

<b>Number:</b>	<b>008-001</b>
<b>Section:</b>	<b>Human Resources and Administration</b>
<b>Title:</b>	<b>Employee Assistance Program</b>

**Effective Date:** 6/25/15

**Previous Review & Approval by GMEC:** 5/24/2007, 3/15/2012

**Responsible Office:** NJMS Graduate Medical Education

**Update:** Every five years from effective date or as needed

**Purpose:** To offer professional counseling assistance to all Rutgers staff members and family members who may experience personal or emotional difficulties that may affect job performance.

**Scope:** Under the direction of the President, the President/ Chief Executive Officer for University Behavioral Health Care shall ensure compliance with this policy. The Deans, President/CEO and Vice Presidents shall implement this policy. The Employee Assistance Program is offered to all regular full- and part-time Rutgers staff members and their family members.

**Definitions:**

1. **Housestaff/House Officer-** refers to all interns, residents and subspecialty residents (fellows) enrolled in a Rutgers New Jersey Medical School (Rutgers NJMS) graduate medical education program. A member of the Housestaff may be referred to as a house officer.
2. **Designated Institutional Official (DIO)** – refers to the individual who has the authority and responsibility for the graduate medical education programs.
3. **Program** – refers to the structured medical education experience in graduate medical education which conforms to the Program Requirements of a particular specialty, the satisfactory completion of which may result in eligibility for board certification.
4. **Program Director** – the one physician designated to oversee and organize the activities for an educational program.
5. **Review Committee-** the Accreditation Council for Graduate Medical Education delegates authority to accredit programs/institutions to its Review Committees. The Review Committees are comprised of peer specialists in the field and resident physicians.

**Reference(s):**

1. Rutgers Policy ([policies.rutgers.edu](http://policies.rutgers.edu))

**Policy:**

Rutgers recognizes that at times employee job performance may be affected by marital or family distress, substance abuse, legal problems or other concerns, which can be treated successfully, particularly when identified early. Early identification, treatment and resolution serve to minimize human costs and the potential of difficulty with job performance. It is within this context that the University's Employee Assistance Program (EAP) was developed.

A. Requirements:

1. Rutgers encourages staff members and members of their households to utilize the professional counseling services available through the Employee Assistance Program. In addition, supervisors should be aware of the resources of the Employee Assistance Program as an integral part of managing employees with performance issues, when such performance is related to personal difficulties.
2. Rutgers acknowledges that use of the Employee Assistance Program does not in any way alter management's responsibility or authority as an employer.

3. Participation in the Employee Assistance Program will not in any way jeopardize future employment or career advancement; participation will not, however, protect the staff member from disciplinary action for continued substandard job performance or rule infractions.

**B. Confidentiality:**

1. All information shared with the Employee Assistance counselor is strictly confidential.
2. No records of staff member participation or the content of their discussion with the Employee Assistance Program and its staff member are kept in the medical or personnel records.
3. No release of information is made to anyone without specific written consent of the staff member concerned, except where required by law.
4. All information regarding a staff member or family member's participation in the Employee Assistance Program is part of the clinical record maintained by University Behavioral HealthCare and is subject to HIPAA, state and federal confidentiality laws governing such medical records.

**C. Sessions:**

1. Appointments with the Employee Assistance Program should be scheduled during non-work hours. Alternatively, accrued time shall be used for such appointments made during work hours.
2. Each staff member and his/her family member are entitled up to three (3) free, confidential consultation sessions, per event, with the Employee Assistance Program. The Employee Assistance Program is staffed by experienced professionals who are prepared to help with any type of behavioral health problem. If the concern is outside the counselor's area of expertise, or if there is a need for longer term treatment, the counselor will (with the client's consent) make a referral for appropriate services.

**D. Referral Procedures:**

1. **Self-Referrals**
  - a. The staff member or family member may request an assessment/ evaluation by contacting University Behavioral HealthCare through confidential contact numbers (EXHIBIT I).
  - b. An appointment will be scheduled within three days, where mutual schedules permit. Emergencies will be seen immediately.
  - c. Following the initial assessment, referral for treatment or service will be made to appropriate providers in the community as deemed appropriate. Referrals will be based on clinical need, geographical convenience and health plan considerations.
  - d. At no time will the names of staff members or their family members be revealed or acknowledged to the University without written consent.
2. **Supervisor Referrals**
  - a. Supervisors and management personnel are responsible for observing job performance and, when appropriate, referring the staff member to the program based upon decline or difficulties in job performance. A referral form can be obtained from the Employee Assistance Program.
  - b. The decision to seek and/or accept help is entirely the responsibility of the employer. No attempt will be made to force or require employees to use the Employee Assistance Program. Whether help is sought or not, each employee will continue to be judged on the basis of his/her job performance. No special advantages or disadvantages will accrue because an employee participated in this program. This policy does not constitute a waiver of management responsibility to maintain appropriate performance standards or to take disciplinary action when necessary. Nor does this policy constitute a waiver of any employee rights under law or the Collective Bargaining Agreements.
  - c. The supervisor will be requested to provide the Employee Assistance Program with written documentation specifying the staff member's job difficulties; action taken thus far; and consequences of failure to correct performance problems.

- d. All information shared with the Employee Assistance counselor is strictly confidential.
- e. The content of all sessions is confidential and will not be released to management or other individuals without the specific written consent of the staff member.

**EXHIBIT I**

Contact Numbers for Employee Assistance Program

<b>Campus</b>	<b>Phone Number</b>	<b>Hours</b>
Newark	(973) 972-5429	8:30 a.m. - 5:00 p.m.
Piscataway/ New Brunswick	(732) 235-5930	8:30 a.m. - 5:00 p.m.
Stratford/Camden	(856) 770-5750	9:00 a.m. - 5:00 p.m.

24-Hour Emergency Crisis Center 1-800-327-3678

<b>Number:</b>	<b>008-002</b>
<b>Section:</b>	<b>Human Resources and Administration</b>
<b>Title:</b>	<b>Physician Impairment/Substance Abuse</b>

**Effective Date:** 6/25/2015

**Previous Review & Approval by GMEC:** 1/17/2008, 5/24/2007

**Responsible Office:** NJMS Graduate Medical Education

**Update:** Every five years from effective date or as needed

**Purpose:** To establish policy that addresses behavioral issues associated with impaired Housestaff; provides assistance to the impaired house officer; and protects the health and safety of patients, students and employees of the University.

**Scope:** Department Chairs, Program Directors, Associate Dean for Graduate Medical Education, and the Graduate Medical Education Committee are responsible for implementing this policy and ensuring availability and provision of assistance to those Housestaff needing assistance.

**Definitions:**

1. **Housestaff/House Officer-** refers to all interns, residents and subspecialty residents (fellows) enrolled in a Rutgers New Jersey Medical School (Rutgers NJMS) graduate medical education program. A member of the Housestaff may be referred to as a house officer.
2. **Designated Institutional Official (DIO)** – refers to the individual who has the authority and responsibility for the graduate medical education programs.
3. **Program** – refers to the structured medical education experience in graduate medical education which conforms to the Program Requirements of a particular specialty, the satisfactory completion of which may result in eligibility for board certification.
4. **Program Director** – the one physician designated to oversee and organize the activities for an educational program.
5. **Review Committee-** the Accreditation Council for Graduate Medical Education delegates authority to accredit programs/institutions to its Review Committees. The Review Committees are comprised of peer specialists in the field and resident physicians.

**Reference(s):**

Rutgers Policy (policies.rutgers.edu)

**Policy:**

An impaired Housestaff is one who is unable to participate within the University environment and perform his/her job duties with requisite skill and safety. This impairment may be due to drug and/or alcohol dependency, mental and/or emotional disorders, or other medical disorders. The signs and symptoms of such impairment could include but are not limited to a pattern of the following:

- Unusual or inappropriate behavior
- Negative changes in performance of assigned duties and/or academic performance
- Frequent or unexplained absences and/or tardiness from duties or academic responsibilities
- Repeated or unexplained illnesses, injuries or accidents
- Conduct which may constitute violations of law, including citations for driving while impaired
- Significant inability to contend with routine difficulties and act to overcome them

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Impairment does not necessarily imply that a Housestaff has a disability. "Disability" is defined in RBHS policy Disabilities and Rutgers Students/Applicants, which establishes Rutgers policy regarding Housestaff with disabilities.

- A. The abuse of alcohol, legal and/or illicit drugs, and most mental disorders are often treatable diseases which can adversely affect a Housestaff in his/her academic responsibilities and seriously impair patient care if not recognized and managed appropriately.

Impairment of Housestaff due to substance abuse and other forms of mental and physical disorders may adversely affect aspects of the University's missions. Conduct related to impairment may be sufficient grounds for disciplinary action, including dismissal, and may require immediate action to protect the health and safety of others. The University's concern regarding impairment is not, however, limited to its effects on the Housestaff's ability to perform his/her job and/or attendance on the job. In some cases, conduct off duty may result in a Housestaff being removed from work temporarily or permanently if such conduct may affect the house officer's ability to perform his/her job in a safe and efficient manner. In the event that impairment poses a risk for patient care, clinical practice privileges and clinical duties shall be suspended immediately pursuant to existing University procedures.

The University makes available trained professionals to provide counseling to help impaired employees. Housestaff who have an impairment, which is affecting their clinical and/or academic performance are encouraged to seek assistance through the Employee Assistance Program (EAP). Program Directors may make referrals to the EAP based on observation and/or documented unsatisfactory performance. House officers may also be referred to the Professionals' Assistance Program of New Jersey. However, the EAP in no way diminishes the University's right to impose discipline. If a Housestaff violates University work rules or policies, participation in the EAP will not serve as a defense, nor mitigate the circumstances of the offense. Neither the availability of this program, nor participation therein will serve to absolve Housestaff of their responsibility.

Where an incident may involve a violation of Federal, state or local law, the Office of General Counsel should be consulted to determine whether there is an affirmative duty to report that violation or take other action.

**B. Preliminary Report and Investigation**

If any individual working in the hospital has a reasonable suspicion that a Housestaff is impaired, the following steps should be taken:

1. A verbal or written report shall be made to the DIO, Department Chair, or Residency Program Director. The Program Director and/or Chair must notify the DIO of all reports.
2. If the Program Director and/or Chair believe there is sufficient information to warrant an investigation:
  - a. The DIO shall direct that an investigation be initiated and a written report thereof is prepared within thirty (30) days by:
    - i. The Director and/or Chair of the department; or
    - ii. A committee appointed by the DIO that shall include Department Chair or Program Director, and such others as he/she shall appoint, which may include labor relations or outside consultant(s); or
    - iii. An outside consultant; or
    - iv. Any appropriate individual(s) designated by the DIO.
  - b. The Program Director and/or DIO shall determine whether it is appropriate to contact the state Medical Society Committee for Physician Rehabilitation for the purpose of including the resources available from such organizations in the Medical School's investigation. All Housestaff in the training programs are encouraged to be familiar with state law regarding impaired physicians.

3. If, after the investigation, it is found that sufficient evidence exists that the house officer is impaired, the Department Chair, Program Director or DIO shall meet personally with the Housestaff. In the event that impairment is due to suspected substance abuse and/or diversion, a special team shall be charged with meeting with the Housestaff. This team will be composed of professionals experienced in the management of impaired physicians, and may include the Department Chair, Program Director and/or DIO. The Housestaff shall be informed that the results of an investigation indicate that the Housestaff suffers from an impairment that affects his or her performance. The Housestaff shall not be told who filed the preliminary report, and need not be told the specific incidents in such a report.

**C. Course of Action**

1. Depending upon the nature and severity of the impairment and the problems presented, the Program Director or Chair or DIO may require the Housestaff to participate in a treatment program as a condition of continued training, and:
  - a. Take a leave of absence to receive such treatment,
  - b. Comply with restrictions on the exercise of clinical privileges.
2. If the Housestaff does not agree, the Program Director or Chair shall institute corrective action.
3. In any event, the Program Director or Chief shall consult the DIO to seek the advice of counsel to determine whether any conduct must be reported to law enforcement or other government agencies, and what further steps, including those above, should be taken.
4. The preliminary report and a written description of the actions taken shall be disposed of as follows:
  - a. If action has been taken on the basis of the report and investigation, the report and a written description of the actions taken shall be included in the Housestaff's file.
  - b. If the investigation reveals that there may be some merit to the report, but not enough to warrant immediate action, the report shall be included in a confidential portion of the Housestaff's file, and the Housestaff's activities shall be monitored until it can be established that there is not impairment.
  - c. The Program Director or Chair will meet personally with the house officer and discuss the concerns included in the report. He/she will be notified of ongoing observation. If no further problems are encountered within an appropriate period as determined and agree upon by the DIO and Program Director, the investigation will be terminated and a note to that action will be noted in the Housestaff's file.
  - d. If the investigation reveals that there is no merit to the report, the report shall be destroyed and no reference to it shall be retained in the Housestaff's file.

**D. Treatment and Monitoring**

1. The Program Director or DIO shall assist the Housestaff in locating an appropriate treatment program.
2. Upon sufficient proof that an impaired Housestaff has undertaken an appropriate treatment program, the Program Director may, in his/her discretion, consider that Housestaff for resumption of training. The Program Director may also require the course of treatment to have been successfully completed.
3. In considering the resumption of training, patient care concerns shall be paramount.
4. If all the information received is to the satisfaction of the Program Director and he/she is certain that the Housestaff is capable caring for patients, the Program Director shall develop a written monitoring plan to include the following:
  - a. Written feedback from the treatment Program Director or primary physician,
  - b. Medical record review, inpatient and outpatient, which review shall be documented. The plan might also include direct observation by the Program Director, or other faculty members. If restrictions are imposed, there should be documentation that they have been monitored.

5. If the impairment is a drug or alcohol addiction, the Housestaff shall be deemed to have agreed to submit to a random alcohol or drug screening test upon request of the Program Director or DIO.

E. Administrative Oversight

The Program Director shall inform the DIO of any allegations of impairment and shall keep him/her regularly informed of the status of any investigation and its resolution. The DIO may direct the Program Director to perform any of the steps contained in this policy or any other act not inconsistent with the policy, which he/she believes, is necessary to further the purposes of this policy and the best interest of patients, colleagues, program, department and the Medical School.

F. University Sanctions

Any Housestaff, who violates the University policy and the standard of conduct described within, will be subject to disciplinary action up to and including termination from the University and will be reported to the proper legal authorities for prosecution.

When a Housestaff is convicted under any criminal drug statute for any act occurring within the workplace, he/she must report this incident to the relevant department chair or immediate supervisor within five days whereupon the supervisor should apprise the DIO as well as Legal.

<b>Number:</b>	<b>008-003</b>
<b>Section:</b>	<b>Human Resources and Administration</b>
<b>Title:</b>	<b>Housestaff Immunizations</b>

**Effective Date: 06/25/2015**

**Previous Review & Approval by GMCE: 4/19/12, 5/24/2007, 12/21/2006, 8/31/2004**

**Responsible Office: NJMS Graduate Medical Education**

**Update: Every five years from effective date or as needed**

**Purpose:** To prevent or reduce the risk of transmission of vaccine-preventable and other communicable diseases between Rutgers medical and dental interns, residents and fellows (Housestaff) and their patients and other persons at Rutgers and Rutgers affiliated health care units.

**Scope:** Under the Vice Chancellor for Academic Affairs, the Deans shall ensure compliance with this policy. The Associate Deans or other administrators responsible for graduate medical and dental education at each school and the individual Program Directors shall implement this policy in conjunction with Housestaff health service providers on each campus or patient-care unit. This policy shall apply to all interns and residents (including clinical fellows), hereinafter called "Housestaff," enrolled in any Rutgers -sponsored graduate medical or dental education program conducted in any health-care facility participating in the program, and all visiting, exchange or special-program Housestaff from other institutions. New Housestaff will preferably be in full compliance with this policy prior to beginning their programs, but must be in full compliance within six months of beginning their duties.

**Definitions:**

1. **Housestaff/House Officer-** refers to all interns, residents and subspecialty residents (fellows) enrolled in a Rutgers New Jersey Medical School (Rutgers NJMS) graduate medical education program. A member of the Housestaff may be referred to as a house officer.
2. **Designated Institutional Official (DIO)** – refers to the individual who has the authority and responsibility for the graduate medical education programs.
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4. **Program Director** – the one physician designated to oversee and organize the activities for an educational program.
5. **Review Committee-** the Accreditation Council for Graduate Medical Education delegates authority to accredit programs/institutions to its Review Committees. The Review Committees are comprised of peer specialists in the field and resident physicians.

**Reference(s):**

1. RBHS Policy: immunizations and Health Requirements
2. University Policy: Tuberculosis Surveillance
3. University Policy: HIV, HBV and HCV
4. Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-care Settings, 2005, *MMWR* 2005;54(No. RR-17) Pages i-141.
5. National Research Council Occupational Health and Safety in the Care and Use of Research Animals, National Academy Press, Washington, D.C., 1997.
6. *Centers for Disease Control and Prevention*, Immunization of Health-Care Personnel, *MMWR* 2011;60(No. RR-7).



7. *Centers for Disease Control and Prevention*, Guidelines for Infection Control in Dental Health-Care Settings – 2003. *MMWR* 2003;52(No. RR-17).
8. *Occupational Safety and Health Administration*, “Occupational Exposure to Bloodborne Pathogens,” 29 CFR Part 1910.1030.

**Policy:**

**A. Immunization and Health Requirements**

**1. History and physical exam:**

Each Housestaff shall undergo a complete medical history review within thirty (30) days of beginning the program and, if needed, an appropriate physical examination based upon the history.

**2. Hepatitis B:**

New Housestaff who may have patient contact or contact with blood or other potentially infectious body fluids or laboratory material shall undergo testing for HBV infection and immunity pre-placement (post-offer of employment) and prior to patient contact. These tests should ordinarily consist of hepatitis B surface antigen (HBsAg), antibody to HBsAg (HBsAb) and antibody to hepatitis B core antigen (HBcAb), followed by additional tests as deemed appropriate by the campus Occupational Medicine Service.

- a. Housestaff who test negative for HBV infection without prior immunization with 3 doses of vaccine shall begin immunization against HBV or sign a Rutgers-approved waiver declining immunization prior to patient contact or contact with blood or other potentially infectious body fluids or laboratory material. If a Housestaff who test negative for HBV infection and have been previously immunized but have inadequate levels of antibodies despite such previous immunization, shall be offered a booster dose of the vaccine. Testing for antibody titers (HBsAb) 1-2 months post-immunization should be performed; non-responders to a primary series of immunizations should complete a second three-dose immunization series and be tested again for serologic response. Individuals who still do not respond with antibody production following a second series of immunizations or following a booster dose are considered susceptible to HBV infection, and shall be counseled regarding precautions to prevent HBV infection and the need to obtain hepatitis B immune globulin (HBIG) prophylaxis for any known or probable significant exposure to HbsAg-positive blood.

In all instances, current Centers for Disease Control and Prevention (CDC) recommendations shall be followed regarding initial HBV immunization, post-immunization antibody titers, re-immunization or booster doses for inadequate antibody titers, and post-exposure immunoglobulin prophylaxis for non-responders.

- b. If the initial HBV tests are positive and indicate a significant potential for transmission of the virus, an evaluation shall be made prior to patient contact of the need for monitoring of clinical performance and/or of the scope of assigned or permitted clinical activities consistent with patient protection, especially the performance of exposure-prone procedures. This evaluation shall be made by the Occupational Medicine Service who may consult with infectious disease experts knowledgeable about the most current information and recommendations of groups such as CDC, and national medical and dental professional and educational organizations. If hired under these circumstances, house officers may be restricted in their clinical activities.
- c. Currently employed Housestaff shall comply with all HBV requirements of the University Policy on HIV, HBV and HCV,

**3. Tuberculosis:**

- a. All Housestaff must meet the requirements of the University's Policy on Tuberculosis Surveillance, Each Housestaff shall undergo TB skin testing (TST) using the Mantoux method (5 tuberculin units of intradermal TST), or an FDA-approved blood assay for TB, if authorized by the Occupational Medicine Service, prior to employment. All TST must be administered, read and interpreted in accordance with CDC guidelines (see Reference 4). All FDA-approved blood assays for TB must be administered, read and interpreted according to guidelines issued by the CDC, FDA and the manufacturer.
- b. Those with positive reactions shall be followed and treated as appropriate.
- c. The two-step method shall be used if the pre-placement TST is negative and there is not another documented negative TST test within the preceding 12 months. Thereafter, annually or more frequently if indicated, Housestaff with negative reactions shall be re-tested.
- d. Housestaff with non-human primate contact shall receive periodic testing every six months in accordance with the National Research Council's Occupational Health and Safety in the Care and Use of Research Animals.
- e. Housestaff with a history of BCG (bacilli Calmette-Guerin) vaccination are not exempt from the TB testing requirement because there are no data to indicate that these individuals experience an excessively severe reaction to TST, and because anyone with a history of BCG with a positive TST result may be infected with TB and should be evaluated and treated accordingly.

**4. Measles, Mumps and Rubella:**

Each Housestaff must submit documented proof of immunity to measles, mumps and rubella prior to or within thirty (30) days of beginning the program. (People born before 1957 may be immune from childhood exposure to the naturally occurring diseases, but this evidence has proved unreliable.) Immunity can be proved by serologic (laboratory) evidence of immunity to each disease.

Housestaff lacking immunity as described above must receive at least one dose of MMR prior to or within thirty (30) days of beginning the program; a second dose must be taken no less than one month later.

**5. Influenza:**

Housestaff should be immunized each year during the fall season with the current influenza vaccine.

**6. Varicella:**

Housestaff must prove immunity to varicella-zoster virus via serology. If the Housestaff has a negative varicella titer and has not previously had varicella vaccine, the Housestaff will be offered varicella vaccine and be required to complete a series of varicella vaccination within the first three months of patient contact. Because of potential transmission of the vaccine virus to susceptible high-risk patients, such as immunocompromised patients, newborns and pregnant women, contact with high-risk susceptible patients should be avoided if a vaccine-related rash develops within three weeks of receipt of either the first or second dose of the vaccine.

**7. Tetanus-diphtheria-pertussis:**

Prior to beginning the training program, Housestaff must complete a primary series of tetanus, diphtheria and pertussis immunizations (DPT) or provide a history of completion of this vaccination series (see *Section C: Record Keeping Requirements* below). . Housestaff must receive one dose of tetanus-diphtheria-acellular pertussis (Tdap) immunization within the previous 10 years.

**8. Polio:**

Prior to beginning the training program, Housestaff must complete a full primary series of poliovirus vaccine or provide a history of completion of this vaccination series (see *Section C: Record Keeping Requirements* below).

**B. Exemptions/Exceptions**

1. A Housestaff may be exempted from any required immunization or test if he/she has a medical contraindication for that immunization or test and if failure to receive this immunization or test does not prevent fulfillment of the requirements of the training program. Conditions comprising valid medical contraindications to vaccine administration are those set forth in the most recent Recommendations of the Immunization Practices Advisory Committee (ACIP) published periodically by the CDC (see Reference 6). Such Housestaff must present a written statement from a physician licensed to practice medicine in the United States or a foreign country stating that a specific immunization is medically contraindicated, and giving the reasons for and duration of this contraindication. These written physician's statements shall become part of the individual's immunization record and shall be reviewed annually by the Occupational Medicine Service to determine whether this exemption shall remain in effect for the next year. When a medical contraindication no longer exists, the Housestaff must then comply with the immunization requirements. The University shall provide reasonable accommodations to those Housestaff whose medical conditions contraindicate immunizations so long as the failure to be vaccinated will not prevent the individuals from fulfilling the requirements of the training program. Housestaff should be informed of the immunization and testing requirements prior to employment.
2. A Housestaff may be exempted from any required immunization or test if he/she submits a bona fide written signed statement explaining how immunization or testing conflicts with his or her religious beliefs and if failure to receive this immunization or test does not prevent fulfillment of the requirements of the training program. The individual may be required to acknowledge in writing that he or she was informed of the value of immunizations and has knowingly declined to have such immunizations for religious reasons. The University shall provide reasonable accommodations to those Housestaff whose religious beliefs bar immunizations so long as the failure to be immunized will not prevent the individuals from fulfilling the requirements of the training program. Housestaff should be informed of the immunization and testing requirements prior to employment.
3. Housestaff who are not able to complete immunizations and tests by the start of the training program may be employed on a provisional basis if temporary exemption is granted in writing by the Program Director. However, depending upon which documentation, immunization or test is lacking, these Housestaff may be excluded from certain activities such as patient contact or laboratory work. For example, Housestaff may not be permitted to have contact with patients or with blood or other potentially infectious body or laboratory fluids if they have not received at least one dose of hepatitis B vaccine or cannot provide serologic evidence of current immunity to hepatitis B or have not signed a waiver; Housestaff may not be permitted to have contact with patients unless they have received tuberculin testing and any required follow up. Provisional employment on this basis may not continue beyond six months.

**C. Record-Keeping Requirements**

1. There must be acceptable evidence of required immunizations, immune status or health status listed in Section A for each Housestaff prior to beginning the training program.
2. Acceptable documents serving as evidence of previous immunization and/or immunity may include:
  - a. An official school immunization record or copy thereof from any primary, secondary, undergraduate, graduate, health professions or other school;
  - b. A record from any public health department;

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- c. A medical record or form summarizing a medical record and prior immunizations signed by a physician licensed to practice medicine in any jurisdiction of the United States or foreign country or other licensed health professional approved by the New Jersey Department of Health;
  - d. A report of serology from a licensed laboratory.
3. Records shall be maintained of the documented histories, physical exams, immunizations, immune status and any exemptions of all Housestaff. These records shall be updated upon additional immunization, immunity testing or occurrence of a relevant infectious disease. Immunization records shall be kept for thirty (30) years following completion of the training program, termination, transfer or other departure of a Housestaff from Rutgers.

<b>Number:</b>	<b>008-004</b>
<b>Section:</b>	<b>Human Resources and Administration</b>
<b>Title:</b>	<b>Residents with Disabilities</b>

**Effective Date: 6/25/2015**

**Previous Review & Approval by GMEC: 2/21/2008**

**Responsible Office: NJMS Graduate Medical Education**

**Update: Every five years from effective date or as needed**

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**Purpose:** To establish a policy which ensures that employment and educational opportunities and the provision of services are extended to individuals with handicaps and disabilities in accordance with the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990.

**Scope:** Under the RBHS Chancellor, the Dean shall ensure compliance with this policy, and the Associate Dean for Graduate Medical Education and Residency Program Directors shall implement it.

**Definitions:**

1. **Handicapped or disabled person-** Having a physical or mental impairment that substantially limits one or more of the major life activities of such individual; having a record of such impairment; or being regarded as having such impairment. A more complete definition of terms is found in Exhibit.
1. **Housestaff/House Officer-** refers to all interns, residents and subspecialty residents (fellows) enrolled in a Rutgers New Jersey Medical School (Rutgers NJMS) graduate medical education program. A member of the Housestaff may be referred to as a house officer.
2. **Designated Institutional Official (DIO)** – refers to the individual who has the authority and responsibility for the graduate medical education programs.
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4. **Program Director** – the one physician designated to oversee and organize the activities for an educational program.
5. **Review Committee-** the Accreditation Council for Graduate Medical Education delegates authority to accredit programs/institutions to its Review Committees. The Review Committees are comprised of peer specialists in the field and resident physicians.

**Handicapped or disabled person-** (A more complete definition of terms is found in the Exhibit)- An individual:

1. having a physical or mental impairment that substantially limits one or more of the major life activities of such individual;
2. having a record of such an impairment; or
3. being regarded as having such impairment.

**Reference(s):**

1. Rutgers Policy ([policies.rutgers.edu](http://policies.rutgers.edu))
2. ACGME Institutional Requirements IV.H.4

**Policy:**

**A. Requirements:**

1. Educational and employment opportunities and the provisions of any and all public services are administered without discrimination against individuals with handicaps and disabilities in compliance with the Rehabilitation Act of 1973 as amended thereof, and the Americans with Disabilities Act (ADA) of 1990.
2. Qualified individuals with handicaps and disabilities shall be treated without discrimination because of the handicap or disability in all aspects of employment such as: hiring, advancement, demotion or transfer, recruitment, advertising, layoff or termination, rates of pay or other forms of compensation, benefits, and selection for training including apprenticeship.
3. Affirmative action steps shall be taken to employ and advance in employment individuals with handicaps and disabilities.
4. Reasonable accommodations to the known physical or mental limitations of otherwise qualified employees or job applicants with disabilities shall be made, except where such accommodations are determined to be precluded by business necessity and/or imposes an undue hardship.
5. All facilities will be reviewed to ensure they are accessible in accordance with the ADA requirements. Any barriers to accessibility shall be eliminated through readily achievable methods as defined by the ADA Act. All newly constructed facilities will be made accessible in accordance with the requirements specified in the ADA Act.
6. Employment
  - a. Physical and mental job qualification requirements shall be related to the specific job or jobs and shall be consistent with business necessity and the safe performance of the job.
  - b. No qualified individual with a disability will be denied employment because of the disability.
  - c. Job qualification requirements will be reviewed periodically to ensure they do not tend to screen out individuals with handicaps or disabilities and any physical and mental job qualifications are job related and consistent with the safe performance of the job.
  - d. Compensation to handicapped or disabled individuals will not be reduced because of disability income, pension or any other benefit due to a physical or mental disability.
7. Examinations and courses will be offered in ways and places that are accessible to persons with disabilities or alternative arrangements will be offered.
8. Periodically, all individuals shall be invited to take advantage of the Rutgers AA/EEO program for individuals with handicaps and disabilities. Such information shall be confidential except that:
  - a. Supervisors and managers may be informed regarding any accommodations and restrictions on the work or duties of handicapped individuals.
  - b. First aid and safety personnel may be informed, where appropriate.
  - c. Governmental officials investigating compliance with the ADA and Rehabilitation Acts will be provided information upon request.
9. Reasonable Accommodations

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- a. Employees, applicants and students, etc. desiring reasonable accommodations under the handicap plan shall make a request to the supervisor, Human Resources Department or Student Affairs Office, or AA/EEO Office, whichever is appropriate. All such requests will be discussed with the AA/EEO Office.
  - b. All reasonable accommodation efforts shall be documented with the AA/EEO Office. An explanation of the reasons for any reasonable accommodation requests precluded by business necessity or undue hardship shall be provided by the responsible individual to the AA/EEO Office.

10. Determination of Handicapped or Disabled Status

- a. The AA/EEO Office after consultation with the Office of Legal AA/EEO Office shall consult with appropriate agencies and review relevant material in making this determination and ensure the Management shall determine handicapped or disabled status. The determination meets the requirements of Section 503 of the Rehabilitation Act and the definition of disability as defined by the Americans with Disabilities Act of 1990.
- b. The applicant or employee may be required to provide medical documentation of the impairment and their ability to perform work or, alternatively, the University may require the applicant or employee to undergo a medical examination at University expense. These arrangements will be made by the Department in consultation with the AA/EEO Office.
- c. Any determination of handicap or disability must meet the requirement of Section 60-741.5(c) of the Rehabilitation Act and the requirements as indicated in the Americans with Disabilities Act of 1990 and must be for the purpose of affirmative action and proper job placement. Information obtained shall not be used to exclude or otherwise limit the employment opportunities of qualified handicapped or disabled individuals.

**B. Responsibilities:**

1. The AA/EEO Office is responsible for:
  - a. Providing an annual program for individuals with handicaps and disabilities;
  - b. Notifying in confidentiality, the managers and supervisors handicapped/disabled individuals, in order to coordinate the annual program; and
  - c. Determining handicapped or disabled status after consultation with the Office of General Counsel.
2. Individuals with handicaps and disabilities are responsible for:
  - a. Requesting reasonable accommodations.;
  - b. Providing medical documentation of their impairment and their ability to perform work, if necessary; and
  - c. Taking a medical examination, at the University's expense, if necessary.
3. Supervisors of handicapped and disabled individuals are responsible for:
  - a. Making and documenting reasonable accommodations and notifying the AA/EEO Office of these arrangements;
  - b. Documenting and communicating to the AA/EEO Office any reasons why accommodations could not be made;
  - c. Coordinating medical examinations, if necessary; and
  - d. Retaining records of reasonable accommodations requested, made and refused.
4. The Office of General Counsel is responsible for assisting the AA/EEO Office in determining handicapped or disabled status.

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**Essential Functions for Admission, Matriculation and Completion of Residency Programs Sponsored by Rutgers NJMS**

Housestaff who are accepted for admission, both within and outside of the National Residency Matching Program, to graduate medical education programs sponsored by Rutgers NJMS and who matriculate into these programs must be able to demonstrate skills and abilities that will enable them to complete the program's curriculum. Upon completion of the program, Rutgers NJMS grants certificates of completion which indicate that the holder of such a certificate has fulfilled the requirements for entry into practice without direct supervision. Therefore, all applicants and matriculated residents must be able to fulfill certain essential functions required to complete the program. Inherent in the granting of this certificate is the fact that residents have observational, communicational, motor, intellectual-conceptual, behavioral and social skills that enable them to practice their profession.

NJMS complies with all applicable laws concerning resident applicants with disabilities. NJMS will, if requested, provide reasonable accommodations to otherwise qualified applicants and matriculated residents with disabilities unless: (a) such accommodations impose undue hardship to the institution (including the program and its residents) or (b) direct threats of substantial harm to the health and safety of others [due to the disability] cannot be eliminated by any reasonable accommodations available, or (c) such accommodations fundamentally alter the educational program or academic standards. Technological accommodations may be available to assist individuals with a variety of disabilities and may be permitted, but ordinarily the use of human intermediaries who may substitute their power of selection and observation in place of the resident's will not be permitted.

A Housestaff applicant or matriculated resident whose behavior or performance raises questions concerning his or her ability to fulfill the essential functions may be required to obtain evaluation and/or testing by a health care provider designated by the Program Director, and to provide the results to the Employee Health Service for the purpose of determining whether the resident is fit to pursue and/or continue in the educational program. If the Housestaff is deemed fit to pursue or continue in the program, the Program Director reserves the right to require actions recommended by the health care provider, including but not limited to further testing, counseling, monitoring, leave of absence,

**1. Observation**

Housestaff must be able to acquire a defined level of information. Such information is presented via demonstrations, experiences, lectures and other teaching exercises. Gaining such information will require the candidate to be able to observe material at a distance and close-at-hand. Housestaff will be required to observe a patient accurately at a distance and close-at-hand and to interpret radiographs and other graphic images and digital or analog representations of physiological phenomenon. Observation and information acquisition will require residents to have functional visual, auditory and somatic sensations, enhanced by the functional use of other sensory modalities.

**2. Communication**

A Housestaff must be able to communicate effectively with faculty, other health care workers, other residents, and patients. The candidate must be able to directly communicate with the patient and family members to elicit a comprehensive clinical history. All candidates must be able to communicate effectively in speech and in writing.

**3. Motor**

Housestaff are required to possess motor skills sufficient to directly perform their duties as defined by each specialty/subspecialty program. Such actions require coordination of gross and fine muscular movements, equilibrium, and functional use of the senses of touch and vision.



**4. Intellectual-Conceptual Abilities**

Housestaff must possess measurement, calculation, reasoning, analysis and problem-solving ability. They must have the intellectual capability to increase their fund of information and knowledge base from textbooks, scheduled conferences, lectures, rounds, current literature and journals; and to make appropriate evaluations of clinical circumstances. Analytical problem-solving skills are critical in medicine and Housestaff must be able to perform in a timely manner, tasks utilizing such skills.

**5. Behavioral and Social Attributes**

Housestaff must possess the health required for use of their intellectual abilities, the exercise of good judgment and the prompt completion of all responsibilities attendant to the diagnosis and care of patients. They must also be able to develop mature, sensitive and effective relationships with patients. Housestaff must be able to adapt to changing environments and to learn in the face of uncertainties that are inherent in clinical problems. Compassion, integrity, ethical standards, concern for others, appropriate hygiene and appearance, interpersonal skills, interest and motivation are all personal qualities that are essential in the educational process. Housestaff will be judged during training on their acquisition of the knowledge necessary for the practice of medicine, their ability to perform the essential skills noted above, and their intellectual, physical and behavioral capacities to meet the requirements of the program.

**Procedure:**

**REQUEST FOR ACCOMMODATIONS PROCEDURE FOR ACCEPTED APPLICANTS AND RESIDENTS**

1. Accepted applicants and residents who wish to request accommodations to meet the residency program's standards must address this request in writing to the Program Director. This request must be:
  - a. Accompanied by recent (ordinarily within three years of request) documentation of the disability by a qualified healthcare provider, who is not a family member or an individual with a close personal relationship with the applicant or student;
  - b. Specific as to the nature of the disability, its current impact on the ability to perform essential functions, the accommodations being requested and any possible alternative accommodations.
2. The PD will review the request for compliance with the above criteria. If further information is needed, the accepted applicant or student will be notified to provide any missing data to the PD.
3. Once the PD has determined that the request and all supporting documentation are complete, the PD will forward the complete portfolio to the DIO, who may request an ad hoc committee of the GMEC to be formed.
4. The DIO will inform the accepted applicant/resident that the request will be processed as soon as possible, and that no permanent accommodations will be made until a final decision is rendered. Interim adjustments may be made at the discretion of the DIO, pending consideration of the request. Primary consideration will be given to patient safety.
5. The DIO and ad hoc committee will be responsible for evaluating the documentation presented to establish the presence of a disability and determine if the evaluation:
  - a. Was generated by an appropriately trained and experienced professional
  - b. Was obtained using professionally accepted and appropriate methods
  - c. Clearly establishes the presence of a disability
  - d. Provides adequate support for the accommodation being requested

6. If the DIO and ad hoc committee determines that the above criteria are met, they shall then evaluate the requested accommodation to determine if:
  - a. The accommodation will substantially alter the intended nature, purpose, or academic standard of the educational program
  - b. The accommodation will cause a direct threat to the health or safety of him/herself or others
  - c. The accommodation will create a significant undue hardship on the institution
7. If the DIO and ad hoc committee determine that any of the standards in Section 6 apply, they shall consider whether alternate appropriate accommodations are available. This determination shall be made in consultation with the applicant or student and his or her health care provider(s), and may include consultation with the Rutgers Office of AA/EEO and the Rutgers Office of General Counsel.
8. The DIO and ad hoc committee may require additional information to render a final decision. This may include a request that an accepted Housestaff be evaluated by a specific evaluator chosen by the Committee. The cost of an additional evaluation requested by the TAC shall be borne by the department of the requesting Housestaff.
9. If accommodations are granted to an accepted Housestaff, the DIO shall notify the Housestaff and PD in writing regarding the implementation of the accommodations. The PD shall notify Site Directors of all training sites and supervising faculty of the accommodations.

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**EXHIBIT**

Definition of Terms

*Nota Bene:* Interpretation of these definitions is subject to changing case law and regulations. When questions arise, contact the Office of General Counsel or the Office of Affirmative Action/EEO for the most recent interpretation.

**“Auxiliary aids and services”** - include (1) qualified interpreters or other effective methods of making aurally delivered materials available to individuals with hearing impairments; (2) qualified readers, taped texts or other effective methods of making visually delivered materials available to individuals with visual impairments; (3) acquisition or modification of equipment or devices; and (4) other similar services and actions.

**“Direct threat”** - a significant risk to the health or safety of **self or** others that cannot be eliminated by modifications of policies, practices or procedures, or by the provision of auxiliary aids or services (reasonable accommodations) that would allow the performance of essential functions.

**“Disability”** - An individual is disabled if he or she (1) has a physical or mental impairment that substantially limits one or more of the individual’s major life activities; or (2) has a record of such an impairment; or (3) is regarded as having such an impairment. The current illegal use of drugs is not a “disability” under the ADA. (“Illegal use of drugs” means (1) the use of drugs, the possession or distribution of which is unlawful under the Controlled Substances Act - 21U.S.C.812, or (2) the illegal use of prescription drugs.)

**“Essential functions”** of the curriculum - academic and non-academic requirements essential for the successful completion of all stages of the curriculum, including physical, cognitive and behavioral (technical) standards.

**“Major life activities”** - include, but are not limited to, caring for oneself, performing manual tasks, walking, sitting, lifting, seeing, hearing, speaking, breathing, working, reading, and learning.

**(Otherwise) “Qualified individual with a disability”** - one who satisfies the requisite skills, experience, education, and other related requirements of the educational program and can perform the essential functions of the educational program with or without reasonable accommodation and does not pose a direct threat of significant harm to the health or safety of others which cannot be eliminated by reasonable accommodation.

**“Physical or mental impairment”** - any physiologic disorder or condition, cosmetic disfigurement or anatomic loss affecting one or more of the following body systems: neurologic, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin and endocrine; any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The existence of an impairment must be determined without regard to corrective or mitigating measures such as medicines, “auxiliary aids and services” or prosthetic devices.

**“Substantially limits (one or more major life activities)”** - renders the individual unable to perform or significantly restricts the condition, manner or duration under which he or she can perform a major life activity in comparison to most people.

**“Reasonable accommodation”** - modifications or adjustments to the educational program, process or environment, including use of auxiliary aids and services, to enable a qualified individual with a disability to have an educational opportunity equal to that of students or applicants without disabilities.

**“Record of impairment”** - a history of or having been misclassified or misdiagnosed as having a physical or mental impairment that substantially limits one or more major life activities, regardless of whether the individual currently has such an impairment.

**“Regarded as having such an impairment”** - includes individuals who have physical or mental impairments that do not substantially limit major life activities but who are treated as if they had such limitations; includes individuals who have physical or mental impairments that substantially limit major life activities only as a result of the attitudes of others toward the impairment; includes individuals with no physical or mental impairment but who are treated as having such impairments.

**“Undue hardship”** - an accommodation requiring significant difficulty or expense, i.e., that is excessively costly (in relation to the total available institutional resources), extensive, substantial or disruptive, or that would fundamentally alter the nature of the educational program or its essential functions or lower academic standards.

<b>Number:</b>	<b>008-005</b>
<b>Section:</b>	<b>Human Resources and Administration</b>
<b>Title:</b>	<b>Appropriate Treatment of Housestaff</b>

**Effective Date:** 2/12/15

**Previous Review & Approval by GMEC:**

**Responsible Office:** Rutgers NJMS Graduate Medical Education

**Update:** Every five years from effective date or as needed

**Purpose:** The academic environment, particularly in medical education, requires civility from all participants, regardless of role or level, and a particular respect for the values of professionalism, ethics, and humanism in the practice of medicine.

The relationship between teacher and learner is based on mutual respect and trust. Faculty must respect the housestaff's level of knowledge and skills, which residents have the responsibility to represent honestly to faculty. Faculty are obligated to evaluate the housestaff's work fairly and honestly, without discrimination based on gender, ethnicity, national origin, sexual orientation, religious beliefs, disability or veteran status. Faculty have a duty not only to promote growth of the intellect but at the same time to model the qualities of candor, compassion, perseverance, diligence, humility, and respect for all human beings.

**Scope:** This policy applies to all Housestaff as "learners;" however, references to "teachers" or "faculty" shall also include residents and fellows in their teaching and supervisory role with regard to students and more junior residents.

**Definitions:**

6. **Housestaff/House Officer-** refers to all interns, residents and subspecialty residents (fellows) enrolled in a Rutgers New Jersey Medical School (Rutgers NJMS) graduate medical education program. A member of the housestaff may be referred to as a house officer.
7. **Designated Institutional Official (DIO)** – refers to the individual who has the authority and responsibility for the graduate medical education programs.
8. **Program** – refers to the structured medical education experience in graduate medical education which conforms to the Program Requirements of a particular specialty, the satisfactory completion of which may result in eligibility for board certification.
9. **Program Director** – the one physician designated to oversee and organize the activities for an educational program.
10. **Review Committee-** the Accreditation Council for Graduate Medical Education delegates authority to accredit programs/institutions to its Review Committees. The Review Committees are comprised of peer specialists in the field and resident physicians.

**References:**

ACGME-Institution Requirements IV.H.3

**Policy**

- I. Faculty/teachers are prohibited from engaging in behaviors that are gauged as inappropriate and unprofessional. Examples of such behaviors are as follows:
  - Physical or sexual harassment or abuse
  - Discrimination or harassment based on race, gender, age, ethnicity, national origin, religion, sexual orientation, veteran status or disability
  - Speaking in disparaging ways about an individual including humor that demeans an individual or a group
  - Requesting or requiring students to engage in illegal or inappropriate activities or unethical practices
  - Loss of personal civility, such as shouting, displays of temper, publicly or privately abusing, belittling, or

humiliating a housestaff

- Use of grading or other forms of evaluation in a punitive or retaliatory manner

II. Housestaff are also expected to maintain the same high standards of conduct in their relationships with faculty, residents, support staff, and fellow students.

III. Procedure for reporting and investigating

- A. Rutgers NJMS must have a system in place in that housestaff may report harassing, malevolent or unprofessional behaviors anonymously and without fear of retaliation.
- B. The Program Director and the Department Chair must be informed of all such instances as listed above.
- C. In the event that the housestaff feels that he or she is not comfortable addressing unprofessional or malevolent behavior with the department Chair or the PD, then he or she may report any issues to the DIO or the Assistant Dean of GME.
- D. Faculty who are reported as engaging in inappropriate behaviors must be made aware of such complaints by means of both verbal communication and written documentation.
- E. The plan of action for such faculty will be left to the discretion of the Department Chair in accordance with all Rutgers NJMS and University Hospital bylaws.
- F. The above reporting and investigating procedure also applies to any housestaff who feels that he or she has been the recipient of inappropriate and/or unprofessional behavior by a fellow or housestaff who is in a "teacher" or supervisory role.

IV. Education

In order to make sure that faculty, residents, fellows, and students are aware of the Policy on Appropriate Treatment of Housestaff, several mechanisms for dissemination will be used:

- A. The Policy for Appropriate Treatment of Housestaff will be provided (either via paper copy or electronic access) to current housestaff and fellows and new house staff during orientation.
- B. The Policy for Appropriate Treatment of Housestaff will be provided (either via paper copy or electronic access) to faculty and distributed at faculty orientations. Department Chairs and Program Directors will be responsible for ensuring that the policy is discussed at departmental/division meetings.
- C. Each Program Director will be responsible for providing a paper or electronic copy of the Policy to their respective teaching faculty and to all students at the start of each course, clerkship or rotation.

<b>Number:</b>	<b>008-006</b>
<b>Section:</b>	<b>Human Resources and Administration</b>
<b>Title:</b>	<b>Dress Code</b>

**Effective Date: 10/20/2016**

**Previous Review & Approval by GMEC:**

**Responsible Office: NJMS Graduate Medical Education**

**Update: Every five years from effective date or as needed**

**Purpose:** Healthcare professionals need to develop habits of conduct that are perceived by patients as signs of trustworthiness. Every physician should exhibit sensitivity, compassion, integrity and professionalism. Habits displaying these traits cannot be developed overnight but must be nurtured over a long time. Therefore, the following principles of conduct are suggested for medical students/residents/faculty activities through the Rutgers New Jersey Medical School.

**Scope:** This policy applies to all Housestaff as “learners;” however, references to “teachers” or “faculty” shall also include residents and fellows in their teaching and supervisory role with regard to students and more junior residents.

**Definitions:**

11. **Housestaff/House Officer-** refers to all interns, residents and subspecialty residents (fellows) enrolled in a Rutgers New Jersey Medical School (Rutgers NJMS) graduate medical education program. A member of the housestaff may be referred to as a house officer.
12. **Designated Institutional Official (DIO)** – refers to the individual who has the authority and responsibility for the graduate medical education programs.
13. **Program** – refers to the structured medical education experience in graduate medical education which conforms to the Program Requirements of a particular specialty, the satisfactory completion of which may result in eligibility for board certification.
14. **Program Director** – the one physician designated to oversee and organize the activities for an educational program.
15. **Review Committee-** the Accreditation Council for Graduate Medical Education delegates authority to accredit programs/institutions to its Review Committees. The Review Committees are comprised of peer specialists in the field and resident physicians.

**Policy:**

1. Housestaff will maintain a dress code that maintains certain professional ideals. Personal appearance, which includes hygiene, grooming and choices regarding jewelry and clothing, is a reflection of attitude towards oneself and the people one is likely to encounter. In addition to the students, faculty administrators and support staff, there are important visitors to the school on a daily basis whose impressions of the school will be formed, in part, by the appearance of those who represent the institution.
2. There is a reasonable consensus on the general guidelines for behavior regarding appearance. We generally agree that housestaff should: be clean, minimize body odor, avoid being sexually provocative, and avoid the use of appearance as a way of attracting undue attention to oneself.  
Examples of unacceptable dress include: clothing with emblems, slogans and symbols related to illicit substances, alcohol, tobacco products, obscene language or sexual connotations; micro-minis (more than three inches above the knee); crop tops, spaghetti strap tops or back-less tank tops; bare feet; and cutoff shorts.
3. Medicine, as a caring profession, would be expected to foster an attitude of concern for the well-being of individual members of the group and for the reputation of the group as a whole. When a person belonging to the

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institution displays behavior, including appearance, unbecoming of the profession of medicine, it would be incumbent on the other members of the institution to guide, counsel and/or assist the person demonstrating such behavior. Housestaff will be expected to respond appropriately to constructive criticism. An individual with concerns about the appearance of another may consider utilizing a third party (e.g. chief resident, program director, ombudsperson, faculty member or Office of Graduate Medical Education) to express concern.

4. The teaching hospitals each have their own rules regarding appearance and dress requirements. Housestaff will abide by the rules of both the school and individual hospitals. Hospital specific dress code policies are available from human resources at each hospital.



<b>Number:</b>	<b>008-007</b>
<b>Section:</b>	<b>Human Resources and Administration</b>
<b>Title:</b>	<b>Respirator Fit Testing</b>

**Effective Date: 10/20/2016**

**Previous Review & Approval by GMEC:**

**Responsible Office: NJMS Graduate Medical Education**

**Update: Every five years from effective date or as needed**

**Purpose:** Healthcare professionals may be required to wear respiratory protection in order to care for patients requiring respiratory isolation. Respirators provide necessary protection for healthcare providers from airborne hazards such as infection and contamination. Protection from respiratory hazards through the proper use of respirators is required and is based on Occupational Safety and Health Administration (OSHA) recommendations.

**Scope:** This policy applies to all Housestaff as “learners;” however, references to “teachers” or “faculty” shall also include residents and fellows in their teaching and supervisory role with regard to students and more junior residents.

**Definitions:**

1. **Housestaff/House Officer-** refers to all interns, residents and subspecialty residents (fellows) enrolled in a Rutgers New Jersey Medical School (Rutgers NJMS) graduate medical education program. A member of the housestaff may be referred to as a house officer.
2. **Designated Institutional Official (DIO)** – refers to the individual who has the authority and responsibility for the graduate medical education programs.
3. **Program** – refers to the structured medical education experience in graduate medical education which conforms to the Program Requirements of a particular specialty, the satisfactory completion of which may result in eligibility for board certification.
4. **Program Director** – the one physician designated to oversee and organize the activities for an educational program.
5. **Review Committee-** the Accreditation Council for Graduate Medical Education delegates authority to accredit programs/institutions to its Review Committees. The Review Committees are comprised of peer specialists in the field and resident physicians.

**References:**

[https://www.osha.gov/dts/osta/otm/otm\\_viii/otm\\_viii\\_2.html](https://www.osha.gov/dts/osta/otm/otm_viii/otm_viii_2.html)

<https://www.osha.gov/Publications/OSHA3767.pdf>

**Policy:**

1. All Housestaff are responsible for meeting the requirements for Respirator Fit Testing on an annual basis.
2. Opportunities for Respirator Fit testing will be provided by each Residency Program and Rutgers New Jersey Medical School.
3. Fit testing guidelines are based on Occupational Safety and Health Administration guidelines (see reference) and include provisions for N-95 Respirator and Powered Air Purifier Respirators. Reasonable accommodations for religious, medical, or other exceptions will be considered.
4. Housestaff who do not pass Respirator Fit testing and are not excused for religious, medical, or other reasons will be required to use a Powered Air Purifier Respirator (PAPR) hood during care of patients in respiratory isolation.

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For housestaff who have not been excused from fit testing, the cost of the PAPR will be responsibility of the housestaff. For example, a resident who was appropriately fitted with a N-95 respirator while clean shaven and then grows a beard for cosmetic reasons and is no longer able to properly wear the N-95 respirator would be responsible for the cost of the PAPR. A resident, who has a religious requirement for facial hair and was excused from N-95 fitting and instead instructed in the use of the PAPR hood, would not be responsible for the cost of the PAPR when caring for a patient in respiratory isolation.

5. Housestaff will be required to comply with affiliate teaching hospital regulations regarding respiratory isolation and respiratory protection guidelines.

<b>Number:</b>	<b>008-008</b>
<b>Section:</b>	<b>Human Resources and Administration</b>
<b>Title:</b>	<b>Social Media</b>

**Effective Date: 10/20/2016**

**Previous Review & Approval by GMEC:**

**Responsible Office: NJMS Graduate Medical Education**

**Update: Every five years from effective date or as needed**

**Purpose:** Social media is defined as an electronic-based tool that allows people to interact in virtual communities or networks and exchange information (such as photographs, ideas and opinions) by means of public creation, sharing or exchange. Examples of social media are blogs, Facebook, Instagram, Snapchat and Twitter. When utilizing social media it is important for Housestaff to remember that the basic principles and policies that apply to your professional life *also* hold true in online forums. This policy serves to offer examples of how existing Rutgers NJMS policies play out in realm of modern communication platforms.

**Scope:** This policy applies to all Housestaff rotating at all affiliated Rutgers NJMS facilities.

**Definitions:**

1. Housestaff/House Officer- refers to all interns, residents and subspecialty residents (fellows) enrolled in a Rutgers New Jersey Medical School (Rutgers NJMS) graduate medical education program. A member of the housestaff may be referred to as a house officer.
2. Designated Institutional Official (DIO) – refers to the individual who has the authority and responsibility for the graduate medical education programs.
3. Program – refers to the structured medical education experience in graduate medical education, which conforms to the Program Requirements of a particular specialty, the satisfactory completion of which may result in eligibility for board certification.
4. Program Director – the one physician designated to oversee and organize the activities for an educational program.
5. Review Committee- the Accreditation Council for Graduate Medical Education delegates authority to accredit programs/institutions to its Review Committees. The Review Committees are comprised of peer specialists in the field and resident physicians.

**Policy:**

1. Housestaff will limit personal use of social networking sites to non-work time. Personal use of social networking should not interfere with your work or the mission of Rutgers NJMS.
2. Housestaff will limit personal use to be consistent with Rutgers NJMS policy with respect to interacting with co-workers (e.g., comments/communications should not be harassing or threatening in nature), as misuse could lead to discipline.
3. Housestaff will not share confidential or proprietary information about the Rutgers NJMS or its affiliates.
4. Housestaff will never disclose Protected Health Information without official, signed consent from the patient or research subject in keeping with HIPAA regulations. Even a casual reference, such as the fact that you were a patient's caregiver, is a HIPAA violation since it acknowledges that an individual was or is hospitalized. These rules apply even if the patient was specially profiled on (or if the patient directly posted a comment on) a Rutgers blog or Facebook site. Also in compliance with HIPAA privacy law, Housestaff will never post or publish photos

relating to patients or their care. Housestaff should in general err on the side of caution and refrain from even vague references to patient care duties.

5. Housestaff will use a personal e-mail address (not your "[rutgers.edu](http://rutgers.edu)" address) as the primary means of registering for entry into social media platforms.
6. Housestaff should differentiate between their personal views and those of Rutgers NJMS. In some instances, the personal opinion of the Housestaff (who directly or indirectly identifies themselves as a member of the Rutgers NJMS community) could be misconstrued as an official Rutgers NJMS stance. In those circumstances, we strongly urge you to use this disclaimer: "The views expressed on this [blog; website] are my own and do not reflect the views of my employer.") We suggest including this language in an "About me" section of your online profile. If discussing Rutgers NJMS or Rutgers NJMS related matters over the Internet, we encourage you to specify your connection to Rutgers NJMS, use good judgment, and strive for accuracy in your communications. Again, it is important to distinguish between your personal views and an official Rutgers NJMS position.
7. Housestaff will exercise good judgment and take personal and professional responsibility for online behavior. Housestaff will not publish or post false information about Rutgers NJMS, its employees, its patients or its affiliates.
8. Housestaff will be courteous and professional when interfacing with Rutgers NJMS' corporate social media platforms such as our official Facebook sites, Twitter feed, You Tube channels, etc.