**GRADUATE MEDICAL EDUCATION POLICY**

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Effective Date: 3/15/2012  
Previous Review & Approval by GMEC: 5/24/2007  
Responsible Office: NJMS Graduate Medical Education  
Update: Every five years from effective date or as needed

**Purpose:** To establish an institutional policy regarding the utilization of autopsies as a Graduate Medical Education training tool.

**Scope:** The benefits apply to all housestaff.

**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):**

**Policy:**  
Autopsies are an essential part of a resident’s education. All deaths must be reviewed and autopsies performed whenever possible. Housestaff must work with attendings to secure permission for autopsy on all patients who expire on the teaching service. Residents should be present at autopsies on their patients or review the gross pathological specimens taken at the time of the autopsy, and should review the autopsy reports. Formal teaching sessions with reviews of autopsy, biopsy, and/or surgical pathology cases should be regularly scheduled.

**A. Consent for Autopsy**  
It is the responsibility of the attending physician to obtain consent for autopsy. The request for consent must be documented in the medical record. A note must be entered in the medical record if circumstances exist which, in the judgment of the attending physician, prohibit requesting a consent for autopsy.

**B. Protocol for Autopsy Request**  
When a patient dies, a house officer should determine if the Medical Examiner’s Office must be notified (guidelines for notifying the Medical Examiners Office are outlined in University Hospital's policy manual and in the University Hospital Housestaff Manual). If the medical examiner declines the case, housestaff shall offer the family an autopsy. When a patient is pronounced dead, it is the responsibility of the house officer to inform the patient’s family about an autopsy examination on the deceased. This should not be perceived as an emotionally charged issue. If consent for a full autopsy cannot be obtained, the resident should seek permission for a limited autopsy.

**C. Communication with the Family**  
The following points of information should/must be communicated to the family:
1. The person taking responsibility for the body, usually the next of kin, may give permission for the autopsy.
2. There is no charge to the family for the autopsy service.
3. The autopsy may confirm the clinical diagnosis or uncover additional contributory causes for the patient's death.
4. The autopsy contributes toward improved patient care, research and physician education.
5. A packet of forms is available in the units. Assistance with previous or pending autopsies, e.g., facilitating the process or arranging a gross review, can be directed to the Autopsy Service Director.

<table>
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<th>GMEC Chair: Neil Kothari, MD</th>
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<td>Designated Institutional Official: Stephen R. Baker, MD</td>
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GRADUATE MEDICAL EDUCATION
POLICY

Number: 0010-002
Section: Patient Care Services
Title: Basic Life Support, Advanced Cardiovascular Life Support, Neonatal Resuscitation (Advanced Life Support) Program and Pediatric Life Support Training

Effective Date: 3/15/2012
Previous Review & Approval by GMEC: 5/24/2007
Responsible Office: NJMS Graduate Medical Education
Update: Every five years from effective date or as needed

Purpose: To ensure that appropriate interventions are maintained in the event of cardiopulmonary arrest.

Scope: The benefits apply to all housestaff.

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):
2. American Academy of Pediatrics
5. University Hospital-American Heart Association Certification Requirements

Policy:

A. Responsibilities:
GME Program Directors and the DIO are responsible to ensure compliance with this policy. GME Program Directors are responsible to facilitate time off for the housestaff to attend BLS/CPR training and to monitor compliance to training requirements.

The Community Training Center (CTC) is responsible to ensure that sufficient courses are scheduled which comply with American Heart Association guidelines and to communicate these guidelines to the Graduate Medical Education Program Directors and all housestaff.

The individual housestaff members have the responsibility to maintain current CPR course completion cards and to initiate cardio-pulmonary resuscitation when indicated.

The Program Director is responsible for maintaining a current list of housestaff home addresses and American Heart Association certification expiration dates.
B. Policy:

1. All housestaff who have direct patient contact are required to be trained in cardiopulmonary resuscitation (Basic Life Support, and/or Advanced Cardiovascular Life Support and/or Pediatric Advanced Life Support, and/or Neonatal Advance Life Support, as determined by specialty specific requirements).

2. Employees who fail to attend their scheduled BLS/CPR class and who fail to cancel 48 hours prior to the class will be charged a $25.00 administrative fee upon rescheduling. Housestaff who fail to show for their ACLS NALS & PALS classes will be charged a $75.00 administrative fee upon rescheduling.

3. Any person completing the course and receiving a course completion card is qualified to carry out the procedure of CPR.

4. A record of each housestaff who attended the CTC training program at Rutgers will have their attendance and certification status maintained in the CTC, housestaff electronic database, and on each housestaff GME record.

5. Housestaff who obtain American Heart Association certification outside Rutgers are responsible for submitting a copy of the card to the CTC and GME office.

6. Biannual recertification is mandatory. Housestaff with expired cards will not be allowed to work in clinical work areas.

C. Procedure:

1. The CTC will forward to the GME Office a list of housestaff successfully completing American Heart Association certification (BLS, ACLS, NALS, PALS) at Rutgers one (1) week after the course.

   The GME Office will forward to the program director the names of the housestaff who successfully completing AHA certification outside Rutgers within one (1) week of receipt of the copy of the card.

2. The GME Office will enter data into the electronic housestaff database.

3. The CTC will generate a monthly list of employees whose American Heart Association certification is expiring within the next three (3) months and submit the list to the GME Office.

4. The Program Directors will schedule these housestaff for the appropriate course(s) by contacting the CTC.

5. The CTC will notify employees that they are registered for the class, the cancellation policy and availability of course manuals.

| GMEC Chair: Neil Kothari, MD |
| Designated Institutional Official: Stephen R. Baker, MD |