfer of patient care responsibilities from one practitioner to another, for instance, at change of shift ("sign out"), or when a patient is transferred from one service to another.

"Handover" refers to the *transfer of information and of responsibility for patient care from one practitioner to another*. The Handover process must include, at a minimum, written/electronic communication from one provider to the next about any patients with unstable vital signs, important recent clinical events, or whose condition is changing frequently. Verbal plus written communication is preferred as this allows for the opportunity for the accepting provider to ask questions or to seek clarification when necessary.

The content of the information provided during the Handover process should include:

1. Identification of patient
2. Location of patient (i.e.: hospital room/bed number)
3. Identification of responsible resident or treating doctor
4. Diagnosis and current status/condition of patient
5. Updates on recent events as well as anticipated developments (pending lab results, rechecks of vital signs, inputs/outputs, recurring labs)
6. Potential issues that may arise with anticipatory guidance where possible (Use “if/then” statements whenever possible)

Standards: Each department/faculty should design schedules and clinical assignments to maximize the learning experience for residents while minimizing the number of Transitions of Care/Handovers in patient care.

Departments should develop scheduling and Transition of care/Handover processes to ensure that:

1. Residents do not exceed the 80 hour per week duty limit averaged over 4 weeks.
2. Faculty members are scheduled and available for appropriate supervision levels according to the requirements for the scheduled residents.
3. Safeguards exist for coverage when unexpected changes in staff availability for patient care may occur due to circumstances such as resident illness, fatigue, and emergency.
4. Residents will be supervised in their ability to Transition/Handover patient care until such a time that they have demonstrated competency in the performance of this task.

## RESIDENT EVALUATION FORM

<b>Rotation Dates</b>	<b>From:</b>	<b>To:</b>
<b>Resident Name</b>		
<b>Location</b>		
<b>Faculty Supervisor</b>		

### ASSESSMENT OF RESIDENT COMPETENCIES

	Not Observed	Not Acceptable	Below Expectations	Meets Expectations	Exceeds Expectations	Outstanding
<b>Interpersonal &amp; Communication Skills</b>						
Respect for & recognition of cultural practices & differences						
Team Communication/Leadership						
Ability to communicate with low health literacy adults						
Communication with families						
Communication with teens & children						
Recognizes socio-economic factors						
Uses active listening to resolve conflicts & misunderstanding						
<b>Professionalism</b>						
Interactions with co-workers						
Interactions with clients, patients or community members						
<b>Practice Based Learning &amp; Improvement</b>						
Reads about patient conditions						
Uses evidence based guidelines						
Develops rotation learning goals						
<b>System Based Practice</b>						
Awareness of available resources						
Responsive to larger context & system of health care						
Advocates for changes in system						
<b>Patient Care</b>						
Reliability						
Initiative						
Effectiveness in transfer of care (night/weekend/hospital transfer)						
Coordinates Patient Care						
Provides Appropriate Pain Relief						
<b>Medical Knowledge</b>						
General knowledge of discipline						
Awareness of other pertinent information						
<b>Teaching Ability/Interest</b>						
Teaching on Ward Rounds						
Ability to give effective presentation						
Effective teaching to mid-level staff						
<b>OVERALL</b>						
<b>Written assessment of resident:</b>						
<b>Procedures observed</b>						