



Cherokee Nation Health Services Family Medicine Residency Professionalism Policy

Version: 3	Initial Approved Date:
Last Revision Date: 5/30/2025	Next Review Date: 5/30/2028

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Purpose: To describe responsibilities of professionalism for residents, faculty, and the Program Director within the Cherokee Nation Family Medicine Residency Program

Professionalism is considered by the Accreditation Council for Graduate Medical Education (ACGME) as a core competency for residents. Proficiency in professionalism must be demonstrated by residents prior to completion of residency training. Professionalism for residents in the Cherokee Nation Family Medicine Residency Program is evaluated by the program's Clinical Competency Committee (CCC) on a semi-annual basis utilizing the ACGME Milestones. There will be a variety of methods and settings that will be utilized for evaluation of professionalism, which will be listed below.

I. Program Director and Faculty Responsibilities

- A. The Program Director and faculty will provide education and training to residents in professionalism on at least an annual basis
 - 1. The education and training may include, but are not limited to, lectures, reading assignments, online educational modules, and in-person trainings
- B. The Program Director or designee will review program expectations of professionalism with the residents on an annual basis and will distribute any policies regarding professionalism to the residents

II. Resident Responsibilities

- A. Continuity Clinic
 - 1. Morning clinic begins at 7:30am, and afternoon clinic begins at 1:00pm. Residents are expected to be on time for each clinic. It is expected that residents will have reviewed their scheduled patients in advance in preparation for the day. Regardless of when the last appointment is scheduled, each resident should stay in clinic until at least 4:00pm to assist with drop-in visits and rapid responses as needed.
 - 2. Clinic attire should be business casual. Scrubs are also appropriate.
 - 3. On a rotating basis, residents will be assigned as the drop-in provider of the day. Any drop-in patients will be assigned to that resident by the nursing staff. Other residents in clinic that day are expected to demonstrate



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teamwork by assisting the assigned resident with drop-in visits should the quantity of these visits be excessive or if that resident is busy seeing their scheduled patients. This schedule will be posted in Resident Clinic and also be distributed to all residents prior to July 1. In cases of absence from clinic on a day the resident is scheduled to be the drop-in provider, the resident is responsible for arranging coverage for drop-in visits

4. On a rotating basis, residents will be assigned to respond to any Rapid Responses called at Cherokee Nation Outpatient Health Center (CNOHC). Other residents in clinic that day are expected to demonstrate teamwork by assisting the assigned resident by responding to any Rapid Responses if the assigned resident is busy seeing their scheduled patients or if multiple Rapid Responses are taking place at the same time. This schedule will be posted in Resident Clinic and also be distributed to all residents prior to July 1. In cases of absence from clinic on a day the resident is scheduled to respond to rapid responses at CNOHC, the resident is responsible for arranging coverage in their absence.
5. Prior to leaving clinic for the day, residents should review their schedule for the following week and ensure any laboratory orders needed have been placed in the electronic health record (EHR).
6. Residents are expected to treat everyone in clinic with respect and courtesy. This includes attending physicians, fellow residents, medical students, clinic staff, patients, and patient families
7. Vacation or educational leave requests from Continuity Clinic should be submitted a minimum of 2 weeks in advance of the date of leave. Requests should be submitted both in writing and electronically. Vacation or educational leave may be taken for a maximum of 2 scheduled Continuity Clinic days per month.

B. Osteopathic Manipulative Medicine (OMM) and Procedures Clinic

1. On a rotating basis throughout the year, residents will be assigned to cover OMM clinic or Procedures clinic. This schedule will be made and distributed to the residents in advance of July 1.
2. Appropriate attire for both OMM and Procedures clinic can be business casual or scrubs
3. Any schedule changes for either OMM or Procedures clinic must be communicated to the Chief Resident and clinic staff in advance of clinic start time.



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4. Residents are expected to treat everyone in clinic with respect and courtesy. This includes attending physicians, fellow residents, medical students, clinic staff, patients, and patient families
5. Vacation or educational leave requests from OMM or Procedures Clinic should be submitted a minimum of 2 weeks in advance of the date of leave. Requests should be submitted both in writing and electronically. Residents are responsible for finding coverage in their absence.

C. Rotations

1. Residents are expected to contact their rotation supervising physician at least one week prior to rotation start date to receive rotation schedules and/or first-day instructions
2. Appropriate rotation attire is dependent upon the nature of the rotation and is at the discretion of the supervising physician(s). Residents should consult with their supervising physician to determine what is considered appropriate attire for the rotation.
3. It is expected that residents arrive on time for each day of the rotation. Any absences from the rotation should be approved by both the rotation supervising physician and Program Director.
4. Residents will have seven elective rotations during their three-year residency. Residents are responsible for securing these rotations independently, as well as completing all necessary paperwork in advance of the rotation.
 - a. Elective rotation selections should be turned in to the Chief Resident no later than one month prior to the start of the rotation
 - b. Rotations cannot be completed at a site outside of the Cherokee Nation Health System without a Program Letter of Agreement (PLA) in place prior to the start of the rotation. Residents should contact the Program Coordinator or Program Director to determine if a current PLA exists with the requested rotation site
5. Residents are expected to treat everyone with respect and courtesy while on rotation. This includes attending physicians, fellow residents, medical students, clinic staff, patients, and patient families
6. Failure to report to a clinical rotation assignment will be subject to disciplinary action as detailed in the Cherokee Nation Health Services Family Medicine Residency Academic and Non-Academic Grievances, Academic Disciplinary Action, and Due Process Policy



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7. Failure to set up an elective rotation prior to one month before the start date of the rotation may lead to the elective rotation being selected for the resident at the discretion of the Program Director

D. Non-Clinical Settings

1. In addition to clinical settings, residents are expected to demonstrate professionalism in non-clinical settings as well. Lapses in professionalism outside of clinical settings are subject to similar disciplinary action as lapses in clinical settings

E. Documentation

1. Continuity Clinic, OMM Clinic, and Procedures Clinic notes are to be completed no later than 72 hours from the date of the encounter
2. Hospital documentation, including history and physicals, progress notes, and discharge summaries, should be completed on the date of the encounter
3. All documentation is to be placed in the patient's chart in the EHR and sent to the supervising physician for review and signature
4. Failure to complete documentation in a timely manner may result in the resident being removed from rotations to complete the documentation. Leave may be required to be taken for the time missed from rotations needed to complete the documentation at the discretion of the Program Director. Repeated instances of delinquent documentation will result in disciplinary action as detailed in the Cherokee Nation Health Services Family Medicine Residency Academic and Non-Academic Grievances, Academic Disciplinary Action, and Due Process Policy.

F. Orientations and Trainings

1. Residents are expected to attend all required orientation and training sessions that are scheduled during their residency program. Any required documentation to verify attendance should be turned in to the Program Coordinator to be kept in the resident's file
2. Residents are to review and sign off on all policies and trainings assigned to them in PowerDMS in a timely manner

G. Evaluations



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1. Residents should complete and/or sign all evaluations in New Innovations no later than two weeks of them being assigned to them by the Program Coordinator
2. Failure to complete evaluations in a timely manner may result in the resident being removed from rotations to complete the evaluations. Leave may be required to be taken for the time missed from rotations needed to complete the evaluations at the discretion of the Program Director

H. Duty Hours

1. Residents should enter their duty hours in New Innovations on a weekly basis. No other form of logging duty hours is acceptable
2. Failure to log duty hours in a timely manner may result in the resident being removed from rotations to complete their duty hour logs. Leave may be required to be taken for the time missed from rotations needed to complete the duty hour logs at the discretion of the Program Director
3. Timecards must be signed by noon on Monday following the end of the previous pay period in the Cherokee Nation's electronic timekeeping system.

I. Patient Encounters

1. Residents are required to keep logs of their ~~required~~ patient encounters. These are to be logged into New Innovations.
 - a. All patient encounters from all clinical assignments should be logged
 - b. All clinical procedures should also be logged into New Innovations along with the level of participation by the resident in the procedure

J. Committees

1. Residents are expected to attend all assigned committee meetings as scheduled. Any absences from meetings should be cleared with the Program Director in advance of the meeting

K. Didactics

1. Residents are expected to attend all didactic sessions as scheduled
2. Residents will be assigned presentations during didactic sessions on a rotational basis throughout the year. Any schedule changes must be



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approved by the Chief Resident in advance of the assigned date

3. It is expected that residents complete all assigned didactic activities (reading assignments, PowerPoint lecture reviews, etc) in advance of the didactic session
4. Online educational modules will be assigned to residents each year for completion. In some instances, these will be assigned during a particular rotation. All assigned modules must be completed prior to the due date. Proof of completion (as applicable) must be turned in to the Program Coordinator and will be kept in the resident's file.
5. Residents are expected to attend all additional educational activities and conferences, including, but not limited to, ultrasound training, long-acting reversible contraception (LARC) training, morbidity and mortality conferences, quality improvement and patient safety symposiums, Best Practices Conferences, etc.

L. Inclement Weather

1. In the event of inclement weather that results in the closure of a rotation site, the resident may stay home for that day. They are expected to work on administrative tasks (patient encounter logs, evaluation completion, etc) during this time. This is not considered to be a "free" day.
2. W.W. Hastings Hospital and Emergency Departments will remain open even in cases of inclement weather. Residents scheduled to work in these areas are expected to present for duty as scheduled unless given permission to stay home by their supervising physician. Similar to instances when a rotation site closes for inclement weather, residents are expected to work on administrative tasks while at home
3. In situations where there is inclement weather that does not result in the closure of a rotation site, the resident is expected to present for duty as scheduled. However, if a resident feels that it is too risky to travel to their rotation, this is considered an acceptable absence. They should communicate their reason for absence to their supervising physician and the Program Director. If their rotation site remains open, the resident will be required to take leave for their absence.

M. Social Media

1. Residents are not to use social networks while in a clinical setting.
2. Residents are prohibited from making any work-related posts on social media



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platforms. Any posts that contain patient-sensitive information, even if made outside of clinic hours, will be subject to disciplinary action, including possible termination

N. Annual and Educational Leave

1. Residents are afforded both annual (vacation and sick leave) and educational leave as detailed in the Cherokee Nation Health Services Family Medicine Residency Leaves of Absence Policy
2. It is the responsibility of the resident to inform the appropriate individuals of any absence, including their supervising attending physician of their clinical rotation and Program Director (or designee).
3. Residents must notify the Program Director (or designee) at least 72 hours in advance of taking vacation. Vacation leave requests must be submitted both in writing and electronically. Approval for the vacation must also be obtained by the resident by their supervising physician on the clinical rotation during which they are taking vacation.
4. Residents must notify the Program Director (or designee) at least 72 hours in advance of taking educational leave. Examples of approved activities for educational leave are detailed in the Cherokee Nation Health Services Leaves of Absence Policy. Written requests must be submitted for instances of educational leave for recordkeeping purposes.
5. Requests for vacation or educational leave from Continuity, OMM, or Procedures Clinic should be submitted a minimum of 2 weeks in advance of the date of leave. Leave may only be taken for a maximum of 2 scheduled clinic days per month.
6. For sick leave, residents must notify the Program Director (or designee) and the supervising physician of their clinical assignment on the date of their absence. Sick leave requests must be submitted both in writing and electronically upon the date of return to duty.
7. Failure to follow proper procedure for annual or educational leave will be subject to disciplinary action as outlined in the Cherokee Nation Health Services Family Medicine Residency Academic and Non-Academic Grievances, Academic Disciplinary Actions, and Due Process Policy.