



RESIDENT & FELLOW
Virtual Interview Agreement and Acknowledgement of Receipt

Temple Health – Chestnut Hill Hospital in compliance with institutional, state, and national recommendations has adapted a virtual interview process for all prospective trainees during the 2025-2026 recruitment season. Temple Health wishes to promote a trusted and confidential interview by guaranteeing the following:

- Temple Health – Chestnut Hill Hospital will not record and /or distribute any portion of the interview conducted by telephone or any virtual platform including but not limited to Zoom, WebEx, Skype, etc.
- Temple Health – Chestnut Hill Hospital will not take screenshots, still photos, audio or visual recordings regardless of whether the state in which our institution is located requires only one-party consent.

Temple Health – Chestnut Hill Hospital requires that all applicants adhere to the established confidential virtual interview procedures and thoroughly review the documentation supplied during the recruitment process.

1. Candidate will not record and /or distribute any portion of the interview conducted by telephone or on any virtual platform including but not limited to Zoom, WebEx, Skype, etc.
2. Candidate will not take screenshots, still photos, audio or visual recordings regardless of whether the state in which the applicant is located requires only one-party consent
3. Temple Health – Chestnut Hill Hospital Resident Benefits Synopsis
4. House Staff Agreement Sample
5. Leave of Absence Policy (TUH-GMEC-205)
6. Position Description Policy (TUH-GMEC-509)
7. Terms and Conditions of Residency Appointment Policy (TUH-GMEC-303)
8. Employee Health Pre-Employment (TUH-OHS-610-2031700.17)
9. Drug and Alcohol Free Workplace (TUHS-HR-950.553)
10. Medical Licensing Examination Requirements Policy (TUH-GMEC-306)
11. Resident Evaluation and Promotion (TUH-GMEC-201)
12. Due Process Appeal Procedure (TUH-GMEC-202)
13. Workplace Harassment & Violence (TUH-GMEC-206)
14. Social Media Policy (TUHS-HR-950.573)
15. House Staff Administrative Suspension for Non-Compliance Policy (TUH-GMEC-402)
16. Nepotism and Personal Relationships Policy (TUHS-HR-950.584)

By signing this document, you are expressly acknowledging and consenting to the outlined virtual interview terms. Additionally, you are confirming receipt of the following documents, which you will review accordingly.

Print Name

Signature

Interviewing Department

Interview Date

Department/Service/Program

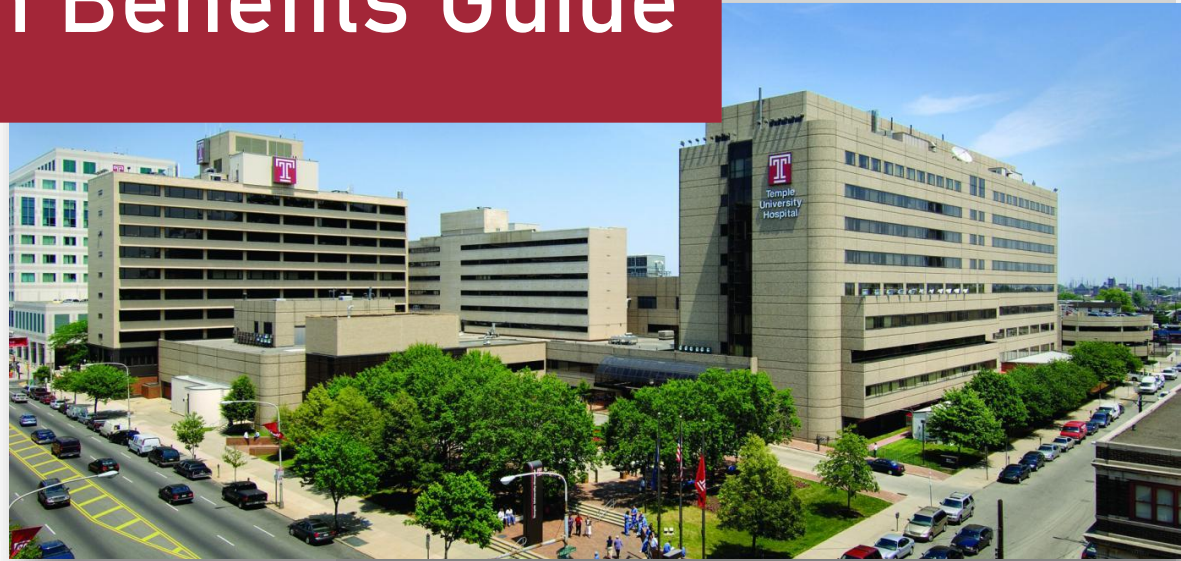
Address Line 1, Address Line 2, Cit, State, Zip

T: 555-555-5555 T: 555-555-5555 F: 555-555-5555

800-TEMPLE-MED TempleHealth.org

2025

Temple Health Benefits Guide



For Residents and Fellows of Temple
Health

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We are proud to offer one of the most competitive benefits packages in the area that will meet you and your family's needs.

This Benefits Guide will help familiarize you with TUHS Benefits Plan. Carefully consider each benefit option, its cost and value to your particular needs.

Eligibility

Benefits for Residents/Fellows are effective on your first day of employment.

Who is Eligible?

Employees scheduled at least 20 hours per week and their:

- Legally Married Spouse
- Children under 26 (through birth, adoption or legal custody)
- Disabled Child through birth, adoption or legal custody, any age (application process required)



Full-time benefits eligible employment is 35+ hours per week. Part-time benefits eligible employment is 20-34 hours per week.

When to Enroll?

- New Hire Orientation
- Life Event – marriage, birth, divorce, etc.
- Annual Benefits Open Enrollment in late November effective January 1st

If you experience a qualifying life event during the plan year, you have 30 days from the date of the event to submit any changes to your benefit elections and provide any required verification documents.

Temple Health employees who choose to enroll dependents in coverage will need to provide required documents:

- For Spouses – Government issued Marriage Certificate and Secondary Proof of Relationship (only required if married longer than one year) such as tax return, mortgage coupon, etc.
- For Children under age 26 – Birth Certificate, Court Order or Adoption paperwork

Please provide your required documents and a Proof of Relationship form to verify dependent eligibility by:

1. Upload in Employee Self Service or the [HR ServiceCenter](#)
2. Fax to the Benefit Department at 215-707-6807

How to Enroll

All new hire benefit elections are made through the Employee Self Service Portal. **Benefits Enrollment must be completed within 7 days of your start date.**

1. Log on to the Employee Self Service Portal at <https://hr.templehealth.org/>
2. On the Home Page, navigate to the Benefit Details tile then select Benefit Enrollment.
3. After you have made your Benefit elections, click on the Submit Enrollment button above the Enrollment Summary section, your elections will be sent to the TUHS Benefits Department for processing.

If you have questions about your benefits enrollment process, please contact the **Benefits Team at 215-707-2500, option 2, prompt 4.** You can also contact Accolade at 888-659-8302.

Accolade Health Assistants

Choosing the right benefits for you and your family is a personal matter, but you do not have to go at it alone. Please do not hesitate to reach out to Accolade to help you with this enrollment process. The first time you call, you will be assigned to a personal health assistant who will get to know you and guide you around the financial and emotional barriers that can sometimes get in the way of care decisions.

Your personal Accolade Health Assistant becomes your single point of contact for all your health, medical and prescription questions – at no cost to you! From guiding you through your medical plan enrollment options now, to helping you find the right provider to fit your busy schedule, and even helping you make sense of claims and billing issues.



Contact Accolade at 1-888-659-8302, Monday – Friday 8am – 8pm EST.

Medical

The TUHS Medical Plan offers three coverage options:

- Temple Care
- Advantage
- High Option



No physician referrals are necessary with any of the three options, all of which are Personal Choice PPO's through Independence Blue Cross (IBC). Coverage is available in two levels: Single or Family

Payroll deductions and out-of-pocket expenses at the point of service (deductibles and copays) vary, depending on the plan you select and if you receive services from providers in the Temple network, Personal Choice network, or out-of network.



Think Temple Health

Most non-emergency care from Temple facilities and most Temple Physicians are covered without deductibles or co-pays under all of our plans.

Hospitals	Multispecialty Centers	Urgent Care
Temple University Hospital	Fox Chase – Buckingham	Temple ReadyCare – Cottman Avenue
Fox Chase Cancer Center	Fox Chase – East Norriton	Temple ReadyCare – Port Richmond
TUH – Jeanes Campus	Temple Health Center City	Temple ReadyCare – Roosevelt Blvd.
TUH – Episcopal Campus	Temple Health Elkins Park	
TUH – Chestnut Hill Hospital	Temple Health Fort Washington	
	Temple Health Oaks	
	TUH – Northeastern Campus	

Temple Health Employee Scheduling Assistance

Employees can contact Temple Family at 215-707-5300 or email TempleFamily@tuhs.temple.edu, to make an appointment.

To find a Temple doctor/location, and learn more about your TUHS medical plan options, contact Accolade Health Assistants at 888-659-8302, for help finding a Temple provider.

For a list of all Temple Health Community Offices, click [here](#).

****The Children's Hospital of Philadelphia, St. Christopher's Hospital and Holy Redeemer are considered in-network for inpatient stays and outpatient procedures.***

2025 *BI-WEEKLY* Medical Coverage Rates (including Prescription Drug Coverage)



RESIDENT/FELLOW GROUP RATES	TempleCare	Advantage	High Option
Single	\$0	\$40.94	\$71.60
Family	\$0	\$108.00	\$190.58

Note: Rates shown are calculated based on all pay cycles for the year on a pre-tax basis. Rates may vary depending on the 2025 payroll calendar for your location.

2025 Medical Benefit Plan Highlights

TEMPLE CARE OPTION	Temple Network	Personal Choice Network	Out-of-Network
Annual deductible per person/family	None	\$500/\$1,500	\$1,000/\$3,000
Primary care physician	\$5 copay	\$20 copay	60% after deductible
Specialist	\$5 copay	\$20 copay	60% after deductible
Inpatient hospital	Plan pays 100% up to 365 days	\$2,000 copay & 80% after deductible	Plan pays 60% after deductible
Coinsurance maximum per person/family	None	\$3,000/\$9,000	\$4,000/\$12,000
Total Out-of-Pocket maximum* per person/family	\$1,000/\$3,000	\$4,200/\$10,700	No limit
ADVANTAGE OPTION	Temple Network	Personal Choice Network	Out-of-Network
Annual deductible per person/family	None	\$250/\$750	\$500/\$1,500
Primary care physician	\$15 copay	\$20 copay	70% after deductible
Specialist	\$15 copay	\$20 copay	70% after deductible
Inpatient hospital	Plan pays 100% up to 365 days	\$250 copay & 90% after deductible	Plan pays 70% after deductible
Coinsurance maximum per person/family	None	\$2,000/\$6,000	\$3,000/\$9,000
Total Out-of-Pocket maximum* per person/family	\$1,000/\$3,000	\$3,750/\$10,700	No limit
HIGH OPTION	Personal Choice Network includes Temple Network providers		Out-of-Network
Annual deductible per person/family	None		\$500/\$1,500
Primary care physician	\$10 copay		80% after deductible
Specialist	\$10 copay		80% after deductible
Inpatient hospital	Plan pays 100% up to 365 days		Plan pays 80% after deductible
Coinsurance maximum per person/family	None		\$1,000/\$3,000
Total Out-of-Pocket maximum* per person/family	\$1,000/\$3,000		No limit

Prescription

Temple Health's prescription (Rx) benefits are through **CVS Health** and are included when you enroll in a medical plan.

You can fill your prescriptions at any CVS pharmacy, through the CVS mail order program or a Temple Health Pharmacy. Medications that are used daily (often called maintenance medications like those used to treat high-blood pressure or depression), must be a 3-month supply and can only be filled at a CVS pharmacy, through the CVS mail order program or a Temple Health Pharmacy.

You can use any pharmacy that accepts CVS Health insurance for one-time medications such as an antibiotic or flu-medication.

Prescription Costs	
Generic	15% of the cost of the drug
Performance Brand Name	20% of the cost of the drug
Non-performance Brand Name	35% of the cost
Annual out-of-pocket maximum	Single: \$1,000
	Family: \$2,500

Retail Prescription Transfers: Fill your existing prescriptions at CVS Pharmacy

Start filling medications you take regularly (such as asthma or high blood pressure medications) in 90-day supplies at CVS Pharmacy or CVS Caremark Mail Service Pharmacy. If you fill 30-day supplies at another pharmacy, they will not be covered and you will pay the entire cost.

For assistance transferring your prescriptions, or in case of any questions, visit [Caremark.com](https://www.caremark.com) or call the Customer Care number on your Member ID card.

To learn more about our prescription benefit, including the mail order program, maintenance medications, filling your prescriptions at CVS pharmacy and more, view the Hub or connect with an Accolade Health Assistant at 888-659-8302.

Dental

You have access to a full range of dental coverage through a large network of providers. You have the option to receive care from any dentist inside or outside the network. If you see a dentist outside of MetLife's network, you will be billed for the difference between the provider's charge and the amount covered by the plan. To find out if your dentist participates, download the **MetLife Mobile App** or visit [metlife.com/mybenefits](https://www.metlife.com/mybenefits).



2025 Dental Coverage Rates and Plan Highlights:

RESIDENT/POST-DOC GROUP RATES	Bi-weekly Rates
Single	\$0
Family	\$0

DENTAL PLAN HIGHLIGHTS	Deductibles/Coinsurance	Lifetime Limits
Class I Services (Preventive)	100%, no deductible	\$1,000 annual limit per person
Class II Service (Basic)	100%, no deductible	
Class III Services (Major)	Not Covered	Not Covered
Orthodontia (any participant)	Not Covered	Not Covered

Note: Rates shown are calculated based on all pay cycles for the year on a pre-tax basis. Rates may vary depending on the 2025 payroll calendar for your location.

Vision

Vision benefits are provided by Temple Department of Ophthalmology and The Eye Institute, Pennsylvania College of Optometry at Salus University, and are administered *separately* from medical coverage. Your coverage includes a routine eye exam every two years and if you need corrective lenses, you can choose between selected lenses and frames or a contact lens credit. This benefit only applies to services at Temple Ophthalmology and The Eye Institute (Salus University).

Contacts:

Please call to schedule an appointment, **no ID cards are needed.**

TU Ophthalmology Department: 215-707-5300

College of Optometry: 215-276-6111

2025 Vision Coverage Rates:

RESIDENT/POST-DOC GROUP RATES	Bi-weekly Rates
Single	\$0
Family	\$0

Supplemental Vision Insurance

Supplemental Vision insurance (through [Corestream](#)) is also available for purchase. See page 13 for more information.

Life and AD&D + Disability

Life and AD&D

Reliance Standard Life Insurance Company

Temple Health offers three Life Insurance Programs to benefits eligible employees: Basic Life, Accidental Death & Dismemberment (AD&D), and Supplemental Life.

All of the plans are portable, which means if you leave Temple Health or transfer to a non-benefit eligible position, the benefit can be converted to a personal, whole life insurance benefit. Employees will need to ensure that their beneficiaries are listed under the plans.

Basic Life Insurance

Temple Health pays for \$10,000 of basic group life insurance for you. If you pass away, benefits are paid to your named beneficiary.

Supplemental Life Insurance *(optional)*

You may buy Supplemental Life Insurance amounts in 1 ½, 2, 3, 4 or 5 times your annual base salary. Maximum optional coverage \$1 million. (Over 3 times base and/or \$500,000 requires medical underwriting).

Accidental Death & Dismemberment *(optional)*

Voluntary. Employee and dependent coverage available as first day of month after enrollment. Employee pays premium.

Note: Please complete the **required** beneficiary form found on page 19 or on the [Hub](#).

Disability

Reliance Standard Life Insurance Company

Short-Term Disability (STD) *(voluntary)*

Employee may purchase 60% replacement income in the event of an off the job Disability injury or illness. Elimination period is the greater of 30 days or available paid time. If you decline, STD when first offered future enrollment is subject to providing Evidence of Insurability (medical questionnaire/examination).

****If you work in New Jersey, you may be eligible for the New Jersey state disability programs. This will be determined at the time that your leave is submitted.***

Long-Term Disability (LTD)

Coverage provided at no cost to employee. Provides for \$2,000.00/month replacement income, after a 90 day elimination period.

Application for additional life, STD after initial offering would be through an Evidence of Insurability process and there is no guaranteed issue.

Note: Pre-existing conditions may be applied.

Flexible Spending Account (FSA)

Temple Health collaborates with WEX Health, Inc. as your Flexible Spending Account (FSA) Administrator.

Using a Flexible Spending Account (FSA) is like getting a discount on everyday health and/or dependent care expenses because you are paying with tax-free money. Since FSAs allow you to set aside money each pay period, it lowers your taxable income, which means you pay less in taxes. A tax account can give you the best estimate on your savings, but you can get an estimate using an [online calculator](#) through WEX.

We have three FSA options at TUHS through WEX: Health Care/Medical FSA, Dependent Care FSA and Transit FSA.

Visit the [Hub](#) to learn more about your three FSA options (Human Resources > Pay & Financial Benefits > FSA Information).

Contribution Limits & IRS Regulations

The IRS sets the maximum dollar amount you can elect and contribute to a medical FSA. The annual contribution limit is \$3,300.

Funds on Day 1

All of your FSA dollars are available on the very first day of the plan year. You can use your funds for expenses incurred by you, your spouse or eligible dependents.

Use-it-or-Lose-it Rule

FSAs have a use-it-or-lose-it rule. This means you forfeit any unused funds after March 15 after the election year. We strongly encourage you to connect with an Accolade Health Assistant who can help you calculate how much you should contribute so that you maximize your tax savings and have enough to cover your expenses without forfeiting unused money. You can reach Accolade Monday – Friday, 8am – 8pm, at 888-659-8302.

WEX Participant Resources:

- 866-451-3399 (7am – 10pm) or [Submit a Request](#)
- [Eligible Expense List](#)
- [WEX Employee Knowledgebase](#)
- [Savings Calculator](#)



Retirement Benefits

TUHS retirement plan options are record kept by **TIAA**, a leading not-for-profit retirement provider.



Supplemental Retirement Account

Residents and fellows are eligible to enroll in a Supplemental Retirement Account. A SRA can help you reach your retirement goals and reduce your dependence on other retirement income sources like social security or personal savings.

A SRA allows you to save for retirement up to the IRS annual limit. These limits may change when Cost of Living Adjustments are updated annually so please go to [IRS.gov/retirement-plans](https://www.irs.gov/retirement-plans) for details. Under the TUHS 403(b) plan, you can contribute up to \$23,500 to your Temple University Health System retirement account. If you are 50 or older, you are eligible to contribute an additional \$7,500 for a total of \$31,000 in 2025.

Since SRA contributions are employee only, there is no Temple Health contribution or match, and they are directed to the 403(b) plan. Retirement contributions are made by payroll deduction on a pre-tax or Roth after-tax basis.

To enroll in an SRA, visit Employee Self Service, navigate to the Benefits Details tile then select Retirement Account(s) and click Supplemental Retirement Account on the left side of the screen.

It's important to select a beneficiary for your retirement savings as soon as you enroll. You will designate your beneficiary and select your investment options at TIAA.org/TUHS. TUHS continually reviews its investments offered to ensure we are offering a competitive retirement plan.

For more details about the Temple Health retirement plans, including an investment line-up go to TIAA.org/TUHS (the code needed will auto populate if you use this link). **For assistance calculating your retirement contributions, please use this [worksheet](#) for support.**

Retirement Enrollment:

1. To enroll in a TUHS Retirement Plan, log on to [Employee Self Service](#).
2. On the Home Page, navigate to the Benefits Details tile then select Retirement Account(s) and click Supplemental Retirement Account to enroll and make your elections. Once you have entered in your enrollment amount or percent, please click submit.
3. To make your investment selections and designate your beneficiary visit TIAA.org/TUHS.

Interested in a 1:1 Financial Consultation with TIAA for assistance? Schedule a session [online](#) or call 800-732-8535, at no cost to you! See page 16 for a list of all our financial wellbeing programs.

Temple Health Perks – Voluntary Benefits



Temple Health Perks (through Corestream) offers a number of programs to assist you with personal and legal issues, health care needs, financial savings, accident insurance and more. The affordable benefit choices and resources available to you can give you peace of mind and help protect you and your family's future.

Take advantage of special employee rates and convenient payroll deductions when applying for these valuable programs. All full-time and part-time (work at least 20 hours/week) employees are eligible to enroll in Temple Health Perks.

VSP Vision

Do not take your vision for granted. With the VSP Vision Care plan, you can have high-quality care with a low out-of-pocket expense. With a large network of providers, including Temple Ophthalmology and The Eye Institute, you are sure to find a convenient location for your busy schedule. The VSP Vision Care plan covers a **routine annual eye exam** and savings on **frames and spectacle lenses or contact lenses every year**.

VSP Vision Care Cost	Bi-weekly Rates
Employee	\$10.70
Employee + Spouse	\$21.38
Employee + Children	\$22.88
Employee + Family	\$36.56

Other Benefits: Reliance Accident & Critical Illness, LegalEase, Allstate Identity Protection, Pet Insurance, Life + Long Term Care and more!

Enroll in Corestream

Enrollment for these voluntary benefits will be exclusively online at the Temple Health employee discount portal, www.TempleHealthPerks.com. Benefits eligible employees have 30 days from their hire date to enroll in voluntary benefits.

Temple Health Perks customer service handles all coverage, payment and support questions 24/7/365 at 1-888-935-9595 or by [email](#).

Paid Time Off

Residents/Fellows will receive a frontload of paid time off to use for a specific time period according to individual contracts.

The Temple Health Official Holidays are listed below, totaling 9 days.

*Residents and Fellows who work on the holidays due to their programs clinical schedule, will be given an extra personal day.

Temple Health Official Holidays	
Memorial Day	Thanksgiving Holiday
Juneteenth	Day after Thanksgiving
Independence Day	Day before Christmas
Labor Day	Christmas Holiday
New Year's Day	

To see a list of this year's observed dates, visit the Time Off page on the [Hub](#) (Human Resources > Time Off).

Personal Time

Residents and Fellows receive three personal days. Time is on a use it or lose it based on the individual contract or fiscal year (July 1st – June 30th).

Vacation Time

Residents and Fellows receive three weeks of vacation time per fiscal year, subject to approval of Department Head. Time is on a use it or lose it based on the individual contract or fiscal year (July 1st – June 30th).

Sick Time

Residents and Fellows receive 10 sick days per fiscal year. There is **no maximum limit** to your sick balance.

Leaves of Absence



Residents and Fellows will be provided with a minimum of six weeks approved medical, parental and caregiver leave(s) of absence for qualifying reasons at least once, any time during an ACGME-accredited program, starting first day of employment.

Resident and Fellows approved for medical, parental and caregiver leave will be granted 100% of salary and benefits, for the first six weeks of approved LOA, independent of accrued benefit time.

Temple Health partners with **Matrix Absence Management** to administer FMLA and other leaves.

Two ways to request a leave:

- By phone at (877) 202-0055
- Electronically at matrixabsence.com

For more information, please review the leave policy [here](#).

Important Contact Information:

- Submit a ticket in [HR ServiceCenter](#)
- Phone - 215-707-9009
- Fax - 215-707-7696

Wellbeing Resources

Explore the robust resources provided by Temple Health to empower the mental, physical and financial wellbeing of our employees and their families. To see a full list of our wellbeing benefits, please visit the [Hub](#) or call Accolade.

Learn about our mental and financial wellbeing benefits below that are available. All mental health benefits are available for all Temple Health employees and family members' ages 13 years and older.

**** The Graduate Medical Education Office offers free and confidential mental health care by an external psychiatrist. Please call 215-707-2673 or email GME@tuhs.temple.edu for scheduling information.**

Join the Wellbeing Champion Committee!

Looking for employees with a desire to support wellbeing and promote Temple Health benefits in the workplace! Submit to a ticket in [HR ServiceCenter](#) to join the committee or to learn more.

Carebridge Employee Assistance Program	Headspace Care	Headspace
Carebridge EAP, a confidential 24/7/365 service regarding depression, grief, relationships, stress, and more. Call 800.437.0911 or go to www.myliferesource.com, access code RBMNE. 	Download Headspace Care, for on-demand coaching & video based therapy and psychiatry supporting your emotional well-being. Register for Ginger in the App store 	Headspace offers hundreds of meditations, sleepcasts and sleep music, guided workouts, and focus music to help you feel happier and healthier every day. Register for Headspace online at https://work.headspace.com/tuhS/member-enroll 
Savi Student Loan Program	Onduo Diabetes Management	ScholarShare529
Savi can help you lower your monthly payments and find the best federal repayment programs for your financial situation while simplifying the task of navigating the way to forgiveness. Savi Student Loan Program 	Onduo is a virtual health program that helps you manage type 2 diabetes and high blood pressure. Onduo.com - Temple Health - Multicondition Landing Page 	A 529 plan is aimed at helping families save specifically for future education expenses such as, higher education, eligible apprenticeships and private K-12 education. To get started, visit ScholarShare529.com or call 800-544-5248 

Resources

Benefits Department:

TUHS Benefits Call Center: 215-707-2500; Option 2; Prompt 4

TIAA: 800-842-2252 or TIAA.org/tuhs

Accolade: 888-659-8302 or log in to your account [here](#)

Compliance, Employee & Labor Relations

HR Compliance: 215-707-0884

Workplace Concerns Hotline: 215-707-0884

Learning & Development:

Training Calendar: <https://hub.templehealth.org/group/training/training-calendar>

HealthStream: <https://www.healthstream.com/hlc/templehealth>

Human Resources Information Systems (HRIS)

Employee & Manager Self-Service Login: <https://hr.templehealth.org>

Employment Verification Contact Information: www.TheWorkNumber.com; employer code: 28413

Time Off

TUHS Leave Management: 215-707-9009 for FML or time off due to illness or injury

Matrix Absence Management: file a claim here <http://www.matrixabsence.com/> or 877-202-0055

Workers' Compensation Department: 215-707-8814

HR ServiceCenter

HR/Payroll requests or inquiries can be submitted through the [HR ServiceCenter](#) for:

- Benefits / Retirement
- Compliance
- HRIS
- Leave Management
- Payroll

See [instructional guide](#) for assistance.

Beneficiary Transmittal Form

Fax to Benefits Dept.
215-707-6807
Need Help ☐ Call 215-707-2500, ☐ 2
Return ☐ by fax ☐ 215-707-6807

Employee Name _____ TUid# _____ Contact Number _____
(PRINT First Name Last Name)

Primary Beneficiary Information for TUHS life benefits (may be 1 or more, must total 100%, whole numbers only, no fractions):

Name (First Name Last Name)	Date of Birth (MM/DD/YY)	Gender	Relationship	Primary % Must total 100%	Same address As employee?	Beneficiary address, including Street, City, State and Zip Code
	/ /				Y / N	
	/ /				Y / N	
	/ /				Y / N	
	/ /				Y / N	
	/ /				Y / N	
				Total 100%		

Secondary Beneficiary Information for TUHS life benefits (Optional, only would be eligible for benefit if primary beneficiary(ies) are deceased):

Name (First Name Last Name)	Date of Birth (MM/DD/YY)	Gender	Relationship	Secondary % Must total 100%	Same address As employee?	Beneficiary address, including Street, City, State and Zip Code
	/ /				Y / N	
	/ /				Y / N	
	/ /				Y / N	
	/ /				Y / N	
	/ /				Y / N	
				Total 100%		

Employee's Signature

Date

Proof of Relationship Form

Fax to Benefits Dept.
215-707-6807
 Need Help? Call 215-707-2500,
 prompt 2 and 4

Employee Name _____ **TUId#** _____ **Contact Number** _____
 (PRINT First Name Last Name)

Please list your benefit eligible dependent(s) below. Fax, 215-707-6807, or send this form **and** the appropriate Proof of Relationship (listed below) to the TUHS Benefits Office. Questions? Please contact the Benefits Call Center at 215-707-2500, option#2

Name (First Name Last Name)	Date of Birth (MM/DD/YY)	SS#	Gender	Relationship	Medical	Dental	Vision
	/ /				Y / N	Y / N	Y / N
	/ /				Y / N	Y / N	Y / N
	/ /				Y / N	Y / N	Y / N
	/ /				Y / N	Y / N	Y / N
	/ /				Y / N	Y / N	Y / N
	/ /				Y / N	Y / N	Y / N
	/ /				Y / N	Y / N	Y / N

Eligible Dependents for Benefits Coverage	Acceptable Proof of Relationship
Legally married spouse	Marriage Certificate or License + 1 of additional item such as prior year's income tax return, joint bank statement, joint mortgage info
Birth child	State issued birth certificate showing employee as birth parent
Step-child	Birth certificate of child showing employee's spouse as birth parent PLUS marriage certificate showing marriage to child's birth parent
Adopted child	Court provided adoption paperwork
Child for whom you have legal custody	Court order showing responsibility for medical coverage for the child
Child that you are required to provide coverage due to a Qualified Medical Support Order	Copy of the Qualified Medical Support Order
Unmarried totally disabled child	Carrier specific applications are required for carrier approval of coverage within 30 days of this enrollment

I certify that the individuals listed above qualify as eligible dependents for coverage under the TUHS medical plan and have provided appropriate documentation with this form. I understand that knowingly enrolling ineligible dependents may be subject to disciplinary action up to and including discharge. I understand that I can only make changes to my benefits elections at a future Open Enrollment or if I have an eligible Life Event (including but not limited to birth or adoption of a child, marriage, divorce, death, spouse loss of other benefits, etc.) I must notify Temple University Health System within 30 days of the event to make a change to these benefits.

Employee's Signature

Date

CHH House Staff Additional Benefits

Tuition Full-time and regular part-time residents and fellow eligibility. Employees are eligible the first semester after start date.

Full-time employees are eligible for tuition remission at Temple University for up to six (6) credit hours per semester or tuition reimbursement for up to six credit hours per semester, up to \$315 per credit, at any other accredited, post-secondary school or hospital-based program in nursing or radiology. (No Tuition remission is given for courses taken in Temple's Schools of Law, Medicine, Dentistry or College of Podiatric Medicine). Courses must be related to job, related to a job, which you may reasonably aspire within TUHS, a grade of "C", or better is required and the employee must remain employed full-time for 1 year following the end of a course(s) or repayment of the benefit is required.

Professional Liability

Temple provides, at no cost, each resident with Professional Liability Insurance (malpractice) *Insurance* during his or her residency. Coverage is limited to the resident's professional responsibilities performed only at Temple and its approved affiliates and only while acting within the scope of the graduate training program.

Tail Coverage

Primary professional liability tail and a CAT Fund tail are secured at the statutory limit of liability. This policy will respond to all incidents that occur from the date you began services at Temple University Hospital up until the date of your termination, but which are reported after your termination date.

Educational Allowance

As part of their residency educational stipend, residents in PGY 1 year are entitled to a maximum of \$1,000 per trainee and residents in PGY 2 and above year are entitled to a maximum of \$2,000 per trainee. Educational allowance may be used for conference attendance, board preparation programs and board exam fees. This allowance can be used at the resident's discretion, with the approval of the program director, during their residency training and as long as the expenses are for bona fide business purposes and comply with the requirements of this policy.

The residents must incur the expense and submit a Travel & Business Expense Report within 30 days of the incurred expense in order to be reimbursed for the allowance. Graduate Medical Education reserves the right to deny all expense reimbursements submitted over the 30 days of incurred expense.

Pre-Taxed Qualified

Designation employee parking areas are free for residents and fellows. Check with Parking Services for specifics. Employees are also eligible to contribute, on a pretax basis, up to \$180 per month for the purchase of passes, tokens, tickets and other public transportation fare media in connection with the commute to work.

VISA Requirements

J-1 or a valid Employment Authorization

Gym Membership discounts/insurance reimbursements

IBC Reimbursement Programs

As a reward for taking small steps that can add up to big changes in your health, get up to \$150 back on an approved weight management program like Weight Watchers or Noom, programs to help you quit tobacco, and fitness center fees. Click one of the links below to get started.

[Fitness Reimbursement](#)

[Weight Management Reimbursement](#)

[Smoking Cessation Reimbursement](#)

Gym Discounts

Get membership discounts at thousands of gyms like LA Fitness, YMCA, Planet Fitness, Anytime Fitness, select studios (yoga, spinning, and more!) in the HUSK Movement App, in addition to home exercise equipment from leading manufacturers of personal fitness products.

GMEC – Emergency/Safe Ride Home Program

Opportunity for trainees to safely get home at the end of or during his/her shift (and back to the Campus) due to extreme fatigue or illness.

Parking

Free Parking at all TUHS sites and parking reimbursement for all Core Site Rotations.

Financial Wellbeing Resources



Savi Student Loan Program

Not only can Savi help lower your payment and find the best federal repayment programs, it simplifies the task of navigating the way to forgiveness on your own. Savi is a solution that can help you save \$1,680 a year on average!

For those who don't qualify for PSLF, Savi can also help you with:

- TUHS covers Savi yearly fee
- Enrolling in income driven repayment plans to lower monthly payments
- Provide answers to all student loan questions via educational webinars or customized support
- Keep borrowers updated on new programs and policy changes
- Get out of loan forbearance

Attend a free [webinar](#) on reducing your student debt, visit [online](#) or call 833-945-0654 to get started with Savi.

GreenPath Financial Wellness

Being debt-free is closer than you think. Through GreenPath Financial Wellness employees have access to free counseling, programs and other resources designed to help you pay off debt and put you back in control of your financial future. Check out this [introduction webinar](#) for more information.

GreenPath can help you:

- Get out of debt, if you have high-interest credit card debt, a GreenPath Debt Management Plan may be able to help you lower your interest rates AND pay off debt faster.
- Set a budget and create a spending plan to work toward your goals.
- Build credit and better understand your credit report, dispute inaccurate information, and manage your credit score.
- Get help with housing from experts during the home buying process or when you're struggling with rent or mortgage payments.

Take the first step and call GreenPath at 877-655-2340 or visit [online](#) - it's free, no pressure, and 100% confidential.

March 18, 2024

<<firstname>> <<lastname>>, <<credentials>>

RE: Offer of Resident Physician Position

Dear Dr. <<lastname>>:

CHH Community Health, Inc. d/b/a Chestnut Hill Hospital, (“CHH”) (the “Hospital”), a primary site of clinical training for residency/fellowship programs sponsored by Temple University Hospital (“TUH”), is pleased to offer you a position in its graduate residency/fellowship program (the “Program”). Temple University Hospital is the sponsor of accredited and non-accredited CHH graduate medical education programs (each a “Program” or “GME Program”), including residency and fellowship programs accredited by the Accreditation Council of Graduate Medical Education (“ACGME”) and the Council on Podiatric Medical Education (“CPME”). CHH’s graduate medical education programs are operated by Temple University Hospital’s department of Graduate Medical Education. The terms of your appointment are outlined below:

Program Name: <<program>>

Current Post Graduate Year (“PGY”) Level: <<compensationstatus>>

Appointment Term: Your appointment to the Program starts on <<programstart>> and will end on <<programend>> or continue until you fulfill all of the requirements of the Program, as defined by ACGME/CPME and TUH GMEC Policies and Procedures (which are incorporated herein by reference), unless terminated sooner. Your completion of or continuation in the Program, including reappointment and promotion to a subsequent PGY level, is based upon the evaluations of your Program Director, Academic performance and the discharge of your responsibilities. Your Program Director shall inform you in writing **no less than 4 months** prior to the end of your current Program year, if your appointment is terminated, or if you will continue in the Program at the same PGY level. If you are eligible to continue in the program, your Program Director will provide you with a letter delineating your level of training in the program and stipend by the end of your current year of training. If you are terminated from the Program or not promoted, you have certain rights. These rights are outlined in the TUH GMEC Policies and Procedures under “*Due Process Appeal Procedure*.” If the primary reason(s) for your termination from the Program is within the last 4 months of your current training year, the Program Director shall inform you in writing as soon as circumstances will reasonably allow. In the event you decide to resign from the Program, you must inform the Program Director in writing **no less than 4 months** prior to the end of your current training year. **IV.C.2.a); IV.C.2.b); IV.C.2.c); IV.C.2.d)**

Eligibility for Specialty Board Examinations: By successfully completing the training program, the trainee will be eligible for Board Certification in the specialty of training. For detailed information on the Eligibility Requirements refer to the Specialty Board website. **IV.C.2.k)**

Financial Support, Vacation and Leave(s) of Absence, Long Term Disability and Other Benefits: Your current stipend is <<compensation>> per annum, less applicable taxes and withholds. Your vacation and leave(s) of absence (to include medical, parental, and caregiver), long- and short-term disability and other benefits, including professional liability insurance and health insurance benefits for you and your eligible dependents, are summarized in the TUH GMEC Policies and Procedures, as may be amended from time to time without notice. This includes

timely notice of the effect of leave(s) of absence on the ability of residents/fellows to satisfy requirements for program completion. **IV.C.2.c); IV.C.2.f)-j)**

Professional Liability Insurance: For your activities in the Program, the Hospital will secure and maintain professional liability malpractice insurance coverage (including the purchase of tail coverage if the policy is claims made) in a form and in amounts not less than the amounts required by laws of the Commonwealth of Pennsylvania, plus surcharges required by the Pennsylvania Medical Care Availability and Reduction of Error Fund (“MCARE Fund”). This insurance and surcharge will only cover your professional activities provided as a part of the Program. Any insurance or surcharges for professional activities provided outside the scope of the Program, whether provided before, during, or after your participation in the Program is your sole responsibility and includes, in part, moonlighting. In consideration of the Hospital purchasing this insurance, you assign any and all of your rights under the insurance policy to the Hospital including, but not limited to, the authority to control, defend and settle all claims and lawsuits that arise due or related to your participation in the Program. This assignment shall survive the expiration or termination of your appointment. **IV.C.2.f)**

Responsibilities: Your responsibilities, and those of the Hospital, are outlined in the TUH GMEC Policies and Procedures, as may be amended from time to time without notice. **IV.C.2.a)**

GMEC Policies and Procedures: You must review and comply with the various TUH policies and procedures, which may be amended from time to time. These policies and procedures address such matters as, in part, *Position Description (House Staff – Interns/Residents/Fellows in Training); Resident Evaluation and Promotion; Terms and Conditions of Residency Appointment; Leave of Absence, Moonlighting, Resident Clinical Experience and Education, Workplace Harassment & Violence, Drug and Alcohol Free Workplace Policy, Reasonable Accommodations, Residency Reduction and Closure, and Due Process Appeal Procedure*. **IV.C.2.a; IV.C.2.d)-e); IV.C.2.i)-j); IV.C.2.l)**

Release of Information: The Hospital frequently receives requests and inquiries from you and others, including in part, hospital medical staff offices, medical licensure boards, other residency/fellowship programs, clinical rotation sites, and employers related to your admission, participation in, and dismissal from its residency program, and your criminal history and child abuse clearances. The paragraph below authorizes the Hospital to respond to these requests.

You agree to extend absolute immunity to, and release from any and all liability, the Hospital and its affiliates, their respective, employees, officers, directors, medical staff, agents, and any third parties for any actions, recommendations, reports, statements, communications, or disclosures, whether oral, written or otherwise, involving you and/or related to your admission, participation in, and dismissal from the Hospital’s residency program. This includes, without limitation, matters, inquiries, or letters of reference concerning your professional qualifications, credentials, medical knowledge, clinical competence, character, mental or emotional stability, physical condition, criminal history and child abuse background clearances, ethics or behavior and any other matter that might directly or indirectly have any effect on, or related to, your abilities, education, competence, patient care, participation in another residency program, skills, or the orderly operation of any residency program, educational program, hospital or healthcare facility. This authorization includes the right for the Hospital and its affiliates, and their respective, employees, officers, medical staff, directors, and agents to permit the inspection, provision, or disclosure of any documents, recommendations, reports, statements, or disclosures relating to the above. You also expressly authorize the Hospital to release this information to any third parties and its employees, officers, medical staff, directors and agents upon request.

General Terms and Conditions: Your appointment is also subject to the current general terms and conditions outlined in the TUH GMEC Policies and Procedures, as amended from time to time without notice.

Access to GMEC Policies and Procedures: The TUH GMEC Policies and Procedures can be obtained at <https://medicine.temple.edu/education/residencies-and-fellowships>. If you do not have access to a computer, please contact the Graduate Medical Education Office at 215-707-6400 and the policies and procedures will be mailed to you.

If you are in agreement with the above terms and conditions, kindly place your signature in the space provided below and return an original executed copy to Director of Graduate Medical Education at the address listed on this letterhead. If the TUH Office of Graduate Medical Education does not receive a signed original within fourteen (14) days of the above date, this offer will be officially withdrawn and rescinded.

Sincerely,



Susan Coull, MBA
Chief Graduate Medical Education Officer, Temple University Health System
Senior Vice President, Temple University Hospital
Assistant Dean for Undergraduate and Graduate Medical Education, Lewis Katz School of Medicine
ACGME Designated Institutional Official, Graduate Medical Education, Temple University Health System

<<:sig2_____>>
<<programdirector>>
Program Director

I have read, understood and agreed to abide by the terms and condition outlined above. Furthermore, my signature verifies that I have reviewed the GMEC Policies and Procedures and agreed to abide to terms and conditions outlined in the manual, as amended from time to time without notice. I agree to review these policies and procedures for any changes. Any of my questions have been answered to my satisfaction.

<<:sig1_____>>
<<firstname>> <<lastname>>, <<credentials>>



Origination 7/1/1997
Last Approved 12/12/2023
Effective 6/3/2022
Last Revised 12/12/2023
Next Review 12/11/2025

Owner Lioudmila Cruz:
AVP, GRAD
MEDICAL
EDUCATION
Area GMEC
Applicability Temple
University
Hospital Inc.

Leaves of Absence, TUH-GMEC-205

References:

TUHS Policy 950.554; TUHS Policy 950.586; TUHS Policy 950.579, TUHS Policy 950.585; American Board of Medicine Specialties Policy on Parental, Caregiver and Medical Leave During Training – Effective July 1, 2021

Attachments:

American Board of Medicine Specialties Policy on Parental, Caregiver and Medical Leave During Training – Effective July 1, 2021

SCOPE

This policy applies to all residents who are enrolled in an approved training program and any physician trainee in an unaccredited training program at Temple University Hospital.

PURPOSE

This policy and procedure describes the types of leaves of absence that are available to all residents and the conditions surrounding each leave of absence.

DEFINITION

Resident: "Resident" is defined as any intern, resident, or fellow in any ACGME, CPME, ASHP or CODA accredited training program and any physician trainee in an unaccredited training program.

POLICY

It is the policy of Temple University Hospital to provide appropriate leaves of absence for residents in accordance with applicable laws, regulations, and requirements that govern same. Leaves of absence for Residents must also comply with applicable requirements of the ACGME and ABMS. The training program, in partnership with the institution, will make the determination if leave of absence requires lengthening of education in order to satisfy the program completion requirements as prescribed by the ACGME and any applicable specialty Board requirements.

PROCEDURES

1. A Leave of Absence (LOA) may be granted to a Resident if he/she submits a request in writing to his/her Program Director and the Office of Graduate Medical Education stating the reasons and duration of the requested LOA.
2. Requests for LOA must be approved by the Program Director and the DIO or his/her designee at least 30 days in advance of the intended leave when the need for leave is foreseeable, except in cases of emergent or urgent need.
3. Once Program and GME Approves, the resident is required to contact Matrix Absence Management (Matrix) at (877)202-0055, by visiting matrixabsence.com or downloading the Matrix eService Mobile app for Android or IOS (available from iTunes App Store for iOS users or Google Play for Android users).
4. Failure to submit requested documentation to Matrix within 15 days of their request, may result in the request for Leave to be delayed or denied. Employees will have 7 calendar days to correct any deficiencies identified by Matrix. Unscheduled absences which are not approved by Program Director, GME Office and Matrix, may result in disciplinary action.
5. Matrix may contact your health care provider for verification and clarification.
6. TUHS reserves the right to require second and third medical opinions, at its expense
7. Residents may be granted the following categories of Leave:
 - A. **Medical, Parental and Caregiver Leave** : Medical, Parental and Caregiver Leaves are granted to allow time off for all new parents, including birthing and non-birthing parents, adoptive/foster parents, and surrogates to take parental leave.; the birth and care of a newborn, an adopted child, or a child placed for foster care ("parental leave"), care of a Resident's spouse, child or parent with serious health conditions ("caregiver leave"); or the Resident's own serious health condition ("medical leave"). FML may be continuous or if necessary, taken intermittently.
 - a. Residents will be provided with a minimum of six weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws at least once during their ACGME-accredited program, starting their first day of employment;
 - b. Residents approved for medical, parental and caregiver leave(s) of absence will be granted 100 percent of their salary, for the first six weeks of their first approved medical, parental, or caregiver leave(s) of absence taken, independent of accrued benefit time;

- c. Remaining leave time in the first leave and any subsequent leave(s), will be paid through accrued benefit time, following Institutional Family and Medical Leave Policy;
- d. Residents are required to reserve a minimum of one week paid off, reserved for use outside of the first six weeks in the first approved medical, parental, or caregiver leave (s) of absence taken. This one week off will be paid by utilizing the accrued benefit time;
- e. The institution will ensure the continuation of health and disability insurance benefits for residents and their eligible dependents during any approval medical, parental, or caregiver leave(s) of absence;
- f. Training programs will provide their residents with accurate information regarding the impact of an extended leave of absence upon the criteria for satisfactory completion of the program and upon a resident's eligibility to participate in examinations by the relevant certifying boards(s).
- g. Determination of paid versus unpaid leave, does not correlate to the impact that a leave of absence has on program extension. Final decisions on makeup are left to the program and institution.

B. Military Leave

Military Leave may be granted upon request for up to 26 weeks of unpaid Military Caregiver Leave during any 12-month period to care for a Covered Service Member or Covered Veteran who is the employee's spouse, parent, child or next of kin with a Serious Illness or Injury. Note that a 26-work week leave is not a yearly entitlement that renews each year. This leave is calculated on a per-covered Service member, per-injury basis.

C. Leave related to domestic violence, sexual assault or stalking

Leave may be granted due to certain family or household situations. Leave is unpaid and is subject to individual case review.

D. Other leaves of absence:

A leave of absence may be granted for reasons other than those outlined above. Such leaves are individually reviewed and must be approved, in advance, by the Program Director and the DIO

Intermittent FML

Residents must have received Matrix Approval for Intermittent leave.

Any time that a resident is absent from work, the resident must follow departmental procedures and notify their Program Director and GME Administrator. Additionally, residents must report all intermittent absences to Matrix as soon as the absence occurs or as soon as practical, which is defined as the same day or the next business day that the employee becomes aware of the need for leave. Failure to follow these procedures may result in disciplinary action.

If Intermittent leave is approved based on the Section is approved. A total of 6 weeks pay will be supported.

Specialty Board Policy

In accordance with the American Board of Medical Specialties Policy on Parental, Caregiver and Medical Leave During Training, ABMS member boards are required to establish requirements for candidates to become eligible for Initial Certification, including standards for training that accommodate reasonable leaves of absence from residency and fellowship training for personal or familial needs, including the birth and care of a newborn, adopted, or foster child ("parental leave"); care of an immediate family member (child, spouse or parent) with a serious health condition ("caregiver leave"); or the trainee's own serious health condition ("medical leave") can support trainee well-being while maintaining Member Boards' responsibly to establish high standards for training and the shared responsibility of Member Boards and training programs for assessing a candidate's suitability for Initial Certification.

The ABMS policy applied only to Member Boards with training programs of 2 or more years' duration. Specifically, those programs must allow for a minimum of six weeks of time away from training for purposes of parental, caregiver and medical leave at least once during training, without exhausting all other allowed time away from training and without extending training. They must also allow all new parents, including birthing and non-birthing parents, adoptive/foster parents, and surrogates to take parental leave.

Programs are required to follow their Specialty Board Policy when assessing their resident time away from training program. Any leave of absence may require the resident to make up clinical time lost as per the program specialty board. Each program must provide its residents with information regarding the impact of an extended leave of absence upon the criteria for satisfactory completion of the program and upon a resident's eligibility to participate in examinations by the relevant certifying board(s).

Specialty Boards Policies that refer to the Institutional Policies, will be subject to follow the American Board of Medical Specialties Policy on Parental, Caregiver and Medical Leave During Training.

The Office of Graduate Medical Education will track and monitor all leaves of absence.

NOTE:

Refer to the on-line version of this policy for the most current information. Printed copies of this policy may not be current.

Use of this document is limited to the Temple University Health System employees, physicians, and staff only. It is not to be copied or distributed outside of the institution without Administrative permission.

Attachments

[TUH-GMEC-205-Leaves of Absence \(6-3-2022\).pdf](#)

Approval Signatures

Step Description	Approver	Date
Next Step	Lioudmila Cruz: AVP, GRAD MEDICAL EDUCATION	12/12/2023
	Lioudmila Cruz: AVP, GRAD MEDICAL EDUCATION	12/12/2023

Applicability

Temple University Hospital Inc.

COPY

TEMPLE UNIVERSITY HOSPITAL GRADUATE MEDICAL EDUCATION POLICIES & PROCEDURES

NUMBER: **TUH-GME #509**
TITLE: **Position Description (House Staff – Interns/Residents/Fellows in Training)**
EFFECTIVE DATE: **10/1/2003**
LAST REVIEWED: **3/5/2012**
REVISED: **3/5/2012**

PURPOSE

This policy establishes a generic position description for all house staff in regard to H1B visa processing.

DEFINITION OF TERMS

Graduate Medical Education (GME)

H1B visa (H1)

House Staff (all interns, residents and fellows enrolled in Temple University Hospital programs)

Temple University Hospital (TUH)

Immigration Services, Temple University (IS)

Accreditation Council of Graduate Medical Education (ACGME)

Residency Review Committee (RRC)

POLICY

This position description has been established to specifically provide information for those house staff that require an H1-B visa. The description is generic and should only be used for inclusion in the H1 application.

SUMMARY OF POSITION:

Under the supervisor of the Residency/Fellowship Program Direction and faculty, graduate medical education prepares the physician for independent practice in a particular medical specialty. House staff are expected to follow the curriculum of the program, adhere to all regulatory requirements, the policies of the GME Department and the Hospital (TUH) and the Medical Staff Bylaws.

Graduate medical education focuses on the development of clinical skills, general and professional competencies on the acquisition of detailed factual knowledge of the medical specialty.

The House staff are held to the following six competencies as set forth by the ACGME.

NOTE: ANY PRINTED COPY OF THIS POLICY IS ONLY AS CURRENT AS OF THE DATE IT WAS PRINTED; IT MAY NOT REFLECT SUBSEQUENT REVISIONS. REFER TO THE ON-LINE VERSION FOR MOST CURRENT POLICY.

USE OF THIS DOCUMENT IS LIMITED TO TEMPLE UNIVERSITY HOSPITAL STAFF ONLY. IT IS NOT TO BE COPIED OR DISTRIBUTED OUTSIDE THE INSTITUTION WITHOUT ADMINISTRATIVE PERMISSION.

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

FUNCTIONS OF THE POSITION:

1. Complete to the satisfaction of the Program Director and teaching staff the specific written goals and objectives of the program.
2. Successfully complete the curriculum on a year-to-year basis with direct experience in progressive responsibility for patient management.
3. Obtain competence in the areas identified above.
4. Properly record work hours as directed by the ACGME and the GME Department.
5. Participate in scholarly activity as required by the Program.
6. Complete faculty and program evaluations on an annual basis.
7. Provide supervision and direction to medical students.

Note: ACGME makes no distinction between interns, residents, and fellows. All levels are referred to as “residents”.

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USE OF THIS DOCUMENT IS LIMITED TO TEMPLE UNIVERSITY HOSPITAL STAFF ONLY. IT IS NOT TO BE COPIED OR DISTRIBUTED OUTSIDE THE INSTITUTION WITHOUT ADMINISTRATIVE PERMISSION.



TEMPLE HEALTH
TEMPLE UNIVERSITY HOSPITAL

Origination	7/1/1998
Last Approved	7/22/2025
Effective	2/20/2025
Last Revised	7/22/2025
Next Review	7/22/2027

Owner Lioudmila Cruz:
AVP, GRAD
MEDICAL
EDUCATION

Area	GMEC
Applicability	Temple University Hospital Inc.

POLICY

It is the policy of Temple University Hospital that all residents will be provided with the same terms and conditions of appointment, will receive the same salary, commensurate with each given level of PG year, and will receive the same benefits.

PROCEDURES

Terms of Appointment:

All residents must sign an initial one-year Resident Appointment Agreement. Renewal of the Agreement is on a year-to-year basis and is determined on the basis of performance. Please refer to the Resident Appointment Agreement for specifics about the Resident's responsibilities, TUH responsibilities, reappointment, suspension, probation, non-renewal, termination and due process.

All residents must obtain a Pennsylvania Training License (MT license or OT license) and renew same each year while in graduate medical training. Cost of each MT or OT license is borne by the Hospital. If, or when, a Resident obtains an unrestricted medical license (MD or DO license), he/she must continue to maintain an MT or OT license while in graduate medical training. Without an MT or OT license, a Resident cannot participate in graduate medical education in the Commonwealth of Pennsylvania.

All residents in an unaccredited training program not sponsored by ACGME requires an PA unrestricted or institutional license based on resident eligibility. Cost of each license is borne by the resident. Additional non ACGME programs i.e., podiatric, dentistry, and pharmacy require PA unrestricted licensure.

International medical school graduates must either: 1) have a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG); or receive permanent validation at the completion of the initial year of training.

All residents must be citizens of the United States, hold a current work authorization visa which is acceptable for graduate medical education training, and be eligible to be employed by TUHS. Residents must be able to show proof of identity and authorization to work in the United States as per current laws.

If a visa is required, the resident will work with the Office of Graduate Medical Education and Temple University's International Student Affairs office to obtain the appropriate employment authorization. TUH will sponsor J-1 Physician and H-1B physicians (H-1B visas are not sponsored at the CHH campus).

Visa Holders are subject to mandatory reporting of:

- Notification and approval of resident/Fellow moonlighting both internally and externally for H-1Bs. J-1 visa holders are not permitted to moonlight.
- Notification of Remediation specific to performance improvement plans, probation, and possible need for program extension.
- Notification of trainee termination or resignation.
- Notification of Leave of Absence for any reason including but not limited to medical, parental, or academic leave.

Applicability

Temple University Hospital Inc.



Origination 4/11/2025
Last Approved 7/25/2025
Effective 7/25/2025
Last Revised 7/25/2025
Next Review 7/25/2026

Owner Joseph Kauffman: AVP, OCCUPATIONAL HEALTH SVCS
Area Occupational Health
Applicability Temple University Health System-Wide AG

Employee Health Pre-Employment, TUH-OHS-610.2031700.17

REFERENCES:

Drug and Alcohol Policy TUHS 950.553, Pre-Employment & Periodic Testing/Screening, 950.955, Reasonable Accommodation Policy, 950.587, Reasonable Accommodations for Pregnancy, Childbirth or Related Medical Conditions, Religious Accommodations

Centers for Disease Control & Prevention (2013), Retrieved on 8/18/2013 from <http://www.immunize.org/catg.d/p2017.pdf>

Centers for Disease Control & Prevention (2007), Guidelines for Isolation Precautions: Preventing Transmissions of Infectious Agents in healthcare Settings 2007.

Centers for Disease Control & Prevention (2011), MMWR Immunization of Health-Care Personnel. Retrieved from <http://www.cdc.gov/ncidod/dhqp/pdf/isolation2007.pdf>.

Attachments:

Appendix A: Occupational Health Immunizations

Appendix B: Authorization for Use and/or Disclosure of Health Information form

Appendix C: Pre-Employment History & Exam Forms

SCOPE:

This policy shall apply to Temple University Health, Inc. (TUH), including Temple University Hospital-Main Campus (TUH-MC), Temple University Hospital-Episcopal Campus (TUH-EC), Northeastern Campus (TUH-NEC), the Endoscopy Center at Northeastern Campus (TUH-NEC- Endo), Temple University Hospital-Jeanes Campus (TUH-JC), Temple University Hospital-Fox Chase Cancer Center (TUH-FCCC) and Temple University Hospital - Chestnut Hill Campus (TUH-CHH).

PURPOSE:

This document reviews the components of the pre-employment and job transfer physical processes of Temple University Health System (TUHS) candidates. TUHS requires applicants, to whom a conditional offer of employment has been extended or accept a job transfer, to undergo medical evaluations that are necessary for the safe operation of the organization or are job-related and consistent with business necessity. As part of TUHS's commitment to provide a safe, drug-free workplace, drug and alcohol tests are performed on all prospective employees and when transferring outside a department for current TUHS employees.

Recognized standards or practice guidelines:

OHS at Temple University Hospital follows the guidelines set forth by the American College of Occupational and Environmental Medicine as well as the Pennsylvania State Licensure Boards and, in addition, regulations as governed by Occupational Safety and Health Administration, the Centers for Disease Control and The Joint Commission standards. Staff also participates in hospital annual competencies, age-related and population competencies and discipline-specific areas of skill competencies.

DEFINITIONS:

Immunization History is documentation to prove vaccination or immunity against designated diseases.

Pre-employment Health History Form is a questionnaire completed by all candidates used to document personal health history. This form remains confidential to the OHS. This form should be completed as accurately as possible including, requesting an accommodation if the candidate or transfer needs one.

Pre-employment Health Assessment is a health screening performed by an Occupational Health clinician. The pre-employment health assessment includes a medical and occupational exposure history as well as a health screening.

PROCEDURES:

A. New Applicants

1. Prior to a candidate's pre-employment health assessment, candidates should decide if they intend to ask for any exemptions related to the organization's vaccine requirements and follow the appropriate HR process to request these and receive approval ahead of their appointment.

2. Prior to a pre-employment health assessment, prospective employees will be asked to complete health history forms and an Authorization for Use and/or Disclosure of Health Information form (see attachments). A copy of the history form and authorization will be maintained in the employee's Occupational Health Services record.
3. Occupational health clinician will review health history forms completed by applicant and then conduct a health screening and assessment. Laboratory and/or diagnostic studies will be ordered, and immunizations will be offered as determined by history and/or health screening findings. Please refer to Appendix I: Occupational Health Vaccinations.
4. All staff identified in the Respiratory Protection Plan must complete a respirator fit-test in accordance with OSHA regulations 29 CFR 1910.134. Only those employees/candidates who have passed a fit test shall be permitted to use an N-95 respirator. Employees who have failed fit testing must use a PAPR (Powered Air Purifying Respirator). Licensed independent practitioners and residents must use PAPRs unless they have been fit tested at Temple's Occupational Health Department or Safety Center. Reference Occupational Health Protocol: TUH-OHS-610.2031700.16-Respirator Fit Testing.
5. Occupational health will collect specimens for pre-employment drug screening.
6. If the Occupational Health clinician discovers any physical or mental health conditions which may prevent or impact the applicant's ability to performing his/her job safely (Including the applicant or transfer's self-identification of needing an accommodation), those conditions must be reviewed with the appropriate health care provider for his/her evaluation and treatment plan. Employees may not be cleared to start work until all necessary information is received for clearance.
7. For applicants with permanent restrictions or accommodation requests, please refer to Human Resources Policy: Disability Reasonable Accommodation TUHS 950.587.
8. Occupational health staff will notify Human Resources' Employment services as the candidates are cleared or unable to be cleared.

B. Current Employees who are Transferring

1. Upon accepting a transfer, the employee's medical record will be reviewed by an Occupational Health Clinician
2. If it is determined that TUHS current pre-employment requirements are not met, the transfer will be requested to come in to satisfy those requirements
3. If the applicant is transferring from one facility to another OR their role changes from non-safety sensitive to a safety sensitive position, they must complete a drug-test. Please refer to Human Resources Policy: Drug & Alcohol Policy TUHS 950.553
4. If an employee is seeking a request for an exemption or accommodation in relation to their transfer they will be required to work with the appropriate HR resource to do that before being cleared for their new position.

A. Candidates for Re-instatement

1. Applicants for re-instatement will **not** require a health assessment when **all** of the following apply:
 - a. An applicant is re-employed within six (6) months of the previous employment.
 - b. The physical requirements of the new position are the same as that of the applicant's previous position.
2. If an employee is changing to a Safety sensitive position from a non-safety sensitive position, the employee will require a drug test for clearance.

RESPONSIBILITIES:

Candidate

1. Complete pre-employment health history form and will participate in physical assessment.
2. Prior to their evaluation, applying for and having approved the appropriate vaccine exemptions or special accommodations
3. Provide immunization history prior to start of work; and complete any additional testing required to complete immunization history and tuberculosis screening.
4. Applicant is responsible for obtaining work clearance and any medical information requested from medical providers in order to complete pre-employment assessment.
5. Sign necessary authorizations as needed.

Human Resources – Employment Services

1. Advise applicants of how to schedule a pre-employment assessment.
2. Collaborate with OHS staff on status updates for candidates regarding the preemployment clearance process.
3. Assist employees with requests for special accommodations or vaccine exemption requests.

Infection Control

1. Infection Control Committee Chair or designee may consult on work limitations or restrictions for candidates who may be susceptible to infectious health conditions and/or consult on work limitations or restrictions for candidates who are diagnosed with an infectious health condition.

Occupational Health

1. Review health history and perform health assessment.
2. Obtain necessary Authorizations as needed.
3. Refer candidates for additional evaluation with their personal provider as needed for work clearance.
4. Recommend and administer any required immunizations and perform venipuncture for

required laboratory testing. For a listing of required and recommended vaccines and documented immunity for health care workers, please refer to **APPENDIX A: Occupational Health Immunizations**

5. Perform drug and alcohol screening
6. Provide Human Resources with medical clearance status of applicants once the preemployment assessment process is completed.
7. Occupational Health Services retains applicant's medical records, including records pertaining to the pre-placement health assessment. The disclosure and/or use of health information will be released to those who have a legitimate business-related need to know.

Appendix A: Occupational Health Immunizations

Employees and/or candidates who consent to any vaccines shall be counseled about any adverse effects of the vaccine. Employees and/or candidates shall be given the most recent Vaccine Information Sheet (VIS) from <http://www.cdc.gov/vaccines/hcp/vis/index.html> which includes an explanation, risks, contraindications, serious reaction signs, what to do for reactions and links for additional information. Counseling shall be documented on the appropriate form. Declination of any recommended vaccine shall be documented on the appropriate declination form. Declination of any required vaccine will only be allowed with an approved medical or religious exemption and provider approval after evaluation of a totality of the circumstances. Employees and/or candidates who are not able to produce evidence of immunity and/or decline recommended vaccination will have clearance status reviewed on a case by case basis by appropriate departments for clearance and recommended work restrictions. Employees shall be able to reevaluate their refusal of any recommended vaccine during any time of their employment.

Evidence of immunity is identified in the list below. If employees are unable to provide evidence of immunity, Occupational Health will draw titers on that individual when appropriate and make recommendations. Any alternative to this evidence of immunity must be approved by the Chair of the Infection Control Committee and the Medical Director of Occupational Health.

Employees who are considered non-converters after vaccination will be notified via written notification about their status as such.

I. **Covid-19** (Highly Recommended Vaccination)

1. If the employee wishes to provide records of covid vaccination upon pre-employment they may do so.

II. **Hepatitis B** (Can be Declined)

- a. If no previous documentation of immunity is provided, OHS will order Hepatitis B quantitative titers.
- b. If negative, clinical personnel designated as "at risk" for exposure to blood and body fluids as per Job Determination in Bloodborne Pathogen Exposure Control plan will be offered Hepatitis B Virus (HBV) vaccination. New hires that elect to be vaccinated

with Hepatitis B Vaccine will be required to sign a consent form.

- c. HBV vaccine is administered intramuscularly in the deltoid.
- d. Second dose is administered one month following the initial dose, with the third dose 5 months later.
- e. If vaccine is declined, a declination form will be signed and kept in the employee's medical file. Hepatitis B vaccine will remain available to the employee throughout the course of employment at TUHS at no cost to the employee.
- f. Reference Human Resources Policy Hepatitis B Immunization Policy 408.

III. **Influenza** (Can be declined)

- a. Influenza season is determined by the Infection Control in accordance with the recommendations of the Centers for Disease Control and state health department; and under the direction of the Chief of the Infectious Diseases Division or designee.
- b. Annually, employees must do one of the following by the deadlines as designated by the Influenza Vaccination for Healthcare Personnel TUHS.HR 950.590:
 - i. Receive the influenza vaccine(s). Consent must be signed prior to receiving the vaccine. Vaccination will be provided free of charge through OHS.
 - ii. Provide OHS with proof of immunization if vaccinated through services other than OHS, e.g. private physician office, public clinics, etc.). Proof of immunization must include a copy of documentation indicating the date of vaccination, lot number, expiration date, manufacturer and name of facility that the vaccine was received.
 - iii. Sign a declination form and wear a surgical mask during designated flu season. Please reference Influenza Vaccination for Healthcare Personnel TUHS.HR 950.590
- c. Inactivated injectable vaccine is administered IM.

IV. **Measles** (Required Vaccination or when appropriate an approved medical or religious exemption)

- a. Health care providers who work in medical facilities should be immune to measles. If no previous documentation of immunity is provided, OHS will order a titer to check immunity.
- b. Personnel will be considered immune if they have the following evidence of immunity:
 - i. Have serologic evidence of immunity
 - ii. History of previous measles disease (documentation may be required if born after 1957)
 - iii. Documentation of receipt of live measles vaccine (dosage dependent on age)
 - iv. Employees with 2 documented doses of MMR are not recommended to be serologically tested for immunity; but if they are tested and results are

negative or equivocal, they should be considered to have presumptive evidence of immunity to measles, mumps and/or rubella. If no previous documentation of MMR - equivocal results should be considered negative.

- v. For unvaccinated personnel born before 1957 who lack laboratory evidence of measles immunity or laboratory confirmation of disease, health-care facilities should consider vaccinating personnel with 2 doses of MMR vaccine at the appropriate interval (for measles and mumps).
- c. Non-immune employees will be offered vaccination or directed to HR to begin the exemption process. Employees who consent to vaccination will complete a consent form. MMR vaccine is administered subcutaneous (SQ).
- d. Vaccination will not be administered to personnel who are pregnant or expect to become pregnant within 3 months. Pregnancy testing is performed prior to administering any live vaccines.
- e. Employees who do not have documented evidence of immunity will be instructed to report to Occupational Health if involved in an exposure event.

V. **Mumps** (Required Vaccination or when appropriate an approved medical or religious exemption)

- a. Health care providers who work in medical facilities should be immune to mumps. If no previous documentation of immunity is provided, OHS will order a titer to check immunity.
- b. Personnel will be considered immune if they:
 - i. Were born before 1957
 - ii. Have serologic evidence of immunity
 - iii. History of previous mumps disease
 - iv. Documentation of receipt of vaccination
- c. Non-immune employees will be offered vaccination or directed to HR to begin the exemption process. Employees who consent to vaccination will complete a consent form. MMR vaccine is administered SQ.
- d. Vaccination will not be administered to personnel who are pregnant or expect to become pregnant within 3 months. Pregnancy testing is performed prior to administering any live vaccines.
- e. Employees with 2 documented doses of MMR are not recommended to be serologically tested for immunity; but if they are tested and results are negative or equivocal, they should be considered to have presumptive evidence of immunity to measles, mumps and/or rubella. If no previous documentation of MMR - equivocal results should be considered negative.
- f. For unvaccinated personnel born before 1957 who lack laboratory evidence of mumps immunity or laboratory confirmation of disease, health-care facilities should consider vaccinating personnel with 2 doses of MMR vaccine
- g. Employees who do not have documented evidence of immunity will be instructed to

report to Occupational Health if involved in an exposure event.

VI. Pertussis (Required Vaccination or when appropriate an approved medical or religious exemption)

- a. Vaccination with Tetanus, Diphtheria, acellular Pertussis (Tdap) is available to personnel and recommended by the CDC for all health care workers.
- b. OHS will offer a dose of Tdap to those who have not received the vaccine or booster within the past 10 years or be directed to HR to begin the exemption process.
- c. Tdap is administered intramuscularly (IM) in the deltoid.

VII. Rubella (Required Vaccination or when appropriate an approved medical or religious exemption)

- a. Health care providers who work in medical facilities should be immune to rubella. . If no previous documentation of immunity is provided, OHS will order a titer to check immunity.
- b. Personnel will be considered immune if:
 - i. They have serologic evidence of immunity
 - ii. Documentation of receipt of vaccination
- c. Non-immune employees will be offered vaccination or directed to HR to begin the exemption process. Employees who consent to vaccination will complete a consent form. MMR vaccine is administered SQ.
- d. Vaccination will not be administered to personnel who are pregnant or expect to become pregnant within 3 months. Pregnancy testing is performed prior to administering any live vaccines.
- e. Employees with 2 documented doses of MMR are not recommended to be serologically tested for immunity; but if they are tested and results are negative or equivocal, they should be considered to have presumptive evidence of immunity to measles, mumps and/or rubella. If no previous documentation of MMR - equivocal results should be considered negative.
- f. For unvaccinated personnel born before 1957 who lack laboratory evidence of rubella immunity or laboratory confirmation of disease, health-care facilities should consider vaccinating personnel with at least 1 dose of MMR vaccine.
- g. Employees who do not have documented evidence of immunity will be instructed to report to Occupational Health if involved in an exposure event.

VIII. Tuberculosis screening (Required Test)

- a. Personnel will be screened for tuberculosis:
 - i. Personnel with no documented Interferon Gamma Release Assay (IGRA) within the previous 12 months will have an IGRA drawn.
 - ii. Personnel with a positive IGRA will be provided a questionnaire by OHS.
 - 1. Personnel must complete a symptom questionnaire and a Chest X- ray will be ordered. Results will be reported to OHS.

- iii. Personnel who are able to produce results from a Chest X-ray completed in the previous 12 months and are asymptomatic for TB will be exempted from Chest-X-ray.

IX. Varicella (VZ) (Required Vaccination or when appropriate an approved medical or religious exemption)

- a. Assess VZ history via titer, vaccination documentation or provider diagnosis.
- b. Evidence of immunity includes:
 - i. Documentation of 2 doses of varicella given at least 28 days apart
 - ii. History of varicella or herpes zoster based on provider diagnosis
 - iii. Serologic evidence of immunity or laboratory confirmation of disease
- c. Personnel who are not immune to VZ will be offered vaccination. Those employees receiving the vaccination will complete a consent form. Two doses of varicella vaccine will be provided, 4 weeks apart. Varicella vaccine is administered SQ. Following vaccination restrictions may be placed on personnel who may be in contact with high risk populations (i.e. newborns, pregnant women and immunocompromised individuals).
- d. If rash occurs following vaccination, report to OHS.
- e. Employees who do not have documented evidence of immunity will be instructed to report to Occupational Health if involved in an exposure event.

X. Meningococcal

- a. Only offered to at-risk healthcare workers (Microbiology staff). Documentation of 1 dose. Booster should be given every five years if risk continues

NOTE:

Refer to the on-line version of this policy for the most current information. Printed copies of this policy may not be current.

Use of this document is limited to the Temple University Health System employees, physicians, and staff only. It is not to be copied or distributed outside of the institution without Administrative permission.

Attachments

[!\[\]\(a0c20551745271d88e99b0e44767ed91_img.jpg\) Appendix B: Authorization for Use and/or Disclosure of Health Information](#)

[!\[\]\(d7efc02a020ca4a994cb6ace4bf9369b_img.jpg\) Appendix C: Pre-Employment Health History and Exam Forms](#)

Approval Signatures

Step Description	Approver	Date
CNE Approval	Chaudron Carter: CHIEF NURSE EXECUTIVE	07/2025
CMO Approval	Carl Sirio: EVP, CHIEF MEDICAL OFFICER	07/2025
	Joseph Kauffman: AVP, OCCUPATIONAL HEALTH SVCS	06/2025

Applicability

Chestnut Hill Hospital, Fox Chase Cancer Center, TUHS All Policies, Temple Endoscopy Center – Northeastern Campus, Temple Faculty Physicians, Temple Physicians Inc., Temple University Health System Corporate, Temple University Hospital Inc.

COPY



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Next Review 2/4/2027

Owner Cheryl Devose:
VP EMPLOYEE/
LABOR
RELATIONS

Area Human
Resources

Applicability Temple
University Health
System-Wide AG

Drug and Alcohol Free Workplace Policy, 950.553

REFERENCES:

Drug Free Workplace Act
Fitness for Duty Policy (#950.953)
Family and Medical Leave Policy (#950.554)
Miscellaneous Leaves Policy (#950.585)
TUHS Corrective Action/Discipline Policy (#950.544)

ATTACHMENTS:

- A. Drug Test Panels
- B. Direct Patient Care and Safety Sensitive Positions
- C. Prescriber's Report and Recommendation
- D. Medical Review Officers
- E. Reasonable Suspicion Checklist

I. SCOPE

This policy applies to Temple University Health System, Inc. ("TUHS") and all TUHS subsidiary corporations. Any reference to TUHS means TUHS and its subsidiaries. This policy replaces all prior TUHS policies regarding the subject matter contained herein. This policy applies to all TUHS employees unless superseded by provisions of a collective bargaining agreement. The provisions of a collective bargaining agreement will prevail except in the case of leaves regulated and protected by government

mandate.

This policy applies to all job applicants who have received conditional offers of employment from TUHS (hereinafter referred to as "applicants") and to all TUHS employees (hereinafter referred to as "employees").

II. PURPOSE

In a healthcare environment, it is essential to maintain a safe environment free of impairment related to the use and abuse of illegal drugs, alcohol, and prescription and over-the-counter medication. Employee involvement with these substances can adversely affect employee productivity and morale and may pose serious health risks to users and others.

III. POLICY

To maintain a drug and alcohol free workplace and encourage and enforce a safe working environment for all TUHS employees, patients and visitors, the standards of conduct listed in section V of this policy will be required of all TUHS employees. New employees will be educated about this policy during onboarding. Current TUHS employees will review the mandates of this policy annually during "Mandatory Competencies" training.

IV. DEFINITIONS

The following definitions are used in this policy:

- A. **Alcohol:** Beverages, medications, or foods including beer, wine, and distilled spirits, containing alcohol, including methyl and isopropyl alcohols.
 - Alcohol Testing will be performed using an oral fluid instant test. In the event of a non-negative oral fluid sample, a blood sample will be drawn for a blood alcohol test to be performed in a laboratory.
- B. **Canceled or Invalid Test:**
 - In urine testing: a test that has not taken place, a specimen that cannot be analyzed by a laboratory, or a test that is declared canceled by the Medical Review Officer (MRO).
 - A canceled test is neither positive nor negative. It also differs from a refusal to submit to testing. When a test is canceled, the employee will be required to submit a new specimen.
- C. **Chain of Custody:** Standard procedures ensuring the integrity and tracking of the specimen subject to testing.
- D. **Collection Site:** A place designated by TUHS where donors present themselves for the purpose of providing a specimen and/or breath to be analyzed for the presence of drugs and/or alcohol.
- E. **Collection Site Person:** A person who instructs and assists donors at a collection site and who receives and makes a screening examination of the urine specimen provided by those donors.

A collection site person may also be a Breath Alcohol Technician, and vice versa.

F. Confirmation or Confirmatory Test:

- In drug testing, a second analytical procedure to identify the presence of a specified drug metabolite that is independent of the screening test and that uses a different technique and chemical principle from that of the screening test in order to ensure reliability and accuracy.
- In alcohol testing, a second test following a screening test that provides quantitative data of alcohol concentration. A Confirmation Test is performed if the screening test shows an alcohol concentration of 0.02 or higher.

G. Confirmed Positive:

- Alcohol: A positive result will result in a blood alcohol test being performed as a second test, following the oral fluid screening test.
- Urine: A positive result in a confirmatory test performed on an aliquot of urine that tested positive by a screening test.

H. Dilute specimen: A urine sample that has a Specific Gravity less than 1.0030 but greater than 1.0010 AND a Creatinine less than 20mg/dl but greater than 2mg/dl.

I. Drug Panel: The drugs that have been determined as being a risk to health care professionals and to public safety, (see Appendix A - Drug Test Panels)

J. Direct Patient Care: Any position in which a diminishment of the employee's ability to perform the essential functions of their job adversely affects patient care. This includes but is not limited to employees who administer, distribute or have access to drugs as part of their job duties.

K. Drugs: Any substance that has psychoactive effects.

L. Drug Free: Free of controlled substances or illicit substances, or misused prescribed or over the counter drugs.

M. Gas Chromatography/Mass Spectrometry (GC/MS): An accurate, reliable testing procedure used to confirm the presence of a controlled substance detected by an initial screening test in urine.

N. Initial Test or Screening Test:

- In drug testing, An instant drug test kit will be used to eliminate "negative" urine specimens from further analysis.
- In alcohol testing, an analytic procedure to determine whether a donor may have a prohibited concentration of alcohol in a blood or oral fluid specimen.

O. Medical Review Officer (MRO): A licensed physician who not only has knowledge of substance abuse disorders, but who also has been trained to interpret and evaluate laboratory test results in conjunction with an employee's medical history. The MRO verifies a confirmed positive test result by reviewing a laboratory report, an employee's medical history, and (if applicable) the findings of a medical examination, to determine whether there is a legitimate, medical explanation.

P. Occupational Health Services, Industrial Health Services or Business Health (referred to

collectively as "Occupational Health" or "OHS"): the employer unit that conducts testing pursuant to this policy.

- Q. **Observed Conditions:** If an employee is suspected by a Collection Site Person of tampering with a urine sample, an observer of the same gender will witness the sample being collected in order to monitor specimen collection for tampering.
- R. **Prescriber:** A healthcare professional licensed to prescribe medication.
- S. **Reasonable Suspicion:** A specific contemporaneous and articulable observation that gives a TUHS supervisor or other management personnel reasonable cause to believe that an employee is under the influence of illegal drugs, alcohol and prescription and over the counter medication, (see Appendix E - Reasonable Suspicion Determination Checklist).
- T. **Refusal to Submit to an Alcohol or Drug Test:** Refusal to Submit to an Alcohol or Drug Test includes but is not limited to the following behavior:
- Failure to provide an adequate sample for testing without a valid medical explanation after receiving notice of the requirement to be tested.
 - Failure to undergo a medical examination or an evaluation from a licensed physician as required by section VI.B.12 of this policy.
 - Engaging in conduct that obstructs the testing process.
 - Failure to arrive at the Collection Site promptly after notification to report for testing. For Reasonable Suspicion testing, employees must report to OHS immediately upon being notified.
 - Reporting off as sick after notification to report for testing.
 - Insubordination or refusal to follow directive during the collection and testing procedures.
 - Tampering with specimens, procedures or documentation.
 - Failure to remain available for requested testing without a valid medical explanation.
- U. **Safety Sensitive Position:** Any position in which the employee has the responsibility for their own safety or other people's safety and where a diminishment of the employee's ability to perform the essential functions of the position may directly or indirectly result in damage or injury to the employee, patients, employees, other individuals, equipment or operations.
- V. **Subject to Duty:** An employee is subject to duty under the following circumstances:
- On their regularly scheduled duty days.
 - When actually reporting to work.
 - When returning from an absence, including but not limited to Paid Time Off (PTO), vacation, illness, or injury.
 - When approved for work by OHS.
 - When the employee has volunteered for extra work on a day off, vacation day, or time they are not regularly scheduled to work.
 - When told in advance, while on duty, that they are expected to be on duty at some point in the future, during that projected period.

- W. **Substance Abuse Professional (SAP):** A professional with knowledge and clinical experience in the diagnosis and treatment of both drug and alcohol related disorders. The SAP may be a licensed physician; a licensed psychologist; a licensed social worker; an employee assistance professional; or an addiction counselor certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission.
- X. **Tampering:**
- In oral fluid specimens, tampering includes but is not limited to the use of any physical, chemical, liquid, vaporous, electronic or other means of attempting to invalidate or negate a breath test.
 - In urine specimens, tampering includes, but is not limited to: the addition of liquid or solid chemicals or other substances to the urine container; heating or cooling the urine and/or the container; or submitting someone else's sample as one's own; or any method that would attempt to preclude detection of substances therein.
- Y. **Toxicology screen:** A test that determines the type and approximate amount of legal and illegal substances a person has taken.
- Z. **TUHS Employee Assistance Program (EAP):** An employer-sponsored service designed to assist employees who are experiencing certain personal or family problems, including mental health, substance abuse, various addictions, marital problems, parenting problems, emotional issues, or financial or legal concerns.
- AA. **Verified Negative Drug Test Result:** A drug test result reviewed by a MRO and determined not to have evidence of prohibited drug use.
- AB. **Verified Positive Drug Test Result:** A drug test result reviewed by a MRO and determined to have evidence of prohibited drug use.

V. STANDARDS OF CONDUCT

- A. **Prohibitions.** To promote patient safety and to ensure a safe and productive work environment, TUHS employees are prohibited from engaging in:
1. the unlawful manufacture, distribution, dispensing, sale, possession, use of controlled substances or illicit substances, or misusing or abusing prescribed or over-the-counter drugs while on duty, subject to duty, while on TUHS property or in recognizable uniforms while not on TUHS property; and
 2. the consumption of beverages, food, or substances (including medication) containing alcohol and/or the presence of alcohol in the body at a concentration level of 0.02% or above while on duty, subject to duty, or on-call for duty.
- B. **Reporting of Drug and Alcohol Arrests and Convictions**
1. Employees must notify HR of any arrests, pending criminal charges or convictions under any criminal drug or alcohol statute on the next business day following any such arrest, filing of the criminal charge or conviction.
 2. Any employee who is disqualified from employment as a result of any such arrests, pending criminal charges or convictions under any criminal drug or alcohol statute must notify their immediate supervisor (or their designee) or HR immediately.

3. A conviction includes any finding of guilt, including a plea of guilty or *nolo contendere*, or any imposition of a sentence, or both, by a judicial body charged with the responsibility to determine violations of federal or state criminal drug statutes.

C. Prescription Drug Use

1. The use and possession of properly prescribed drugs or medications is permitted provided that it does not interfere with the employee's job performance or pose a risk to the health or safety of the employee and /or others.
2. An employee who is taking a prescribed controlled drug or a known potentially sedating medication that might impair their ability to perform the duties of their position safely and competently, as determined by the prescribing physician ("Prescriber"), must submit a written report from the Prescriber to OHS and receive clearance before they are permitted to work. This report must contain the names of the medication(s), dosages and duration of treatment as well as a statement documenting the Prescriber's recommendation of the medication(s) in view of the sensitive nature of such employees' work. TUHS will maintain the confidentiality of any prescription information reported by an employee or Prescriber pursuant to this provision and will not publicize the reason for any employee's removal from work under this provision.

VI. PROCEDURES

A. Types of Drug and Alcohol Tests

1. **Pre-employment:** Applicants will be asked to sign a general consent and release to be tested and directed to report for a drug test. All offers of employment and offers of transfer to safety-sensitive and direct patient care positions are contingent upon the applicant's signing of the consent and release form for testing; taking the required test and having a negative result, and complying with any other condition as required.
2. **Transfer:** Employees transferring into a direct patient care or to a safety sensitive position will undergo drug testing.
3. **Cause**
 - a. **Reasonable Suspicion:** TUHS employees may be required to submit to drug and alcohol testing under the following circumstances: 1) when a reasonable suspicion exists that the employee is in possession or is diverting controlled substances; 2) when an employee appears to be under the influence of illegal drugs, alcohol and/or prescription or over the counter medication or alcohol; or 3) in light of a reliable and credible report of drug and alcohol use that has been independently corroborated. Managers/supervisors must complete the "Reasonable Suspicion Checklist" to document their observations (see Appendix E). Employees who are required to submit to a Reasonable Suspicion test will be placed off duty by OHS.
 - b. **Protective Testing:** TUHS may require employees to undergo testing upon suspicion of a drug diversion or upon the discovery of illegal or

unauthorized substances in a particular area when the circumstances suggest that more than one TUHS employee had control of or access to such substances. Employees who are suspected of being impaired while at work will be placed off duty by OHS.

4. **Anomalous Reports and Count Discrepancies:** Anomalous reports and count discrepancies will be promptly investigated and resolved in accordance with the applicable TUHS and department-specific policies (including the TUHS Corrective Action/Discipline Policy). Additionally, the following testing will be initiated:
 - a. First offense - Employee(s) will be required to submit to **Protective** testing and, if suspected of being impaired while at work, will be placed off duty by OHS.
 - b. Second offense - Employee(s) will be required to submit to **Protective** testing and will be placed off duty by OHS.
5. **Other Testing:**
 - a. **Return to Duty:** Any employee who has tested positive on a drug or alcohol test and has completed a drug/alcohol rehabilitation program must have a negative test result before release to return to duty.
 - b. **Follow-up Testing:** Each employee who returns to duty after a mandatory referral is subject to unannounced follow-up drug and alcohol testing for up to thirty-six (36) months, with a minimum of six (6) drug and alcohol tests in the first 12 months of return to duty.
 - c. **Other Testing:** Employees are subject to drug and alcohol testing as required by law or TUHS policy.

B. Testing and Collection Procedures

1. **Notification of testing:**
 - a. **Pre-employment/transfer testing:** HR will notify applicants and employees transferring into safety sensitive or direct patient care positions to report for a drug test and sign a general consent and release to be tested.
 - b. **Reasonable suspicion and protective testing:** Employee's manager/supervisor or their designee will advise the employee in private that they are required to submit to testing and will immediately escort the employee to OHS. After hours testing will be conducted in accordance with entity specific OHS procedures.
 - c. **Return to duty testing:** TUHS Absence Management Department will notify the employee that they must report to OHS for a return to duty assessment.
 - d. **Follow up testing and other testing:** OHS will notify employees subject to mandatory monitoring agreements when they must report to testing.
2. **Specimen collection.** Specimen collection will be carried out by qualified OHS employees or contracted vendors.
3. **Specimen analysis.** Specimen analysis will be conducted by labs certified by the

Department of Health and Human Services.

4. **Use of samples for drug and alcohol testing only.** Samples collected pursuant to this policy will only be used to test for substances listed in Appendix A Drug Test Panels and for other suspected substances and will not be used to conduct any other analyses.
5. **Identification.** Employees must provide current photo identification such as a valid driver's license or employee identification card prior to being tested. If an employee does not have a valid identification document in their possession, testing may proceed only if a management employee is able to identify the employee personally.
6. **Privacy.** Except for testing conducted under Observed Conditions, during urine testing for drugs, an employee will be afforded the use of a private stall in a restroom facility designated for such testing.
7. **Alternative Testing Methods:** Alternate types of tests may be conducted in a situation which, in OHS judgment, warrants such tests.
8. **Security of Results.** In order to protect the confidentiality of employees subject to testing, the contracted laboratory will transmit results of drug tests to OHS.
9. **Medical Review of Positive Drug Test Results.** Any specimen sample reported by the laboratory as being positive for drugs after confirmatory testing will be reviewed by the MRO. The MRO will review all available medical reports and documentation, and will interview (and examine as necessary) the employee subject to testing. The MRO will report to OHS a Verified Positive Drug Test Result if no legitimate medical explanation is documented. The MRO will also notify the employee that they may request, at their own expense, a reanalysis of the split sample collected at the time of the initial testing.
10. **Dilute test result.**
 - a. A positive dilute drug test will be treated as a verified positive test.
 - b. If the result of the initial **Reasonable Suspicion** test is negative and dilute, a second sample will be collected under Observed Conditions. If the result of the second test is also negative and dilute, the result of the second collection will be treated as the result of record.
11. **Monitoring for Tampering.** If the employee or an applicant is suspected by a Collection Site Person of tampering with a urine sample, a second sample will be collected under Observed Conditions. Both the suspected tampered sample and the sample collected under observed conditions will be forwarded to the laboratory for testing and all future specimens will be collected under Observed Conditions. Even if both samples are negative for drugs, tampering is a dischargeable offense.
12. **Chain of Custody.** Appropriate Chain of Custody procedures will be utilized at all collection sites.
13. **Inability of employee to provide a specimen:**
 - a. Urine:
 - i. An employee who does not produce a minimum 45cc of urine on a first attempt will be advised that they will have up to three (3)

hours to provide an adequate specimen and will be encouraged to drink up to 40 oz. of fluids while remaining at the collection site.

- ii. The collector will examine the initial specimen for obvious signs of adulteration and obtain a temperature reading, if possible. If the specimen shows no indications of adulteration or substitution, the collector should discard the specimen and document the time of the attempt and that the specimen was of insufficient quantity.
- iii. If the initial specimen temperature is out of range or the specimen appears to have been tampered with, the collector should prepare the partial specimen for shipment to the laboratory and conduct another specimen collection under Observed Conditions.
- iv. If the employee refuses to remain at the collection site until they have provided an adequate specimen or until three (3) hours have elapsed; this will be considered a "Refusal to Submit to Drug and Alcohol Test."
- v. When the employee has not provided a specimen of at least 45 cc within three (3) hours, OHS will direct the employee to obtain, within five (5) business days, an evaluation from a licensed physician who is acceptable to the MRO and has expertise in the medical issues raised by the employee's failure to provide a sufficient specimen. The MRO may perform this evaluation if the MRO has the appropriate expertise.
- vi. If there is no legitimate medical explanation for the employee's inability to provide a required specimen, this will be considered a "Refusal to Submit to a Drug and Alcohol Test."

14. **Notification of positive test results:** OHS will advise the employee and HR of the test results. The employee will be placed off duty by OHS.

VII. CONSEQUENCES OF POLICY VIOLATION

- A. **Convictions under criminal drug statutes.** Any employee who has been convicted under any criminal drug statute in the unlawful/unauthorized manufacture, distribution, dispensing, sale, possession, or use of drugs or any other unauthorized controlled or illicit substances will be terminated.
- B. **Failure to report arrests, pending criminal charges or convictions.** Any employee who fails to disclose any arrest, pending criminal charge or conviction under any criminal drug or alcohol statute to HR within the designated time frame will be subject to disciplinary action, up to and including termination.
- C. **Unauthorized distribution, sale, possession, or use of alcohol or other controlled substances.** Any employee subject to duty or in recognizable uniform who engages in the unauthorized distribution, sale, possession, or use of alcohol or other controlled substances will be subject

- to disciplinary action, up to and including termination.
- D. **Failure to disclose use of prescribed medication.** An employee who fails to notify OHS that they are taking a prescribed controlled drug or a potentially sedating medication that might impair their ability to perform the duties of their position safely and competently, as required by section IV. C. of this policy will be subject to disciplinary action in accordance with the TUHS Corrective Action/Discipline policy and evaluation by OHS which may result in a mandatory referral to EAP.
 - E. **Reasonable Suspicion and Protective Testing.** Any employee found to have a positive test under a Reasonable Suspicion or a Protective toxicology screen will be terminated.
 - F. **Applicants for Employment.** An applicant who receives a Verified Positive Drug Test result will have their offer of employment withdrawn.
 - G. **Applicant for Transfer:** An employee transferring into a safety sensitive or direct care position (see Appendix B), who receives a Verified Positive Drug Test result will have their offer of employment withdrawn. That employee will be able to avail themselves of treatment options under the Mandatory Referral Program as a condition of continued employment in their current position. An employee who is in good disciplinary standing (*i.e.*, does not have a record of discipline at a level of a written warning or above in the preceding twelve-month period) who has completed the prescribed course of treatment will be eligible to apply for transfer after completing six (6) months of post-treatment employment.
 - H. **Refusal to Submit to an Alcohol or Drug Test:** Employees must comply with all testing procedures. Refusal to Submit to an Alcohol or Drug Test as defined in section IV of this policy is a terminable infraction.
 - I. **Compliance with Follow-up Testing.** The employee must comply with, and complete, the treatment plan and any aftercare recommended by the treatment provider and approved by the EAP and/or SAP. Noncompliance will result in termination of employment. A positive result from any test conducted during the follow-up testing period will result in termination of employment.
 - J. **Compliance with the Drug and Alcohol Free Workplace Policy.** Compliance with this policy is a condition of employment. Refusal to comply with any aspect of this policy will result in termination of employment.

VIII. EDUCATION AND TREATMENT REFERRALS

A. Drug and Alcohol Education Program

TUHS has developed a Drug and Alcohol Education program to assist its employees with understanding the perils of substance abuse. As part of that program, TUHS will engage in an educational effort to prevent and eliminate substance abuse that may affect the workplace.

B. TUHS Employee Assistance Program (EAP)

TUHS offers its employees and their qualified dependents an EAP intended to assist them with addressing personal issues that might adversely impact their job performance, health and well-being. The EAP is staffed with fully trained mental health and substance abuse professionals who can assist with substance abuse issues. Employees may seek confidential assistance

through the EAP at any time. Management referral or permission is not required.

Payment for EAP referrals is in accordance with the provisions of the employee's health plan.

C. Voluntary Referrals to the EAP and Follow-up Monitoring

1. Non-probationary employees who are not subject to the EAP referral may utilize EAP drug and alcohol rehabilitation services of their own volition. TUHS encourages this use. However, if the employee requests EAP assistance or treatment after being notified of a scheduled test, asking for assistance will not prevent the test from occurring, and, in the event of a positive test results, will not shield the employee from the appropriate disciplinary consequences of a positive toxicology screen.
2. The EAP will maintain the confidentiality of employees who utilize its services and will disclose the employee's progress in treatment only if obligated to do so under its duty to warn TUHS that an employee who is not cleared for direct patient care or safety sensitive work may attempt to return to such work.
3. Employees returning to work following a voluntary EAP referral will have to obtain a fitness for work clearance from OHS including a negative toxicology result.
4. Employees who voluntarily refer themselves for treatment are not subject to unannounced follow up toxicology screens. However, such employees may request and authorize the OHS to conduct toxicology testing in accordance with other treatment plans, such as the State's program for nurses. Because such testing falls outside the scope of this policy, it would be provided at a cost to the employee.

D. Employee Benefits During Participation in EAP Treatment

Employees may use accrued benefit time or may request a leave in accordance with the applicable TUHS leave policies while participating in treatment.

IX. CONFIDENTIALITY AND INVOLVEMENT OF LAW ENFORCEMENT AND LICENSING AGENCIES

- A. The results of an employee's drug and alcohol test will be treated as confidential medical records and will be maintained as such by OHS.
- B. TUHS may be obligated to disclose the results of drug and alcohol tests to law enforcement, regulatory enforcement and licensing agencies or government officials, and, when required, TUHS will comply with these disclosure requirements. All such reporting will be conducted by OHS.
- C. In the event that an employee, or their Union or other representative, discloses the results of that employee's toxicology screen or the fact of the employee's EAP participation or challenges test results or administrative or disciplinary action taken pursuant to this policy, disclosure of otherwise confidential information may be made by TUHS to the extent necessary to defend itself and to protect its and the public's interest.

APPENDIX A

Drug Test Panels

For Cause Testing Panel
Amphetamines/Methamphetamine
Barbiturates
Benzodiazepines
Cocaine
Marijuana
Opiates (C, Mor, Hydrocodone, Hydromorphone)
Phencyclidine
Methadone
Propoxyphene
Methaqualone
Meperidine
Ketamine
Fentanyl
Fentanyl Analogs - Alfentanyl and Sufentanyl
Oxycodone
Propofol
Pre-employment Testing Panel
Instant with lab confirmation
Amphetamines/Methamphetamine Barbiturates
Benzodiazepines
Cocaine
Opiates
Phencyclidine
Methadone
Oxycodone
Anti-tampering measures - (creatinine, ph, specific gravity, temperature, nitrites)

APPENDIX B

Direct Patient Care/Safety Sensitive Positions

A complete list of direct patient care and safety sensitive positions for the purpose of this policy is maintained by Human Resources.

APPENDIX C

PRESCRIBER'S REPORT AND RECOMMENDATION

Please see the attached Appendix C: Prescriber's Report and Recommendation

APPENDIX D:

Medical Review Officer(s) (as of April 2019)

Dr. Jack Tarr
P.O. Box 50575 (8001 Conner Road)
Knoxville, TN 37950

APPENDIX E

Reasonable Suspicion Checklist

Please see the attached Appendix E: Reasonable Suspicion Checklist

NOTE:

Refer to the on-line version of this policy for the most current information. Printed copies of this policy may not be current.

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Attachments

[!\[\]\(1a684e29808474e8ccbb625461b0bfcd_img.jpg\) Appendix C: Prescriber's Report and Recommendation](#)

[!\[\]\(20d35847a5713402cca80b22ed0e1cb3_img.jpg\) Appendix E: Reasonable Suspicion Checklist](#)

Approval Signatures

Step Description	Approver	Date
CEO Approval	Michael Young: CHIEF EXECUTIVE OFFICER	02/2025
CHRO Approval	John Ryan: EVP, CHIEF COUNSEL & CHRO TUHS	01/2025
Legal Counsel Approval	Anna Will: ASSOC GEN COUNSEL -LABOR & EMP	12/2024
	Vjera Silbert: VP HR COMPLIANCE & EMP REL	11/2024

Applicability

Chestnut Hill Hospital, Fox Chase Cancer Center, TUHS All Policies, Temple Endoscopy Center – Northeastern Campus, Temple Faculty Physicians, Temple Physicians Inc., Temple University Health System Corporate, Temple University Hospital Inc.

COPY

TEMPLE UNIVERSITY HOSPITAL, INC.

Number:	TUH □□ □C - 306
Title:	□ □□IC□□ □IC□N□IN□ □□□□ IN□TION R□□UIR□□ □NT□
Effective Date:	11/01/2002
Last Revised:	03/11/2013, 10/31/2014, 5/5/2023, 01/29/25
Last Reviewed:	09/01/2005, 08/01/2006, 05/22/2007, 08/01/2009, 02/00/2012, 03/30/2018, 11/14/2022, 5/5/2023, 01/29/25
GMEC Approval:	5/5/2023
References:	Common□ealth of Pennsylvania Code, Title 49 □17.5
Attachments:	None

SCOPE	This policy applies to all residents who are enrolled in an approved training program and any physician trainee in an unaccredited training program at Temple University Hospital.
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PURPOSE

Temple University Hospital is committed to providing Residents with an excellent educational opportunity and resources to become competent and successful physicians. The purpose of this policy is to set forth the requirements for successful completion of the licensing examination requirements for graduates of allopathic and osteopathic medical schools, including international graduates.

DEFINITION

Resident: “Resident” is defined as any intern, resident, or fellow in any ACGME, CPME, ASHP or CO² accredited training program and any physician trainee in an unaccredited training program.

POLICY

It is the policy of the Commonwealth of Pennsylvania and Temple University Hospital that all allopathic and osteopathic residents in graduate medical education programs obtain a graduate medical training license. The graduate medical training license indicates the resident's specialty of training and level of training.

Allopathic Medical School Graduates or Foreign Medical Graduates

1. It is required by the Pennsylvania State Board of Medicine, for applicants of a graduate medical training license, to complete and provide documentation of the successful completion of the appropriate examinations, as listed below:

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U0000

Graduate Training Level	U0000 Step 1	U0000 Step 2 C0		U0000 Step 3
P000-1				
P000-2				
P000-3 and above				

- Residents must meet the requirements of the Pennsylvania State Board of Medicine and obtain a graduate training license that is consistent with the resident's level of training within the residency program.
- Residents who are entering their first year of post-graduate training must schedule and take the U0000 Step III within ten (10) months of beginning the program. Residents are required to provide the Program Director and 000 office with the results of the U0000 III within one week of the results being available.
- Residents who begin training at Temple University Hospital at the second year of post-graduate training must schedule and take the U0000 Step III within three (3) months of beginning the program. Residents are required to provide the Program Director and 000 office with the results of the U0000 III within one week of the results being obtained.
- If a Resident has failed the U0000 Step III, the resident should consider taking a preparation course to better prepare for the examination.
- A resident who fails to meet the examination requirement to advance at the next level of training will not be allowed to continue in the graduate medical education program. Therefore, the resident's contract will not be renewed.
- A Program Director may petition the DIO, in writing, for an extension of the resident's training to complete an examination requirement. If the request is approved, the resident may be granted an unpaid academic leave of absence, not to exceed 4 months, in order to fulfill the examination requirement. The time off during leave of absence will not count towards the residents training.
- In addition to the specific graduation requirements for each residency program, a resident shall not be allowed to graduate from a program nor shall the resident be certified as eligible for entry into the specialty board certification process, unless the resident has met the examination requirements necessary to obtain an unrestricted license to practice medicine in Pennsylvania.
- Residents will be notified of this policy at the time of their interview, appointment to the program and at initial orientation to Temple University Hospital.

Osteopathic Medical School Graduates

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Temple University Hospital requires that graduates of osteopathic medical schools must meet the following examination requirements:

COMPLEX

Graduate Training Level	CO-0000 Level 1	CO-0000 Level 2	CO-0000 Level 3
P000-1			
P000-2			
P000-3 and above			

- Residents must meet the requirements of the Pennsylvania State Board of Osteopathic Medicine and obtain a graduate training license that is consistent with the resident's level of training within the residency program.
- Residents who are entering their first year of post-graduate training must schedule and take the CO-0000 Step III within ten (10) months of beginning the program. Residents are required to provide the Program Director and HR office with the results of the CO-0000 III within one week of the results being available.
- Residents whose training at Temple University Hospital begins at the second year of post-graduate training must schedule and take the CO-0000 Step III within 3 months after they have begun the second year of post-graduate training. Residents are required to provide the Program Director and HR office with the results of the CO-0000 III within one week of the results being obtained.
- If a resident has failed the CO-0000 Step III, the resident should consider taking a preparation course to better prepare for the examination.
- A resident, who fails to meet the examination requirement to advance to the next level of training, will not be allowed to continue in the graduate medical education program. Therefore, the resident's contract will not be renewed.
- The Program Director may petition the Director of Graduate Medical Education, in writing, for an extension of the resident's training to complete an examination requirement. If the request is approved, the resident may be granted an unpaid academic leave of absence, not to exceed 4 months, in order to fulfill the examination requirement. The time off during leave of absence will not count towards the residents training.
- In addition to the specific graduation requirements for each residency program, a resident shall not be allowed to graduate from a program nor shall the resident be certified as eligible for entry into the specialty board certification process, unless the resident has met the examination requirements necessary to obtain an unrestricted license to practice medicine in Pennsylvania.
- Residents will be notified of this policy at the time of their interview, appointment and initial orientation to Temple University Hospital.

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NOTE:

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Recommended by:

Susan Coull, MD
 Chief Graduate Medical Education Officer, TUH
 Senior Vice President for Medical Education - TUH
 Assistant Dean for UGME and GME, Temple University, Lehigh Valley School of Medicine
 Designated Institutional Official for Graduate Medical Education, TUH

Approved by:

TUH Board of Directors

Date:

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Origination 1/1/2000
Last 4/20/2018
Approved
Effective 4/20/2018
Last Revised 2/14/2018
Next Review 4/19/2020

Owner Lioudmila Cruz:
AVP, GRAD
MEDICAL
EDUCATION
Area GMEC
Applicability Temple
University
Hospital Inc.

Resident Evaluation and Promotion, TUH-GMEC-201

Attachments:

None

SCOPE

This policy applies to all residents who are enrolled in an approved training program and any physician trainee in an unaccredited training program at Temple University Hospital.

PURPOSE

This policy and procedure delineates the institutional guidelines for the evaluation and promotion of a resident or fellow in an approved residency program at Temple University Hospital.

DEFINITION

Resident: "Resident" is defined as any intern, resident, or fellow in any ACGME, CPME, ASHP or CODA accredited training program and any physician trainee in an unaccredited training program.

BACKGROUND

The evaluation of a resident's performance in the residency-training program is an essential part of the process of graduate medical education. The program director is responsible for insuring that an effective and fair evaluation system is developed and implemented.

Evaluations can be divided into two broad categories, **formative** and **summative**. These two categories of evaluation have different purposes, but both are a necessary part of the evaluation system.

Formative evaluations provide constructive feedback to the resident and should be a routine part of the educational process. These evaluations should identify areas that the resident has mastered and performs well, and also those areas that the resident has not mastered, where improvement is necessary. This process of formative evaluation should be used to convert unacceptable or marginal performance into satisfactory performance. It should also be used to convert good performance into excellent performance. To achieve the maximum educational benefit for the resident, the evaluations should be given to the resident in a timely manner and be specific enough for the resident to be able to use the information in a constructive way. The more timely the feedback, the more likely it will be useful to the trainee.

Formative evaluations may involve the use of formal written evaluation instruments or informal, direct feedback between a faculty member and a resident.

Summative evaluations are used to make final judgments about performance at various points during the residency-training program. These evaluations will judge whether performance has been satisfactory or unsatisfactory. In making summative evaluations as much information as possible should be considered.

This may include review of written and oral evaluations, faculty recommendations, comparisons to published standards and criteria, results of examinations, input from the Clinical Competency Committee, milestone attainment and other methods of evaluation the program may use. Summative evaluations are used to judge if a resident has successfully completed a stage of training and is ready to move to the next level.

The evaluation system should be developed in concert with the development of the curriculum for the residency program. The requirements specified in the **ACGME Program Requirements for Graduate Medical Education in each specialty, ACGME Common Program Requirements**, ACGME Institutional Requirements, those specified by the governing specialty board, and those defined by the individual program and the sponsoring institution (through the graduate medical education committee) must be used to develop the curriculum. Programs are required to develop goals and objectives for each component of the educational program as part of their curriculum development.

A written evaluation instrument must be developed to aid in the evaluation process and to serve as a written record of the resident's performance. In developing the evaluation instrument, the program should attempt to collect information that will aid in making summative judgments. The resident's performance should be measured against the program's expectations for a given rotation or level of training. It is important that the evaluation system provide specific information about a resident's performance, especially if that performance is unsatisfactory.

Formative evaluation and constructive feedback should be a routine part of the faculty's interaction with the residents. There must be a semi-annual, formal review with the resident of summative evaluations. These semi-annual reviews can take place between the resident and the departmental chairperson, program director, faculty advisor, or other faculty member as identified by the individual program, with the program director performing the final summative review, at the completion of the program.

Education of the faculty about how to be an effective evaluator and how to provide constructive and

timely feedback will improve the evaluation system. The active participation of faculty members in the development of the resident evaluation system can lead to a greater faculty involvement and interest in the evaluation process. This can lead to a system that better meets the needs of residents, faculty, and the program.

POLICY AND PROCEDURE

1. Each sponsored residency program shall develop a system to periodically evaluate each resident within the program in compliance with ACGME Common and specialty/subspecialty-specific Program Requirements. (For the purposes of this document, resident/residency shall refer to any graduate medical education program, including programs commonly identified as fellowships). Each program shall maintain a written policy describing the evaluation and promotion. The policy must include criteria for promotion and/or renewal of appointment and a description of the due process procedures to which the resident is entitled in the event of an adverse decision.
2. Decisions about a resident's promotion, graduation, suspension, remediation, renewal or non-renewal of the *Temple University Hospital Resident Appointment Agreement* (hereinafter, *Agreement*), or dismissal from the training program shall be based on the resident's academic performance and conformity to accepted standards of behavior. Grounds for adverse actions are enumerated in the disciplinary policy.
3. The evaluation and promotion system for each residency-training program shall meet the requirements of the governing ACGME Residency Review Committee. At a minimum, written evaluation shall be completed at the end of each assignment. Each resident must be given an opportunity to review his/her evaluations. Formal, semi-annual evaluations must occur. There must be written documentation that this review has taken place. In the event of an adverse evaluation, the resident shall be given the opportunity to write a response to the adverse evaluation and have it added to the file.
4. A resident shall be promoted to the next year of training or graduated from the program only when s/he has been judged to have successfully fulfilled the requirements for the current level of training and/or of the training program. Programs are required to develop objective criteria to aid in these decisions and use the specialty-specific Milestones.
5. Evaluations of Residents

Formative Evaluation

- a. Residents must receive regular, timely, and meaningful verbal and written feedback during their training.
- b. Programs must complete written evaluations at the end of each assignment. Residents on rotation assignment greater than two months in length must be evaluated at least every two months. For longitudinal assignments, evaluations must be completed every three months.
- c. Programs must provide objective assessments of competence of patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice based on the specialty-specific Milestones.

- d. Programs must document progressive resident performance improvement appropriate to the educational level.
- e. Programs must provide each resident with documented semi-annual evaluation of performance with feedback.
- f. Programs must use multiple evaluators, including, but not limited to, faculty, peers, patients, self, and other professional staff.

Summative Evaluation

- a. The specialty-specific Milestones must be used as one of the tools to ensure residents are able to practice core professional activities without supervision upon completion of the program.
- b. Program directors must provide a summative evaluation for each resident upon completion of the program.
- c. The summative evaluation must become part of the resident's permanent record maintained by the institution, and must be accessible for review by the resident in accordance with institutional policy.

The summative evaluation must document the resident's performance during the final period of education and must verify that the resident has demonstrated sufficient competence to enter practice without direct supervision.

- 6. For a resident whose performance is judged to be unsatisfactory, the departmental chairperson, program director, and/or residency clinical competency committee may choose to place the resident on warning, remediation or probation. A program may also choose to not renew the *Agreement* or dismiss the resident from the program. Programs electing one of these options must consult the DIO prior to presenting the decision to the resident and to follow the GMEC Disciplinary Action Policy.

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Approval Signatures

Step Description	Approver	Date
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Applicability

Temple University Hospital Inc.

COPY



Origination 7/1/1995
Last Approved 12/12/2023
Effective 6/4/2021
Last Revised 12/12/2023
Next Review 12/11/2025

Owner Lioudmila Cruz:
AVP, GRAD
MEDICAL
EDUCATION
Area GMEC
Applicability Temple
University
Hospital Inc.

Due Process Appeal Procedure (Suspension, Termination, Probation, and Non-Renewal), TUH-GMEC-202 (Formally TUHRAC – 202)

REFERENCES:

Drug and Alcohol Policy – TUHS-ADMIN- 950.553

Miscellaneous Leaves Policy – TUHS-950.585

Academic and Clinical Performance Improvement Policy - TUH GMEC – 211

PURPOSE

This policy and procedure describes the due process proceedings available to all Residents at Temple University Hospital (TUH).

POLICY

It is the policy of Temple University Hospital that all Residents will be afforded the same due process appeal proceedings at the institutional level.

DEFINITION

Formal Corrective Action

"Agreement" is defined as the employment agreement between the Resident and Temple University Hospital, Inc.

"Day" is defined as a calendar day unless otherwise specified in this policy.

"Designated Institutional Officer (DIO)" is defined as the individual who, in collaboration with the Graduate Medical Education Committee (GMEC), must have authority and responsibility for the oversight and administration of each of the institutions accredited programs, as well as for ensuring compliance with the ACGME Institutional, Common, and specialty/subspecialty specific program requirements.

"Disruptive Conduct" – is behavior that threatens patient safety because it inhibits collegiality and cooperation essential to teamwork, impairs communication, undermines morale, and/or inhibits compliance with existing practices/policies as well as implementation of new practices/policies. Disruptive Conduct may be overt or passive (i.e. refusal to act or respond) and includes, but is not limited to:

1. Verbal or physical abuse of colleagues, residents, students, hospital personnel or patients, which includes throwing objects, threatening violence and/or aggressive physical contact with others.
2. Sexual harassment, which includes jokes with sexual content and comments with sexual innuendo.
3. Inappropriate language or comments, either oral or written, including racial, ethnic, gender, sexual orientation or socioeconomic slurs, profanities or obscenities, sarcastic, or demeaning remarks, and statements that show a blatant disdain for another person.
4. Threatening or intimidating behavior exhibited during interactions with colleagues, residents, students, hospital personnel or patients, which includes finger pointing, invading another's personal space and yelling or screaming.
5. Inappropriate responses to patient needs or staff requests, which includes late replies to pages, knowingly disregarding hospital policies and impertinent or inappropriate comments (or illustrations) made in patient medical records or other official documents, impugning the quality of care in the hospital.
6. Retaliation against Complainant(s).

"Final Action" means a non-appealable action taken by a Program Director or Department Chair after waiver or exhaustion of Resident's Due Process rights, as set forth in this policy.

"Formal Corrective Action" is defined as the decision to take any of the following actions regarding a Resident: (1) placement on Probation; (2) Suspension; (3) Termination; and (4) non-promotion.

"Good Cause" is defined as circumstances, not reasonably avoidable, that provide reason to deviate from action and/or time frames otherwise prescribed by this policy.

"Resident" is defined as any intern, resident, or fellow in any ACGME, CPME, ASHP or CODA accredited training program and any physician trainee in an unaccredited training program.

"Special Notice" is defined as written notice transmitted by Email, Hand Delivery or Overnight Carrier with tracking capability

PROCEDURES

I. SPECIAL NOTICE:

- a. Upon making the decision to take Formal Corrective Action against a Resident, the

Program Director (or their designee) shall promptly issue Special Notice to the Resident stating the reason(s) for the Formal Corrective Action, the duration of the Formal Corrective Action, if applicable, and shall advise the Resident of their Due Process rights under this policy and the manner and time frame required to exercise such rights, as set forth in Section VII herein. The Special Notice shall also enclose a copy of this policy. If the Special Notice is issued for purposes of termination, additional information shall be contained in the Special Notice, as set forth in Section V herein. A copy of the Special Notice will be submitted to the DIO and another copy shall be placed in the Resident's permanent file.

II. PROBATION:

- a. TUH may place a Resident on probation for academic or behavioral reasons. The basis(es) for probation include, but are not limited to:
 - i. Academic deficiencies identified by the competency committee or program director that were not successfully remediated by a Performance Improvement Plan (as defined in the Academic and Clinical Improvement Policy);
 - ii. Failure to successfully complete a rotation or required assignment at a given PGY level;
 - iii. Failure to progress through milestone expectations; and
 - iv. Engages in Disruptive Conduct.
- b. Terms of Probation
 - i. The terms of probation shall be in writing (in addition to the Special Notice) and shall state the reason(s) for the probation, the duration of the probation, required duties and milestones that must be met to be removed from probation, and the consequences of not meeting the probation milestones. A copy of the probation document will be submitted to the DIO and another copy shall be placed in the Resident's permanent file.
 - ii. During probation, the Resident will be allowed to continue in the training program, subject to any specific terms of the probation. The Resident's salary and benefits shall continue through the probation period.
 - iii. The probation shall remain in effect for the stated duration or until ended by the Program Director or until modified or rescinded pursuant to Due Process, as set forth in this policy.

III. SUSPENSION:

- a. TUH may immediately suspend a Resident for cause, with or without compensation and benefits. Cause is determined at the discretion of the Program Director in consultation with the Resident's Department Chair and the DIO. Cause includes, but is not limited to, the Resident:
 - i. Failing to complete assigned medical records in accordance with TUH's requirements.
 - ii. Violating any terms and conditions of the Agreement.

- iii. Violating TUHS Drug and Alcohol Policy 950.553, such that suspension is warranted under that policy.
- iv. Failing to comply with any applicable bylaws, policies and procedures, rules and regulations of TUH, the Department, and the Medical Staff (if applicable) as well as those of other institutions in which the Resident rotates.
- v. Failing to comply with any applicable local, state, or federal laws and/or regulations or accrediting standards of any regulatory bodies (ACGME, Joint Commission, DOH, HCFA, etc.) which govern the provision of safe clinical care and operations of TUH and/or other institutions in which the Resident rotates;
- vi. Facing allegations, including, but not limited to, Disruptive Conduct that the Program Director believes requires time for evaluation of the facts and circumstances that gave rise to the allegation.

b. Terms of Suspension

i. During the suspension, the Resident must:

- 1. Relinquish the Resident's TUH identification card, keys, parking pass and any other TUH property, unless determined otherwise by the Program Director; and
- 2. May not enter TUH or any building/facility on the Temple University Health Sciences Campus for any reason without the prior approval of the Resident's Program Director.

- ii. The residency program may impose certain requirements on the Resident that must be satisfied before a suspension. Such requirements must be in writing and shall have start and end dates. The requirement(s) may include, but are not limited to, enrolling in a counseling or coaching sessions, signing a "behavioral contract", or participating in other remedial programs or activities.
- iii. The suspension shall remain in effect for the stated duration or until ended by the Program Director or until modified, ended or rescinded pursuant to Due Process, as set forth in this policy
- iv. At the discretion of the Program Director, in consultation with the Resident's Department Chair and the DIO, the Resident's compensation and benefits may or may not continue during suspension.

IV. NONPROMOTION:

- a. TUH may choose to not promote a resident to the next level of training. Nonpromotion is not advancing the resident to the next level of training, including graduation.
- b. Non-promotion may be due to academic performance reasons; in which case the resident may be required to repeat a rotation or year of training.
- c. Non-promotion may be due to an extended leave of absence, in which case the

Resident's contract is extended at the current level of training until such time as the Resident has fulfilled the requirements of the current level of training and meets the milestones and academic performance required to be promoted to the next level of training.

V. TERMINATION:

- a. TUH may immediately terminate the Resident's Agreement and participation in the residency program at any time for cause. Termination includes non-renewal of the Resident's current Agreement. Cause is determined at the discretion of the Program Director in consultation with the Resident's Department Chair, the DIO and the TUHS Office of Counsel. Cause includes, but is not limited to, the Resident:
 - i. Recurrently failing to satisfactorily perform duties assigned to the Resident, as set forth in the Agreement;
 - ii. Failing to abide by and/or meet the terms and/or milestones of probation;
 - iii. Failing to adequately meet any requirements that were imposed during a suspension;
 - iv. Failure to maintain an active work visa, if one is required;
 - v. Violating TUHS Drug and Alcohol Policy 950.553, such that termination is warranted under that policy; or
 - vi. Behaving in a manner that is singularly so egregious as to warrant termination.
- b. Nothing herein is intended to require, or should be construed as requiring, TUH to take any other Formal Corrective Action(s) before terminating a Resident.
- c. Termination Process
 - i. In addition to the information required under Section I of this policy, the Special Notice issued to the Resident shall advise the Resident that their termination shall become effective eleven (11) days from the date of the Special Notice if the Resident chooses not exercise the Due Process rights under this policy.
 - ii. The Resident's compensation, benefits and professional liability insurance shall cease as of the effective date of the termination, except for prior acts coverage, if applicable. However, the Resident shall receive compensation for unused vacation time that has accrued up to the day the Resident received Special Notice of termination and, for terminations based solely upon academic performance, compensation and benefits may be extended for a specified time at the sole discretion of the DIO.
 - iii. The Resident shall not be scheduled to nor shall they conduct any duties, as set forth in the Resident's Agreement, from the date of the Special Notice until the Resident's Due Process rights are either waived or exhausted.
 - iv. Upon receipt of an in-person Special Notice of termination, the Resident shall relinquish her/his TUH identification card, and any other Temple owned property (e.g. Temple issued phone, keys, parking pass, etc.) and

immediately leave the premises. Upon receipt of Special Notice via Overnight Carrier, the Resident shall make arrangements with the Graduate Medical Education Office to promptly relinquish such items.

- v. Except for participation in Resident Appeal Committee hearing, a Resident who has been terminated may and not return to TUH or any building or facility on the Temple Health Sciences Campus for any reason without the prior, written approval of the Resident's Program Director or DIO.

VI. DUE PROCESS:

a. Appeal to the Department Chair

- i. The Resident shall have ten (10) days following her/his receipt of Special Notice of a Formal Corrective Action to appeal such action to Resident's Department Chair. Such appeal shall be in writing and shall state clear and concise reasons for the appeal. Otherwise, in the absence of Good Cause, the rights for appeal and hearing shall be deemed waived. If the Department Chair is also the Residency Program Director, then the DIO shall appoint a person to substitute for the Chair under Section VII of this policy.
- ii. Within ten (10) days of the Chair's receipt of the Resident's request for appeal, the Chair shall decide, in their sole discretion, whether to:
 - 1. Meet with the Resident to discuss the reasons stated in the Resident's request for appeal; or
 - 2. Investigate the reasons stated in the Resident's request for appeal; or
 - 3. Maintain, modify or rescind the Formal Corrective Action; and
 - 4. Provide the Resident with Special Notice of the Chair's decision regarding the Resident's appeal, and clear and concise reasons therefor.
- iii. If the Chair decides to meet with the Resident, the Special Notice to the Resident shall set a date for such meeting that shall be no fewer than three (3) days nor more than ten (10) days from the date of the Special Notice. Within five (5) days after such meeting, the Chair shall issue Special Notice to the Resident advising of the Chair's decision and clear and concise reason(s) therefor. The Chair may decide to conduct an investigation, as set forth in Section VI a. iv, or to maintain, modify or rescind the Formal Corrective Action.
- iv. If the Chair decides to investigate the reasons for the appeal, the Special Notice to the Resident shall set a date by which such investigation will be concluded. Such date shall not be more than ten (10) days from the date of the Special Notice. Within three (3) days of the conclusion of the investigation, the Chair shall issue Special Notice to the Resident with the Chair's decision and clear and concise reasons therefor. The Chair may decide to maintain, modify or rescind the Formal Corrective Action.

b. Hearing Request

- i. The Resident shall have five (5) days from receipt of the Chair's decision under Section VI a. to request a hearing before a Resident Appeal Committee (RAC). Such request shall be issued to the DIO, in writing, and shall state clear and concise reasons for the request.
- ii. Upon receipt of a hearing request, the DIO shall notify the Resident's Department Chair, Program Director and Chair of the Graduate Medical Education Committee of the request.

c. Resident Hearing Committee

i. Appointment

Within ten (10) days of receipt of a hearing request, the DIO shall appoint a hearing committee.

1. Composition. The RAC will consist of the GMEC Chair and three (3) faculty members and one (1) resident. No member of the RAC (including the GMEC Chair) may: (a) be a member of the Resident's training program; (b) have been involved in the decision to take Formal Corrective Action; or (c) have been involved in or a party to any incident that gave rise to the Formal Corrective Action (e.g. a complainant about unprofessional behavior). Unless prohibited herein, the GMEC Chair shall be the RAC Chair. If the GMEC Chair cannot serve on the RAC, for any reason, the DIO shall appoint another GMEC committee member to serve as the RAC Chair. Prior to appointment of the other members of the hearing committee, all potential hearing committee members shall be notified of their nomination to serve on the committee. Knowledge of the matter will not preclude a person from serving as a member of a hearing committee. Nominees who agree to serve on the committee, shall attest, in writing, that they have no real or potential conflict with the Resident and that they are able to review and decide the matter objectively, fairly and without prejudice or bias. Submission of such attestation shall complete their appointment to the committee absent any objection(s) by the Resident to such appointment(s).
2. Notice of RAC Members. Within three (3) days after empaneling an RAC, the DIO shall issue Special Notice to the Resident identifying the committee members and advising the Resident their right to object to any committee member in accordance with subparagraph VII c. i. 3.
3. Objection to Committee Member(s). The Resident must raise any objections to any proposed committee member(s), and state the basis therefore, to the DIO within five (5) days of receipt of such Special Notice. Otherwise, they will be deemed to have waived such an objection. It shall be within the sole

discretion of the DIO to replace a proposed committee member after receipt of an objection raised pursuant to this paragraph..

ii. Hearing Scheduling

1. Scheduling. The RAC hearing shall be scheduled as promptly as possible, but in no event later than forty-five (45) days from the DIO's receipt of the request for the hearing.
2. Scheduling Modifications. Once a request for hearing is initiated, the Resident may request a postponement, and/or extensions of time other than the times permitted in this policy. Such requests may be permitted by the RAC, or its Chair acting upon its behalf, within the sole discretion of the committee or its Chair, upon a showing of Good Cause or by mutual agreement of the parties. Requests for scheduling modifications, and the reasons therefor, may be made with the initial request for a hearing or thereafter, provided that any such later request must be sent to the RAC Chair, in writing, no later than five (5) business days before the scheduled hearing.
3. Each party will provide the other with a list of witnesses and their respective attorneys (or other person who will present in support of the Resident) within fifteen (15) days of the hearing date, unless both parties agree otherwise. Witness lists will be finalized and a copy of proposed evidence shall be provided to the other party no later than five (5) business days before the hearing.

iii. Hearing Procedure

1. Attendance. If the Resident fails to appear at the hearing without Good Cause, the hearing committee may, in their sole discretion: (a) conduct the hearing in the Resident's absence; (b) cancel the hearing, causing the Formal Corrective Action to become a Final Action; or (c) continue the hearing until another date.
2. Representation. The Resident will be entitled to be accompanied by legal counsel or another person of the Resident's choice at a hearing. The RAC shall be entitled legal counsel to advise them in preparation for and during the hearing. The residency program will designate one of its members as its advocate during the hearing and that advocate will also be entitled to legal counsel to advise her/him in preparation for and during the hearing. Legal counsel present on behalf of either party are restricted to providing private counsel to their respective client, without active participation at the hearing (i.e. attorneys are prohibited from making opening remarks or closing arguments, presenting or cross-examining witnesses, and/or making objections, etc.). If attorneys are not present at the hearing, nothing herein is intended to prevent the Resident, residency

program advocate or RAC from consulting with legal counsel in preparation for the hearing.

3. RAC Chair. The RAC chair will endeavor to ensure that all participants in the hearing have a reasonable opportunity to be heard and to present relevant oral, documentary or other evidence in an efficient and expeditious manner, and that proper decorum is maintained. The RAC chair will be entitled to determine the order of, or procedure for, presenting evidence and argument during the hearing and will have the authority and discretion to make all rulings on questions that pertain to matters of law, procedure, or the admissibility of evidence. Such rulings may be based upon factors, without limitation, such as the reasonableness of time, efficiency, the number of proposed witnesses, and the purported relevance of such evidence. If the RAC chair determines that either side in a hearing is not proceeding in an efficient and expeditious manner, he/she may take such discretionary action as deemed warranted by the circumstances.
4. Record. A court reporter shall be present to make a record of the hearing proceedings. All costs associated with the court reporter service will be borne by TUH. All parties and witnesses shall swear or affirm to tell the truth before giving testimony at the hearing. After adjournment of the hearing, the RAC Chair shall instruct the court reporter to submit the hearing transcript to the parties, on the same date, on an expedited basis by overnight carrier with tracking capability.
5. Witnesses & Evidence. All RAC members shall be present during opening statements, the presentation of evidence and closing arguments. Within reasonable limitations, the residency program advocate, the RAC, and the Resident may call and examine witnesses for relevant testimony, introduce relevant exhibits or other documents, cross-examine or impeach witnesses who have testified, and otherwise rebut evidence. The Resident present their own testimony and may be called as a witness by the residency program advocate or the RAC, and be examined/cross-examined.
6. Burden. The residency program advocate shall present facts, and cross-examine witnesses, and make opening statements and closing arguments on behalf of the program. It will be the obligation of such advocate to present appropriate evidence in support of the Formal Corrective Action. The Resident will then have the burden of supporting his/her challenge to the Formal Corrective Action by providing appropriate evidence showing that the basis(es) upon which the action was taken are insufficient, or that such basis or any action based thereon, is arbitrary, unreasonable, or capricious.

7. Rules of Evidence & Procedures. Judicial rules of evidence and procedure relating to the conduct of the hearing, examination of witnesses, and presentation of evidence will not apply to a RAC hearing. Any relevant evidence, including hearsay, will be admitted if it is the sort of evidence on which responsible persons are accustomed to rely in the conduct of serious affairs, regardless of the admissibility of such evidence in a court of law. The RAC may interrogate the witnesses or call additional witnesses if it deems such action appropriate. After the close of all evidence by the parties, each party may make an oral closing argument or submit a written closing statement to the RAC.
8. Conclusion of Hearing. The RAC Chair may recess the hearing and reconvene the same without notice at such times and intervals as may be reasonable, with due consideration for reaching an expeditious conclusion to the hearing. Upon the RAC's receipt of closing arguments, the hearing will be adjourned.

iv. Hearing Decision

1. RAC Decision. Within ten (10) of its receipt of the hearing transcript, the RAC will convene to deliberate and make its decision on the Formal Corrective Action, by majority vote based upon a preponderance of credible evidence. The RAC may decide to uphold, modify (i.e. amend the terms of the Formal Corrective Action or convert the Formal Corrective Action to different type of Formal Corrective Action under this policy) or rescind the Formal Corrective Action. If the Formal Corrective Action is modified or rescinded, the RAC shall state the nature of the modification or rescission, the effective date of the modification/rescission, and which components, if any, of the Resident's Agreement (e.g. compensation, benefits, etc.) will be restored to the Resident. The RAC's decision shall be a Final Action.
2. Decision Notice. Within three (3) days of the RAC's decision, the RAC Chair shall issue a written report to the DIO, the Resident's Department Chair and Program Director. The report shall contain the RAC's decision on the Formal Corrective Action and will contain a concise statement of the reasons in support of the decision. The RAC Chair shall submit the same report and to the Resident via Special Notice.

NOTE:

Refer to the on-line version of this policy for the most current information. Printed copies of this policy may not be current.

Attachments

[TUH-GMEC-202-Due Process Appeal Procedure \(6.4.21\).pdf](#)

Approval Signatures

Step Description	Approver	Date
Next Step	Lioudmila Cruz: AVP, GRAD MEDICAL EDUCATION	12/12/2023
	Lioudmila Cruz: AVP, GRAD MEDICAL EDUCATION	12/12/2023

Applicability

Temple University Hospital Inc.



TEMPLE HEALTH
TEMPLE UNIVERSITY HOSPITAL

Origination 9/1/1992
Last 9/6/2019
Approved
Effective 9/6/2019
Last Revised 9/6/2019
Next Review 9/5/2021

Owner Lioudmila Cruz:
AVP, GRAD
MEDICAL
EDUCATION
Area GMEC
Applicability Temple
University
Hospital Inc.

Workplace Harassment and Violence, TUH GMEC – 206

References:

TUHS Policy 950-559

Attachments:

TUHS Policy 950-559

SCOPE

This policy applies to all residents who are enrolled in an approved training program and any physician trainee in an unaccredited training program at Temple University Hospital.

PURPOSE

This policy and procedure is intended to reinforce Institutional Policy #950.559 which can be found in the Hospital Policies and Key Documents. A copy of #950.559 is attached for convenience.

DEFINITION

Resident: "Resident" is defined as any intern, resident, or fellow in any ACGME, CPME, ASHP or CODA accredited training program and any physician trainee in an unaccredited training program.

POLICY

Temple University Hospital has a zero tolerance policy with regard to disruptive behavior, harassment, and workplace violence. Unprofessional, unwelcome, disruptive, bullying, harassing, and or violent

conduct is prohibited – whether the form is verbal, written (including text messages and emails), or physical. Conduct and behaviors that are prohibited include, but are not limited to, making sexual advances or sexually offensive motions or gestures, visual displays of pornography; creating a hostile work environment; disrupting the work of others; interfering with work performance; verbal abuse, intimidation of others, physical abuse or violence; making pointed reference to weapons or bringing them to the workplace; displaying overt signs of hostility or anger; making threatening remarks or gestures; or displaying irrational or inappropriate behavior. Such policy applies to all individuals at the Health Sciences Campus and the University. Harassment training is mandatory for all Residents in any Graduate Medical Education Program at Temple University Hospital.

PROCEDURES

1. Temple University Hospital affirms its responsibility to provide an educational environment free of sexual and other forms of harassment as defined and prohibited by law.
2. Harassment, in any form, is considered unacceptable conduct which will not be tolerated.
3. The Human Resources Department provides specially trained individuals to investigate and to recommend corrective actions, when warranted, regarding allegations of harassment.
4. All Program Directors have an affirmative responsibility to report allegations of sexual and other forms of harassment to the Graduate Medical Education Office. Residents are also encouraged to self-report. A confidential hot-line (2-COPE) is provided to all residents and may be used to report instances of harassment, violence or disruptive behavior.
5. It is strongly recommended that each Residency Program develop its own departmental policy and procedure for reporting sexual and other forms of harassment.
6. The Hospital will rely upon Institutional Policy #950-559 to guide its actions in response to any and all allegations of sexual harassment.
7. If allegations of sexual and other forms of harassment are found to be substantive, the Hospital will take prompt corrective action. Such action may include discipline up to and including termination.

NOTE:

Refer to the on-line version of this policy for the most current information. Printed copies of this policy may not be current.

Use of this document is limited to the Temple University Health System employees, physicians, and staff only. It is not to be copied or distributed outside of the institution without Administrative permission.

Approval Signatures

Step Description

Approver

Date

Applicability

Temple University Hospital Inc.

COPY



Origination 2/1/2012

Last Approved 12/15/2022

Effective 12/15/2022

Last Revised 12/15/2022

Next Review 12/14/2024

Owner Vjera Silbert: VP
HR COMPLIANCE
& EMP REL

Area Human
Resources

Applicability Temple
University Health
System-Wide AG

Social Media Policy, 950.573

REFERENCES:

[Policy Against Workplace Harassment and Violence \(950.559\)](#)

[Corrective Action/Discipline Policy \(950.544\)](#)

[Equal Employment Opportunity Policy \(950.594\)](#)

[Electronic Devices Policy \(950.147\)](#)

[Patient Privacy and Confidentiality \(220.00\)](#)

[Computer Usage Policy \(400.00\)](#)

Temple University Health System Standards of Conduct Corporate Compliance Program, contained in the HIPAA Privacy and Security Compliance Supplement

[Communication with the Media Policy](#)

[Access Control Policy \(TUHS-IS-0310\)](#)

ATTACHMENTS:

Appendix A: Quick Reference Guide

I. SCOPE

This policy shall apply to Temple University Health System, Inc. ("TUHS") and all TUHS subsidiary corporations. Any reference to TUHS shall mean TUHS and its subsidiaries. This policy applies to all

TUHS employees unless superseded by provisions of a collective bargaining agreement. The provisions of a collective bargaining agreement will prevail except in the case of leaves regulated and protected by government mandate.

Nothing in this policy shall be construed to limit, in any way, an employee's rights under any applicable federal, state, or local laws.

The rules that apply to other TUHS communications also apply to the use of social media, including but not limited to respecting co-workers, supervisors, patients and one another; protecting confidentiality, privacy, and security; and safeguarding and proper use of TUHS assets.

This policy applies to TUHS employees, volunteers, interns and contracted personnel.

II. DEFINITIONS

Blog. Short for "web log," blogs are web sites that allow an individual or group of individuals to post commentary online. A blog is usually maintained by an individual with regular entries of commentary, descriptions of events, or other material such as graphics or video.

Microblog. Microblogs allow users to exchange small elements of content such as short sentences, individual images, or video links.

Protected Health Information (PHI). PHI is any patient information that may be used to identify a patient. PHI is rendered de-identified when it excludes all of the following direct identifiers of an individual, or of the relatives, employers or household members of the individual: names; postal address information, other than town or city, state and zip code; telephone numbers; fax numbers; electronic mail addresses; social security numbers; medical record numbers; date of service; health plan beneficiary numbers; account numbers; certificate/license numbers; vehicle identifiers and serial numbers, including license plate numbers; device identifiers and serial numbers; web universal resource locators (URLs); internet protocol (IP) address numbers; biometric identifiers, including finger and voice prints; and full face photographic images and any comparable images.

Promotional Content. Promotional content is defined as communications which are designed to endorse, promote, sell, advertise or otherwise support TUHS and its mission.

Social Networking or Social Media. "Social networking" or "social media" include various forms of electronic communication (such as websites for social networking and microblogging) through which users create online communities to share information, ideas, personal messages, and other content, including but not limited to:

- Social networking sites, such as Facebook, Instagram, Snapchat and LinkedIn
- Video and photo-sharing websites, such as YouTube, Tumblr, and Pinterest
- Micro-blogging, such as Twitter;
- Blogs; and
- Online discussion forums, such as Reddit.

NOTE - The absence of an explicit reference to a particular site does not limit the application of this

policy. This policy applies to all forms of social networking, including newly developed and released sites.

III. PURPOSE

TUHS recognizes and respects that employees have an interest in using social media outside of working hours. However, the use of social media in healthcare settings may create patient privacy and worker safety issues and result in regulatory/legal exposure for clinicians, staff and the organization. The use of social media can also have other negative impacts on the workplace such as reducing productivity, hindering teamwork, and exposing the company to spam and fraudulent messaging. This policy seeks to create a balance between staffs desire to engage in private social media activities, while protecting the interests of the organization and its patients, staff and visitors.

IV. PROCEDURES

A. Procedures

1. Personal Social Networking

- a. **Social Networking at Work:** With the exception of individuals explicitly authorized to perform work-related social networking activities or those engaging in work related educational and networking activities (for example, attending continuing education and professional development webcasts and Q&A sessions), employees must not engage in personal social networking when on duty or when using TUHS-provided internet services. This includes downloads or notifications to or from social network sites.
- b. **Use of TUHS accounts:** With the exception of work related and/or authorized social networking activities, employees must not use their TUHS network accounts or email addresses to engage in non-work-related social networking away from work.
- c. **Prohibited Content:**
 - a. **Patient Information.** Employees shall not use or disclose patient information on any personal social media, including, but not limited to, a patient's name, picture, or any other identifier from which their identity could be ascertained. Unauthorized disclosure of patient information constitutes a breach of TUHS Policy TUHS-CEO-220, the Patient Privacy and Confidentiality Policy, and a violation of the Health Insurance Portability and Accountability Act (HIPAA). Users will be subject to disciplinary action and would be personally liable for civil and criminal penalties, imposed by the government, in the event of a breach.
 - b. **Confidential information.** Employees shall not disclose confidential and/or proprietary information on social media including, but not limited to, performance of subordinates, strategic decisions, long-term plans, employment matters, or other organization-sensitive matter which they acquired in the course of employment with TUHS.
 - c. **Statements on behalf of TUHS.** Employees must refrain from engaging in

activities or making statements that may create an impression that they are communicating on behalf of or as a representative of TUHS. Furthermore, employees shall not imply or suggest that their views and opinions represent the views of the organization. If employees are engaged in social networking for personal purposes and they identify themselves as a TUHS employee, or their comments could be construed as the views of TUHS, they are encouraged to include the following statement (or similar) in their profiles: ***"The views expressed by me on this site are mine alone and do not necessarily reflect those of my employer."***

- d. **TUHS trademarks and logos.** Employees shall not use TUHS trademarks or logos or any representation of the TUHS or Temple Health trademark or logo such as a sign, image, or photograph unless approved by the TUHS Marketing Department.

- d. Application of Other TUHS Policies

- a. Employees who identify themselves as TUHS employees on social networking sites are subject to other TUHS policies including, but not limited to: Policy Against Workplace Harassment and Violence (950.559), Corrective Action/Discipline Policy (950.544), Equal Employment Opportunity Policy (950.594), Electronic Devices and Cell Phone Usage (950.1057), and the TUHS Corporate Compliance Program, including its Standards of Conduct, HIPAA Privacy and Security Compliance Supplement.
- b. Employees who identify themselves as TUHS employees on social networking sites are expected to exercise good judgment when posting content that may impact or be harmful to TUHS and/or their coworkers including, but not limited to:
 - i. information that may compromise TUHS business practices, patient privacy and security, or organizational security;
 - ii. derogatory, threatening or inflammatory remarks about an individual or an individual's protected personal characteristics;
 - iii. copyrighted or trademarked information; or
 - iv. confidential or proprietary information of any kind or nature.

2. Authorized Use of Social Media

- a. Employees may repost any content placed by TUHS on official TUHS social media sites or post other **authorized** content from TUHS Marketing and Communications Departments using their personal social media accounts.
- b. Employees who wish to use social media to promote TUHS or its services as part of their job must first obtain written permission from the TUHS Marketing Department. Employees may send their inquiries to social@templehealth.org.
 - i. Designated TUHS employees must be authorized by the TUHS Marketing Department to participate in social networking for specific work-related purposes and in support of TUHS' organizational objectives.

- ii. Formally authorized employees must follow the guidelines provided to such individuals and may be required to attend a training session prior to the use of social media as part of their job. From time to time, TUHS Marketing may review authorized accounts for adherence to these guidelines.
 - iii. Formally authorized employees who are managing social media accounts for departments, programs, and the like must use separate accounts linked to their TUHS e-mail addresses or other approved accounts separate from those for their personal use.
- 3. Communications with the Press:
 - a. Any communications with the press carried out via social media must be approved by the TUHS Communications Department. NOTE: Comments/content posted on employees' personal public facing social media feeds can be seen and used by the press in an "on the record" capacity, without the press needing to obtain express permission to do so.

B. Monitoring and Disciplinary Procedures

1. **Privacy:** TUHS employees should have no expectation of privacy regarding their social networking activities which may negatively impact TUHS or constitute a violation of TUHS policies. TUHS, at its sole discretion, may review the social networking activities of its employees under reasonable circumstances to ensure compliance with this policy. Reviews of social networking and Internet activities will be covered under the IS&T Systems Access Management Policy (TUHS-IS-0310).
2. **Disciplinary Measures:** Violations of this policy will result in appropriate corrective action, including discipline up to and including termination. In addition, if the violation involves patient information, it may be deemed a security breach reportable to the Secretary of the Department of Health and Human Services. Employees may be subject to civil and criminal penalties and criminal prosecution at the discretion of the Department of Health and Human Services and the Department of Justice.

Appendix A

QUICK REFERENCE GUIDE:

Employees who are **NOT** authorized to use social media for work-related purposes...

MAY NOT:

- x Use social media at work (while performing assigned duties)
- x Use TUHS equipment/email for social media activities
- x Disclose PHI or confidential/proprietary information
- x Make derogatory, threatening or inflammatory remarks
- x Compromise TUHS business practices,

MAY:

- ✓ Repost/share comment from official TUHS social media accounts on their own personal social media accounts

patient privacy and security, or organizational security x Present themselves or their views as representing TUHS or its views x Use TUHS trademarks and logos	
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NOTE:

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Approval Signatures

Step Description	Approver	Date
CEO Approval	Michael Young: CHIEF EXECUTIVE OFFICER	12/15/2022
CHRO Approval	John Lasky: EVP, CHRO TUHS	12/15/2022
	Vjera Silbert: VP HR COMPLIANCE & EMP REL	12/12/2022

Applicability

Chestnut Hill Hospital, Fox Chase Cancer Center, TUHS All Policies, Temple Endoscopy Center – Northeastern Campus, Temple Faculty Physicians, Temple Physicians Inc., Temple University Health System Corporate, Temple University Hospital Inc.

TEMPLE UNIVERSITY HOSPITAL ADMINISTRATIVE POLICIES AND PROCEDURES

Number: TUH GMEC – 402
Title: House Staff Administrative Suspension for Non-Compliance
Effective Date: 10/03/2008
Last Revised: 09/06/2019; 12/03/2021
Last Reviewed: 09/06/2019; 11/29/2021
References: TUH INC-ADMIN-950.1029-Suspension Process for Delinquent Records Policy
Attachments:

SCOPE This policy applies to all residents who are enrolled in an approved training program and any physician trainee in an unaccredited training program at Temple University Hospital.

PURPOSE

This policy will define and specify the procedure for House Staff members who fail to abide with timely compliance regarding all Occupational Health and Corporate requirements and regulations. This policy outlines the method and procedure for House Staff who fail to achieve compliance within the required quarterly timeframe.

DEFINITION

“Resident” is defined as any intern, resident, or fellow in any ACGME, CPME, ASHP or CODA accredited training program and any physician trainee in an unaccredited training program.

POLICY

Temple University Health System (TUHS) requires that all employees be compliant with Occupational Health and Corporate requirements. This includes, but is not limited to:

- TUHS annual competencies
- AMA Competencies
- Workman’s Compensation case follow-up (eg, needle stick injuries, TB exposure)
- Medical records completion *
- Fit testing
- Influenza vaccination
- Others as required and notified

NOTE:

Refer to the on-line version of this policy for the most current information. Printed copies of this policy may not be current.

Use of this document is limited to Temple University Hospital employees, physicians, and staff only. It is not to be copied or distributed outside of the institution without Administrative permission.

* Suspension Process for Delinquent Records is managed under the TUH INC-ADMIN-950.1029-Suspension Process for Delinquent Records Policy.

PROCEDURES

Residents will be assigned a New Innovations Checklist with all Occupational Health and Corporate requirements. An e-mail notifications of compliance requirements will be sent to the residents from their program administrator. This e-mail will contain pending deadlines and include an attachment with those individuals not in compliance at that time. This will inform the residents that a deadline is forthcoming and provide instructions to upload proof of compliance into the New Innovations Checklist.

- One month in advance of the quarterly deadline, residents, program directors and program administrators will receive a notification from Central GME that the deadline is in one month's time. This e-mail will include an attachment with the list of individuals not in compliance and the reason for the non-compliance.
- One week in advance of the deadline, the same e-mail with an updated list will be sent.
- The day of the deadline, another e-mail will be sent to the same individuals.
- At the end of that day, residents that are still not in compliance will have their MIS, parking privileges, meal cards and pay suspended.

Suspension will remain in effect until all outstanding deadlines are met. Once completed, notification of reinstatement will be sent to the same parties.

Deadlines will be enforced quarterly

1st Quarter: July – September

Suspension will take place during the first week in September

2nd Quarter: October – December

Suspension will take place during the first week in December

3rd Quarter: January – March

Suspension will take place during the first week in March

4th Quarter: April – June

Suspension will take place during the second week in June

Suspension will be enforced in four (4) hour increments.

Example: 8:00 am – 12:00 pm
 12:00 pm – 4:00 pm

NOTE:

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APPROVALS

Recommended by:

Lioudmila Cruz
Director of Graduate Medical Education - TUH

Susan Coull, MBA
Vice President for Medical Education - TUH
Assistant Dean for UME and GME, Temple University, Lewis Katz School of Medicine
Designated Institutional Official for Graduate Medical Education, TUHS

J. Milo Sowards, MD
Chairman, Graduate Medical Education Committee - TUH
Associate Professor of Orthopaedic Surgery and Sports Medicine - LKSM
Program Director, Orthopaedic Surgery Residency - TUH

Graduate Medical Education Committee

Date: 12/03/2021

Approved by:

Vincent S. Cowell, MD
Chair, Medical Staff Executive Committee - TUH

TUH Board of Directors

Date: 12/16/2021

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Origination 10/9/2012

Last 5/7/2024

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Owner Vjera Silbert: VP
HR COMPLIANCE
& EMP REL

Area Human
Resources

Applicability Temple
University Health
System-Wide AG

Nepotism and Personal Relationships, 950.584

REFERENCES:

Conflict of Interest and Receipt of Gifts - All Employees #115.00

I. SCOPE

This policy shall apply to Temple University Health System, Inc. (TUHS) and all TUHS subsidiary corporations. Any reference to TUHS shall mean TUHS and its subsidiaries. This policy applies to all TUHS employees unless superseded by provisions of a collective bargaining agreement. The provisions of a collective bargaining agreement will prevail except in the case of leaves regulated and protected by government mandate.

II. PURPOSE

The purpose of this policy is to establish guidelines regarding the employment, promotion and transfer (hereinafter referred to collectively as employment) of individuals who are in a close or personal relationship with other TUHS employees.

III. POLICY

A member of an employee's immediate family/close relative may be considered for employment on the basis of their qualifications, provided they meet the requirements of section V.A.

TUHS reserves the right to determine if a specific reporting relationship is not appropriate based on the personal relationship of the manager-subordinate.

It shall be the responsibility of the Chief Human Resources Officer or their designee to determine

whether any individual may be barred from employment for reasons articulated in this policy.

IV. DEFINITIONS

Immediate Family/Close Relative: For purposes of this policy, this term includes the following relationships, whether established by blood, marriage, or other legal action; mother, father, husband, wife, son, daughter, sister, brother, mother-in-law, father-in-law, sister-in-law, brother-in-law, son-in-law, daughter-in-law, step-child, aunt, uncle, nephew, niece or cousin, or any individual with whom an employee has a close, personal relationship; such as a domestic partner, co-habitant, or significant other.

Supervision: Authority to direct an employee's work, affect scheduling or make decisions to hire, promote, evaluate or discipline another employee.

Department: A business unit or a sub-section of a business unit dealing with a particular area of activity and managed by a dedicated manager/supervisor.

V. PROCEDURE

A. Employment after immediate family/close relative relationship is established:

1. Members of an employee's immediate family or close relatives will be considered for employment on the basis of their qualifications, as is the case with all employees.
2. Unless approved in advance by Human Resources (HR), immediate family members/close relatives may not be employed if it would:
 - a. Create a supervisor/subordinate relationship or has influence over the terms and/or conditions of employment;
 - b. Require family members, relatives and/or significant others to work in the same department;
 - c. Have the potential for creating an adverse impact on work performance; or
 - d. Create either an actual conflict of interest or the appearance of a conflict of interest.

B. Employment before immediate family/close relative relationship is established:

1. Current employees who become immediate family members, close relatives, or establish romantic relationships may continue employment as long as it does not create a conflict or have an adverse impact on work performance, as outlined in section V.A (above).
2. If one of the conditions outlined in section V.A. should occur, attempts will be made to either find a suitable position within TUHS so that one of the employees may transfer or change in the reporting relationship. Such changes must be approved by the Chief Human Resources Officer or their designee. If a decision transfer to a suitable position or change the reporting relationship cannot be made by the affected employees within fourteen (14) days of reporting, HR will make the final determination regarding the continued employment of the affected employees and will take all steps that it deems appropriate.

C. **Romantic or Sexual Relationships:** Romantic or sexual relationships between employees in a supervisor/subordinate role, and any conduct (such as dating between a supervisor/manager and an employee) that is designed or may reasonably be expected to lead to the formation of a romantic or sexual relationship, are prohibited.

D. **Reporting**

1. Employees must inform their immediate supervisor and HR if they become immediate family members, close relatives, or establish romantic relationships which may create a conflict or have an adverse impact on work performance as described in section V.A. of this policy.
2. Supervisors/managers must promptly disclose to their supervisor and HR any romantic or sexual relationship with an employee in a subordinate role. Failure to do so may lead to disciplinary action, up to and including termination. The employee may make the disclosure as well, but the burden of doing so shall be upon the supervisor/manager in the relationship.
3. Upon being informed or learning of the existence of such relationships, TUHS shall take all steps that it, in its sole discretion, deems appropriate.
4. In order for TUHS to address any potentially adverse consequences such a relationship may have for the working environment, any person who believes that he or she has been adversely affected by such a relationship, notwithstanding its disclosure, is encouraged to make his or her views about the matter known to HR.
5. TUHS reserves the right to exercise appropriate managerial judgment to take such actions as may be necessary to achieve the intent of this policy and may vary from the guidelines outlined in this policy to address unusual circumstances on a case-by-case basis.

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Approval Signatures

Step Description	Approver	Date
CEO Approval	Michael Young: CHIEF EXECUTIVE OFFICER	5/7/2024
CHRO Approval	John Lasky: EVP, CHRO TUHS	5/7/2024

Legal Counsel Approval

Anna Will: ASSOC GEN
COUNSEL -LABOR & EMP

5/6/2024

Vjera Silbert: VP HR
COMPLIANCE & EMP REL

5/3/2024

Applicability

Chestnut Hill Hospital, Fox Chase Cancer Center, TUHS All Policies, Temple Endoscopy Center – Northeastern Campus, Temple Faculty Physicians, Temple Physicians Inc., Temple University Health System Corporate, Temple University Hospital Inc.

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