

Graduate Medical Education

RESIDENT'S MANUAL

Guidelines and Useful Information

For Resident Physicians and Dentists

and Clinical Psychology Graduate Students

During Training at

NASSAU UNIVERSITY MEDICAL CENTER

A Division of the Nassau Health Care Corporation

Department of Academic Affairs
East Meadow, New York

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NASSAU UNIVERSITY MEDICAL CENTER
Department of Academic Affairs
RESIDENT PHYSICIAN MANUAL

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Introduction

Nassau University Medical Center, (NUMC) a division of the Nassau Health Care Corporation (NHCC), sponsors graduate medical and dental education programs. More than 20 of our own accredited residency training programs are conducted here and at affiliated institutions and, in reciprocal arrangements, we train resident physicians from several other institutions for a portion of their curriculum. Our programs are accredited by the Accrediting Council for Graduate Medical Education, the American Dental Association and the American Osteopathic Association.

As a member of the Resident Staff you are entitled to well-defined rights and privileges while you participate in the educational goals of the specialty you have selected. They are listed in your Contract that is discussed on Page 4. This Manual is a guidebook to the organization, goals, regulations and policies of the Corporation as they apply to resident physicians and dentists.

This Manual is designed to explain your rights, privileges and obligations, based on hospital policy which appears in the **Administrative Policy and Procedure Manual (APPM)** and the **Graduate Medical Education Policy and Procedure Manual (GME P&P)**. References to those policies will be included in sections below for your easy reference. The APPM is located on every nursing floor and in each department office. The GME P&P is located in the Department of Academic Affairs office (Phone 572-5881) and the various department offices. It can also be found on the NUMC web site.

Definitions and Abbreviations.

Resident physician in this manual is used as an all-inclusive term for all residents and fellows with the degree of MD, DO, DDS or DMD who are enrolled in an accredited program.

Intern is an official designation of the American Osteopathic Association for a single, initial year of post-graduate medical education and is often applied to the first year of residency for our other programs. It is also used for a one year post-graduate training in Clinical Psychology, approved by the American Psychology Association.

RY, GY and GME: Your contract identifies you by Resident Year (*RY*), the year of the program in which you are currently enrolled; Graduate Year (*GY*), the number of the years you have been enrolled in graduate medical education; and *GME*, a federal government term used to designate the level of stipend or salary you are receiving. Thus a second year fellow in gastroenterology who completed 3 years of internal medicine before entering fellowship and is being paid at the 5th stipend level would be designated on her contract as RY 2, GY 5, GME 5. A third year ophthalmology resident who completed a year of surgery, which counts toward ophthalmology board certification, and a year of pediatrics, which does not and therefore cannot be counted for reimbursement, would be RY 3, GY 5, GME 4.

Fellow: Commonly applied to residents in training for a second board certified specialty in non-surgical specialties. The ACGME uses the term resident for all physicians in GME.

Attending physician at NUMC is a physician on the *Medical Staff* of the hospital and generally serves as faculty for our training programs.

Faculty may include non-physician personnel that formally participate in teaching residents.

Medical Staff: Health care professionals granted admitting and other privileges at the hospital. All members must have completed prescribed courses of training specific to their specialty.

CSEA: Civil Service Employees Association

ACGME: Accrediting Council for Graduate Medical Education – the accrediting body for the majority of residency programs at NUMC. It is sponsored by the American Medical Association, the American Hospital Association, the American Board of Medical Specialties, the Association of American Medical Colleges, and the Council of Medical Specialties Societies.

ADA: American Dental Association – the accrediting body for our dental programs.

AOA: The American Osteopathic Association – the accrediting body of our osteopathic programs.
APA: American Psychological Association – the accrediting body for our Psychological program.
GME: Graduate Medical Education – residency training for physicians, but applied at NUMC to all post-graduate programs including affiliations with colleges and universities for health-related sciences.
GMEC: Graduate Medical Education Committee – mandated by the ACGME for management of GME at an ACGME accredited hospital.
JCAHO: The Joint Commission for Accreditation of Health Care Organizations – our hospital accreditors.
NUMC: Nassau University Medical Center
NHCC: Nassau Health Care Corporation
NYSDOH: The New York State Department of Health
RRC: Residency Review Committee - the medical specialty committee of the ACGME that sends site visitors and recommends accreditation to the ACGME. There is an RRC for each certifying Board of allopathic medicine.
RTP: Residency Training Program

Organization of a Teaching Hospital

The Nassau Health Care Corporation is the administrative section for all the components of the system that includes the hospital, a geriatric home and community health centers. The Department of Academic Affairs is a hospital subdivision responsible for all medical education, for selected allied health programs sponsored by this institution and for the appropriate training and experience of residents who are assigned here through an affiliation agreement with another institution. The Director is responsible for the education of medical students and allied health students.

NUMC is affiliated with two medical schools, the State University of New York at Stony Brook and the New York College of Osteopathic Medicine. We participate in the education of medical students from both institutions. Our GME programs are accredited by the Accrediting Council for Graduate Medical Education and the American Osteopathic Association. Policies and procedures for GME are largely determined by the ACGME and are applied to all residency programs including our dental and clinical psychology programs where relevant. Several of our residency programs are sponsored by other accredited institutions and policies for the conduct of those programs are spelled out in affiliation contracts.

As a member of the Resident Staff, you are enrolled in a Residency Training Program (RTP), the specialty service to which you applied and were accepted. The hierarchy in an RTP starts with your Chief Resident(s), your Attending Physician, your Program Director and your Department Chair. The latter two may be the same person. Table 1 is a list of Residency Programs currently sponsored by NUMC.

Your participation in the governance of Academic Affairs is critical to our success. There are three routes of access to hospital and medical staff information for resident physicians: (1) The Residents Council; (2) Medical Staff Committees and (3) regular meetings held by your Department or Program. These are described in the next section.

Table One
Residency Programs Sponsored by NUMC
As of January 1, 2006

Allergy and Immunology**	Oncology*
Anesthesiology*	Ophthalmology*
Endocrinology, Diabetes and Metabolism*	Osteopathic Internship+
Gastroenterology*	Pathology-Anatomic and Clinical*
General Dentistry	Pediatrics*
Hematology**	Physical Medicine and Rehabilitation*+
Internal Medicine *+	Plastic Surgery*
Nephrology*	Psychiatry*
Oral and Maxillofacial Surgery	Radiology – Diagnostic*
Obstetrics and Gynecology*	Surgery – General*

*Programs accredited by the ACGME

** Program ends June 30, 2006

+ Programs accredited by the AOA

Clinical Psychology Internship

Nassau University Medical Center sponsors a one-year internship for graduates of accredited university and college Clinical Psychology Programs in the United States and Canada. If you have been selected for this program you will be under a contract similar but not identical to the one described for graduate medical and dental education in this manual. Clinical Psychology Interns are not eligible for campus housing or uniforms (white coats).

About Your Contract

Following a successful recruitment or annual reappointment you will be offered a contract. All GME contracts are for one year, renewable to board eligibility. Resident Physicians are employees of the Nassau Health Care Corporation and, as such, contracted under terms and conditions of employment negotiated between the Nassau Health Care Corporation Civil Service Employee’s Association. These terms and conditions describe your working conditions, benefits and certain rights available to you, but do not include the academic benefits and conditions of your educational goals. You can find the articles of the current Civil Service contract in a booklet that is available in department offices, the Legal Office, the local office of the Civil Service, B Building, 2nd Floor, Room 212 and the web site csea830.org. Section 48 relates to resident physicians and is entitled Doctors.

The contract you sign on accepting employment has been written to include most of the terms and conditions already guaranteed in the Civil Service contract. Many additional, more specific items are added to describe the learning opportunities, facilities and academic support you require as well as hospital expectations, your limits as an employee and the procedures for grievance and termination. If you have questions about your contract you may ask your program director or department chair, the Director of Medical Education, a member of the Legal department or the Civil Service Employee Association representative.

Certain residents may join their program under sponsorship other than the Corporation. Funding for these exceptions is provided by grants to the Meadowbrook Medical Education and Research Foundation (MMERF). Stipends provided will depend on an agreement between the resident and MMERF that offers

many but not all benefits provided by the Corporation. Hospital policy prevents residents from serving without stipend. If your contract is labeled “*Postgraduate Education Acknowledgment between Nassau University Medical Center and resident Physician and Dentist Sponsored by Funding Sources Other Than Nassau Health Care Corporation,*” read it carefully to understand your benefits; your colleagues may unwittingly give you misleading information based on standard Corporation contracts.

Participation in Hospital Affairs

As an employee of the Corporation and a member of the Resident Staff, you have the right to participate in hospital affairs. Your rights extend to those matters that deal with your education and the welfare of the patients you serve, but also include matters of the public good, such as infection control and other health-related issues that arise in the community we serve.

As a resident you are a resource for the issues described above and the quality of your own education. Your input is sought and valued through representation on the **Residents Council (GME P&P # 9)**. Each RTP elects one representative to the Council, which meets monthly with the Director of Medical Education. Members are expected to send a substitute when they cannot attend. This is the most effective and direct forum for raising issues that relate to educational and patient care matters. They will be transmitted by the Director of Medical Education to appropriate persons, committees and agencies.

For at least one 6 month period each resident at this institution becomes a member of a **Medical Staff Committee (GME P&P # 13)**. A list of available committees for residents is found in Table 2. This requirement for completion of your training and awarding a certificate is imposed to prepare you for future hospital staff membership and to give you experience with hospital activities. If you served on a Medical Staff Committee in another hospital as a physician you are exempt from this requirement for a diploma, but we encourage all residents to join our committees.

**Table Two
Medical Staff Committees Open to Resident Membership**

COMMITTEE	ELIGIBLE RESIDENTS
Ambulatory Services	All but Anesthesiology and Pathology
Bioethics	All
Cancer	Medicine and subspecialties, Pediatrics Surgery and Sub-specialties, Pathology and Radiology
Grants and Research	All
Infection Control	All
Library	All
Medical Records	All
Nutrition	All
Operating Room	Anesthesiology, All Surgical Programs, OB/GYN, Radiology and Pathology
Pharmacy and Therapeutics	Anesthesiology, Medicine and all Medical Specialties, Pediatrics, Psychiatry
Quality Improvement	All
Radiation Safety	Radiology
Surgical Review	Medicine and Medical Specialties, OB/GYN, Pathology, Surgery Specialties
Transfusion Practices	Medicine, Hematology Pathology, Pediatrics, Surgery and all Surgery Specialties
Utilization Review	All

Lines of Authority and Communication

It is important to know how to communicate up and down the ladder of responsibility in any organization. In a teaching hospital, there are two lines of responsibility, but both place the rights, safety and well-being of patients first. If you are not sure about a problem or an issue, ask your Chief Resident. In general, the system works like this:

- Medical Student to Attending or Preceptor
- First year Resident to Second or Third year Resident on service
- Second or Third Year resident to Chief resident
- Chief Resident to Attending Physician on Service for clinical matters or to Program Director or Department Chair for administrative matters
- Attending Physician to Division Chief for clinical matters or to Program Director or Chairman for administrative matters
- Division Chief or Program Director to Department Chair
- Department Chair to Graduate Medical Education Committee (GMEC) for educational matters or to Executive Committee of the Medical Staff (ECMS) for administrative matters.
- GMEC to ECMS.
- ECMS to CEO
- CEO to Board of Trustees

There can be exceptions to these lines, usually in an emergent matter that compromises patient care, patient or employee safety, but adherence to the algorithm is the surest way of getting information to the right place.

One important exception for all residents that is highly useful and encouraged is the Residents Council. Concerns about academic or safety issues should be brought to your program representative on the Council. It is recommended when you raise an issue this way that you notify your Chief Resident and or Program Director to be sure they have not already taken action. In the unusual situation that an issue requires extreme confidentiality and the resident cannot utilize the suggested lines of communication, (s)he may approach directly the Director of Medical Education and discuss the specifics. The Director of Medical Education, who attends all Council meetings, will take appropriate action through the channels available to him/her.

Policies Related to Academic Goals

Below are discussed policies that have been implemented to protect your right to an effective education.

Work Hours and Supervision

The Institute of Medicine has determined that many patient care errors occur in teaching hospitals due to inadequate time off of resident physicians. NUMC observes a strict policy for the monitoring of work schedules and actual time on duty that conforms to the New York State Department of Health regulations regarding Resident Work Hours and ACGME/AOA regulations. You may read the policy in detail to learn how it applies to your specialty in the **APPM No. MS-100, Section 1.0**.

The policy essentially limits all resident schedules to 80 duty hours per week *including any time spent working at another health care facility* (see **GME P&P # 8**). There must also be one full day off of every seven. The standard applies to all training programs. Most violations occur in the first year of residency. There may be more than one reason for working more than 80 hours, including improper scheduling

practices, inadequate staffing, insufficient support services, poor work habits, illness or impairment, etc. If you can demonstrate that you are working more than 80 hours per week for a month or more speak to your Chief Resident and determine the cause. The matter will be addressed immediately.

You will be asked to complete a daily survey of your own work hours for two weeks at least once a year. The survey is part of a monitoring plan required by the hospital and the State of New York. Programs or individuals that exceed the limits require a plan of correction and resurvey. The NY State Department of Health conducts unannounced on-site surveys, usually on weekends. You may be asked to show the officer your schedule and describe your work hours and the supervision available to you.

Resident Evaluations

The success of our training programs for residents depends heavily on evaluations of your efforts and on evaluations you provide of your program and faculty. Evaluations of your performance are required at the end of each completed tour of duty and rotation, including those performed at another facility. They become a permanent part of your record. You may review your evaluations upon request to your program director or department chair. If you feel an evaluation is unfair or inaccurate you may respond in writing; your response will be a permanent part of your record.

At least once a year you will be asked to write an anonymous, formal evaluation of your program and faculty. The Office of the Director of Medical Education encourages each house officer to offer such evaluations in a spirit of fair and reasonable critique, and assures that any instances of intimidation or retaliation on the part of faculty will be fully investigated and prosecuted.

Promotion of Residents

Your contract provides for an appointment to the Resident Staff and employment by the NHCC for only one year. Since you have entered an accredited course of study it is expected that you will advance and be reappointed each year until you have completed the curriculum. Advancement, however, depends on fulfilling the requirements of your specialty curriculum and meeting the standards of employment and conduct set by the Corporation. In general the measurements of your progress used to determine your advancement to the next RY are recorded in your evaluations. These are reviewed on a regular basis by your program director with input from the faculty working with you. If you feel you are not progressing at the same rate as your peers it is likely that faculty may be equally aware. Faculty and program directors are expected to advise and counsel you, both for your strengths and your weaknesses. If you are not receiving adequate counseling in your opinion it is strongly recommended that you speak to your program director or the Director of Medical Education.

Most training programs offer or require “in-service” exams once each year. These are a measure of cognitive and procedural skills and generally are not used as evaluations in determining your promotion to the next RY. Failure to function at the level appropriate for the following year can be a reason to deny advancement, however. Each RY entails a greater level of responsibility, independence and teaching requirements for the residents and students you will work with. Of course, negligence or moral turpitude such as sexual harassment or substance abuse will not permit continuation. See the section below for discussion of these items.

Resident Participation in Education and Research Activities

Residents are expected to develop a personal study plan that conforms to the learning goals established for each year of training. We suggest you develop a checklist of knowledge and skills that you expect to achieve by the end of the current year. This may be shown to your program director and compared to the

curriculum requirements for the year. A principal guide for these goals is the concept of increasing responsibility and independence associated with each advancing RY. Such responsibility includes teaching of your subordinate residents and students, including other health care profession students.

A second goal is the acquisition of basic and practical knowledge and skills, including those related to ethics, humanism, statistics and research design. All programs are expected to provide training and guidance in these areas of professionalism, but, as with the knowledge of your chosen specialty, you will need to augment your formal exposure with appropriate reading. See your program director or chief resident for recommended reading. Understanding research is best learned by performing it. Opportunities arise in unexpected places, usually arising from questions raised by a patient or a faculty member. Participating in a case study or research program is strongly encouraged for every resident whether or not he or she intends to continue in academic medicine.

Reduction or Closing of Training Programs

It is possible during training at a teaching hospital economic or other issues may require reduction of class size or closure of a program. **Policy 14** of the **GME P&P Manual** describes the protection afforded residents who may be affected by such an action. The over-riding goal of our GME programs is to sustain and advance the education of our residents. When for any reason we cannot support the completion of a program for residents in good academic standing all possible resources will be devoted to placement of affected residents.

Policies for the Protection of Residents, Patients and the Hospital

Physician Impairment

The Hospital policies for substance abuse and impaired professionals are published the **APPM, Section HR 400** and **Section MS-090**, respectively and in the **GME P&P #17**. These policies require that all resident physicians will be tested for controlled substances prior to their appointment. Those with suspicious or positive results will be denied employment and duty assignments until the issue is resolved. Impaired residents will be terminated but are eligible for a rehabilitation program offered by the Medical Society of the State of New York. Following rehabilitation residents are eligible for readmission to the same or another training program at NUMC.

Sexual and Other Harassment

Residents and Graduate Students are protected by **GME P&P #16** from all forms of harassment or abuse, including physical, verbal and sexual. The policy also describes procedures for reporting abuse while assigned to other institutions. The Hospital **APPM, Section HR 010** addresses protection of all employees regarding equal opportunity, sexual harassment and discrimination.

Public Relations

It is very likely that you will, in the course of your training, be involved in the care of a patient or a situation that is newsworthy. Hospital policy prohibits all employees from speaking directly to the media except by invitation from the Department of Public Affairs. If you are approached in person or by telephone or other electronic means advise the caller you are unauthorized to speak on the matter and refer the caller to the Department at 572-6055.

Confidentiality

All residents will be instructed in HIPAA regulations. Careful adherence to the principals and practices of confidentiality are essential to good patient care. Residents, like all hospital employees, are cautioned against discussing any case in a public setting, both outside and inside the hospital. Medical records are the shared property of the hospital and the patient. They must be protected from visitors and hospital employees who have no role in the patient's care, but they must be shown to the patient on request. When such a request is presented to a resident it should be referred to the attending physician of record.

Ethical Conduct

Residents are expected to learn and adhere to ethical principals. This includes behavior toward patients, colleagues and the hospital. Most ethical challenges encountered are evolving, almost on a day to day basis, because of rapidly developing technology, and many of these issues are specialty-specific. Several resources are available and should be used liberally. The first is the attending physician, who should be called when any issue arises for which the resident does not feel entirely comfortable handling. The attending may call upon the Bioethics Committee of the Medical Staff, a group of hospital personnel headed by a physician, who will deal with the issue. Specialty journals deal with new and common issues; these articles and editorials should be included in your reading.

Policies Related to Working Conditions

Vacation, Sick Leave, Parental Leave and Conference Time

As governed by the contract with the Civil Service, employees are granted leave that has been modified for the learning requirements of resident physicians. Program directors, governed by varying program requirements, are given considerable discretion in allowance for leave time, ultimately based upon patient care and learning opportunity considerations. Vacation leave is set by the contract at three weeks for all programs, and may be adjusted (split, assigned, etc.) by the program director to fit on-call or other patient care considerations. Sick leave is not defined by the contract but the program director has the right to request physician reports. A special policy regarding parental leave has been established for residents, based upon the early notification by the resident to allow time for scheduling in anticipation of the expected date. Time off for the birth and care of a new baby is a high personal priority but remember that your colleagues pay the price of an extra work load; every consideration to them is appreciated and will be paid in kind. Parental leave is charged against vacation time and, if needed, sick leave. (To meet individual program requirements, time in residency may need to be extended) Conference leave for up to one week per year is provided in accordance with the RY requirements of each specialty, the number of residents seeking to attend a given conference and call schedules. Vacation and sick leave time are not cumulative from year to year as for other employees, and no compensation for unused time is provided. Details regarding leave of absence could be found in **GME P&P # 5**.

Medical Records

NUMC is presently installing but is unable to offer electronic medical records at this time. Until such a system is perfected and installed it is important that medical records be completed in compliance with the standards of the JCAHCO, and the burden falls on resident and attending physicians to meet those standards. The standard are published for residents in the **GME P&P #20**, and in the **APPM Sections im-040, 080 and 100/**

Policies Regarding Grievances, Disciplinary Action and Due Process

Grievances

Resident physicians and dentists are afforded several avenues to pursue a grievance. Concerns of residents may be divided into academic and employment issues. The former are the most frequently raised in a teaching hospital, and they can be divided into those that relate to hospital policies, working conditions and other matters that involve a group or all residents and those that are perceived as personal by a resident. The latter may be divided in the same way.

Academic issues must be taken up the ladder of communications described previously. When this route does not reach a resolution, a resident or a group of residents may bring the issue to the Residents Council. When it is believed that the rights of one or more residents have been denied, a written notice of grievance may be sent to the Chair of the Graduate Medical Education Committee.

Probation

A resident may be placed on Probation when his or her program director has identified specific concerns about performance, conduct or ethics. Departmental counseling and/or warnings usually precede this action. The program director or chairman will notify you in writing of the decision to place you on probation. The letter will contain the concerns, assign a period of monitoring and a member of your faculty to serve as monitor. A copy of the letter to the Director of Medical Education will trigger monthly follow-up by the GMEC, which body may advise the program director. At the completion of the monitoring period the Committee may recommend return to good standing, continuation of probation for an equal period to the first, repeat of the current RY or termination. In each case the Director of Medical Education will notify you in writing. A copy of this action and its outcome will be a part of your permanent record. It should be noted that the majority of residents placed on probation have been returned to good standing and continued their careers with success. We strongly recommend that if placed on probation, you accept the offer for counseling.

Employment issues such as safety and security, compensation, health issues and the like may also be brought to the Civil Service Employees Association. It is recommended that residents raise these issues through the Resident Council before taking such a step; there is a good record of resolving working conditions through this avenue, and it avoids a more confrontational and potentially disruptive course.

Termination

If it is determined that you have not acquired the necessary knowledge or skills to advance to the next RY, several options exist for your program director. Depending on the nature of the deficiencies, you may be offered the opportunity to repeat the year or you may be terminated. You will be notified in writing of the intent not to promote you before March of the current year. Counseling is always offered under these circumstances; it is the policy of the institution to salvage your career and every effort will be made to work with you toward a proper decision and, wherever possible, placement. In the instance of egregious conduct or negligence, termination may be immediate, usually following a period of suspension to investigate the precipitating event. An alternative cause of premature termination is when a program shall be terminated before the end of the academic year (a condition highly unlikely). Details of such an occurrence are found in the GME P&P #14).

Due Process

A process has been established for residents to challenge significant disciplinary actions (i.e., probation, suspension or termination) taken against them when they believe such actions are unfair or their rights have been denied or ignored. Due Process is also an option for non-renewal of contract. Due Process is described in detail in **GME P&P # 6 Section V**.

Competencies and their Assessment

During your training you will be evaluated for competency in six areas of medical endeavor. Your diploma and your Board Eligibility depend on acquiring the skills of these six competencies:

COMPETENCY	REQUIRED SKILLS
Patient Care.	a. Caring and respectful behavior b. Interviewing c. Informed decision-making d. Development and carrying out patient management plans e. Counseling and education of patients and their families f. Performance of a routine physical examination g. Performance of procedures required for your specialty h. Application of preventative health services i. Ability to work within a team
Medical Knowledge	a. Investigator and analytic thinking b. Knowledge and application of basic sciences
Practice-Based Learning and Improvement	a. Analyzing own practice for needed improvements b. Use of evidence from scientific studies c. Application of research and statistical methods d. Use of information technology e. Facilitation of learning of others
Interpersonal and Communication Skills	a. Ability to create a therapeutic relationship with patients b. Listening skills
Professionalism	a. Respect and altruism b. Ethical practice and integrity c. Sensitivity to culture, age, gender and disability issues
Systems-based Practice	a. Comprehension of interaction of practice within the larger system b. Knowledge of practice and delivery systems c. Cost-effective practice conduct d. Advocacy for patients within the healthcare system

This system is a project of the ACGME that is a work in progress. Means to evaluate all of these skills will be developed over the next decade. During your training you may find yourself the subject of a study to learn the best method of evaluating a skill. Other methods may have been adopted nationally or will be, causing a sudden change in the way you are evaluated. The intention of this program is to assure a critical public that American medicine is competent medicine.

Facilities

Cafeteria

The hospital cafeteria is a large dining area located on the first floor of the main building. A variety of meals are served at low cost from a food court, grill and salad bar and prepared hot foods are served from steam tables. The hours are: 6:30 AM to 10:00 AM for breakfast, 11:00 AM to 3:00 PM for lunch and 4:00 PM to 7:00 PM for dinner. Vending machines are available 24 hours/7days a week.

Computer Services

Residents are trained in computer skills during orientation. Each resident is assigned an email address provided by the hospital for the duration of training at NUMC. Each resident receives a user ID and password which permits 24 hour access to full text articles of nearly 200 journals and many textbooks. There is an extensive network and computer terminals that extends to all clinical wards/ areas, and clinical departments. Access is provided through the NUMC web page <http://www.numc.edu/Healthscienceslibrary.htm>. Among the different resources are Ebsco Online (allows browsing 185 full-text journals), MDConsult (contains the more significant up to date medical texts, articles from 40 clinical journals, and many CME or patients handouts), NLM Databases (links directly to the National Library of Medicine's PubMed that contains MEDLINE and other databases that allow instant research on any biology/medical topic), Scientific American Medicine, Infotrac Health Reference Center, and so forth. For problems or questions contact the Health Sciences Library (2-8742).

Laboratory and x-ray results are distributed by computer to work stations on most floors. Residents are trained in retrieval procedures during orientation. For problems or questions call 2-8865.

Health Care

Employees of the NHCC are entitled to a wide range of health care benefits that include dental and optical services. Hospital insurance includes your dependent immediate family (spouse and children). An employees health clinic, located in the Medical Pavilion is open from 8 AM to 12 Noon and 1:00 PM to 4 PM Mondays through Friday.

You are required to have a physical examination **by hospital physicians at NUMC** prior to employment. There is no charge for this mandatory exam or for mandated annual exams. Immunizations and some required lab tests are also provided at no charge.

Library

The Peter W. Addiego Health Sciences Library, located on the first floor at the East end, is one of the largest on Long Island. The print collection covers every discipline of the health care field and consists of approximately 10,000 monographs and 24,000 bound periodicals of over 1,000 journal titles. A large collection of audio and videotapes and CD-ROMS is available and can be accessed through on-site audio-visual capabilities. Specialized collections are housed in the Pathology and Radiology Departments. Specific journal articles and books that are not available on-site can usually be obtained through the Interlibrary-Loan system of the National Network of Libraries of Medicine. The library provides access

to many electronic resources. Medline, Cinahl and Healthstar, the most popular National Library of Medicine databases, are available through OVID. Infotrac's computerized Health Reference Center is also available in the library. In addition, staff can access the Internet in the library's Computer Lab and at workstations throughout the Medical Center. Many of our subscription journal titles are now available full-text through Ebsco Online. Our new integrated library system, Unicorn, allows library users to search our catalog electronically through WEBCAT. Library staff members provide user education on these systems.

The Health Sciences Library is an attractive and comfortable setting for literature research and study. Our in-house collections are also open to the public. The library is open Monday to Friday, from 9 a.m. until 9 p.m., and is located on the first floor of the Dynamic Care Building at the east-end of the garden courtyard. Photocopying is available during library hours.

For use of the Library after hours and on weekends and holidays a resident may call Security (2-3131) and an officer will provide access for the time needed to obtain patient-related information. Use of the Internet through nursing station or departmental computers is recommended. You may also obtain access to the hospital-sponsored software programs listed above from your home computer.

Parking

Parking is a precious commodity at NUMC and Nassau County Laws govern parking regulations. There is a parking lot designated for doctors with limited access. **DOCTORS LIVING ON CAMPUS** may only have one vehicle parked at curbside by their apartment. Any other vehicle owned by a doctor living on campus can be parked in Fields 6, 7 and 7A. A map of parking areas may be obtained from Public Relations.

Housing

The Corporation provides for living arrangements for Resident Physicians in two ways. On-campus apartments were built to provide clean, convenient quarters for various family sizes close to the hospital. The number of residency training programs at NUMC has expanded since they were constructed so that there are not enough on-campus apartments to accommodate all residents. Because of this and the fact that some residents choose to live off campus compensation called Living-Out Allowance (LOA) is offered.

On-campus Housing

At the time a contract is sent to a new resident information for campus housing or LOA is included. For those applying for an on-campus apartment, assignments to a studio, 1, 2 or 3 bedroom apartment will depend on family size. A security deposit is required. Apartments may not be sublet and are solely for residential purposes of the occupant, his or her spouse and dependent children. Provisions for upgrade are made during the residency when there is an increase or decrease in family size. During occupancy the occupant authorizes the Corporation to deduct from his or her stipend the rental amount. For more information call the Staff Housing Office at 572-6900.

Living-Out Allowance (LOA)

The LOA is determined annually and is provided to all residents who choose not to live in campus housing or are not placed due to limited facilities. Residents married to a resident at NUMC or another hospital are entitled to housing but when occupying an NUMC apartment are not entitled to an LOA and when living off campus are entitled to only one LOA. The LOA is included in the bi-weekly payroll check and noted on the stub.

Additional Information Sources

For questions about your training program, Specialty Board requirements and personal progress in your education speak to your Program Director. For questions about the hospital ask the appropriate department, such as Security, Food Services, Social Work, etc. The NUMC web site is additional source of information. For legal matters relating to the hospital or your employment contact the Legal Department. The Department of Academic Affairs is anxious to assist you in any concerns related to your training. Call us at 2-5881.