

LEHIGH VALLEY HOSPITAL AND LEHIGH VALLEY HOSPITAL-MUHLENBERG

**DEPARTMENT OF MEDICINE
RULES AND REGULATIONS**

I. Purpose

The primary mission of the Department of Medicine is to provide quality compassionate health care to all patients; to provide a progressive educational setting for attending staff, housestaff and medical students enhanced by an innovative quality research program that will lead to continuous advancement in professional knowledge and skill.

II. Organization

The Department of Medicine consists of the following Divisions and Sections:

- Division of Allergy
- Division of Cardiology
- Division of Critical Care Medicine
- Division of Dermatology
- Division of Endocrinology
- Division of Gastroenterology
- Division of General Internal Medicine
- Division of Geriatrics
- Division of Hematology-Medical Oncology
- Division of Infectious Diseases
- Division of Neurology
- Division of Nephrology
- Division of Physical Medicine-Rehabilitation
- Division of Pulmonary
- Division of Rheumatology

The Department of Medicine is managed by the Chair of the Department, who is assisted by the Vice Chairs of the Department, Division and Section Chiefs, the Senior Consultants, Chief Medical Residents and the Administrative Director. Medical and Transitional residencies, currently consisting of 57 positions, completes the Department of Medicine. The responsibilities of those individuals are listed below.

A. Chair of the Department

1. Qualifications

He/she shall be a physician who is licensed in Pennsylvania and is certified in Internal Medicine by the American Board of Internal Medicine. He/she shall be qualified as a teacher and have demonstrated administrative ability.

His/her primary responsibility is to form the Physician Staff in Medicine into a well-functioning and coordinated department in keeping with the highest standards of Medicine.

2. Responsibilities

Head the Department of Medicine as its Chair.

Be a permanent, voting member of the Medical Executive Committee of the Medical Staff as Chair of the Department of Medicine, according to the Bylaws.

He/she shall support the continuation of the Residency in Internal Medicine and to make certain it meets the requirements of the Residency Review Committee.

He/she shall also maintain and support the continuation of the Transitional Residency Program.

Be accountable to the President of the Medical Staff and to the Chief Medical Officer for the quality of patient care provided by the members of the Department and for the organization and function of its Medical Staff. Be accountable to the Chief Medical Officer for the teaching and research within the department.

The Chair of the Department, Chiefs and Associate Chiefs of the Divisions shall be appointed by the governing body for a one (1) year term and may be reappointed on an annual basis thereafter. The salaried or Hospital-based Chair of Department shall be appointed by the governing body upon the recommendation of an ad hoc search committee appointed by the governing body, the Medical Executive Committee of the Medical Staff and the Chief Executive Officer.

3. Organizational Relationship

Be responsible for the organization and administration of the Department of Medicine, the assignment of duties and the delegation of authority to the members of the Department and supervision of the Division and Sections within the department.

Recommend policies and standards for care within the department.

Be responsible for compliance with standards of patient care within the Department including the supervision of care rendered by the residents.

Develop, direct and supervise teaching of and research by the residents within the Department and integrate them with the educational and research programs of the other departments in the hospital.

Recommend to the Medical Executive Committee methods for the correction of deficiencies and disciplinary measures when necessary, within the framework of the Bylaws of the Medical Staffs.

4. Tenure

Tenure shall be on a yearly basis as provided in the Bylaws of the Medical Staff.

B. Senior Consultants

1. Qualifications

To qualify a member must have served as Chief of a Division or Section, made significant contributions toward the goals of the Department, be nominated by the Chair of the Department and be approved by the Executive Committee of the Department of Medicine.

2. Responsibilities

The Senior Consultants will act as advisors to the Chair of the Department on clinical and educational activities affecting attending physicians, housestaff and medical students.

3. Organizational Relationship

Senior Consultant status is both honorary and advisory position in the Department of Medicine.

4. Tenure

Senior Consultants' tenure is indefinite.

C. Vice Chair of the Department of Medicine

1. Qualifications

The Vice Chair of the Department of Medicine will be a Board certified Internist or subspecialist. Prior administrative experience or completion of an approved Chief Medical Residency is highly desirable, as is evidence of scholarly (clinical or research) achievement. The Vice Chair must meet the requirements for attaining and maintaining Staff privileges.

2. Responsibilities

First, and foremost, the Vice Chair of the Department of Medicine will assist and advise the Chair of the Department of Medicine in any, and all, functions pertaining to the organization and operation of the department.

In addition, he/she will function in the capacity of and represent the Chair of the Department in the latter's absence.

The Vice Chair will be required to attend any, and all, committee meetings so designated by the Chair of the Department. These would minimally include the following:

- . Graduate Medical Education Committee of the Medical Staff.
- . Education Resident Review Committee of the Department of Medicine.
- . Executive Committee of the Department of Medicine
- . Quality Assurance Committee of the Department of Medicine

He/she will assist and advise the Chair in the preparation of the Annual Report of the Department of Medicine.

He/she will assist and advise the Chair in setting the agenda for, and in preparation of, the report of the monthly department meeting.

He/she will assist the Chair in utilization review and in assessing quality assurance as they pertain to the Department of Medicine.

The Vice Chair will act as a liaison and link between all members of the Department of Medicine and other departments.

He/she will assist the Chair of the Department of Medicine in enforcing the Rules and Regulations as set forth in the Medical Staff Bylaws.

He/she will assist the Chair of the Department in drawing up policies as they pertain to the Department of Medicine.

Maintain clinical presence and competence by participating in the hospital's clinical activities and by maintaining a clinical practice (within the time constraints of his/her other duties).

Participate in the educational programs, including CME, Residency teaching, Patient Education and Inservice Education as may be requested by the Chair of the Department.

When the Chair is absent, will attend the Medical Executive Committee with voting privilege.

3. Organization Relationships

The Vice Chair reports directly to the Chair of the Department of Medicine.

He/she will be responsive to all section and division chiefs and to all members of the Department of Medicine as a liaison and link to the Chair of the Department.

4. Tenure

The Vice Chair's tenure will be determined through contractual agreement between him/her and the hospital upon recommendation from the Chair of the Department and the Medical Executive Committee and to the Board of Directors.

D. Division Chiefs

1. Qualifications

The Division Chiefs will be physicians who are certified in the appropriate subspecialty or specialty of the division which they represent. The chiefs will have demonstrated leadership and administrative ability made evident by involvement in patient care and related clinical activities, as well as involvement in hospital and community activities. The Chief will also have skills in developing and maintaining a teaching program.

2. Responsibilities

Ensuring the maximal feasible participation by members of the Division in decisions involving the affairs of that Division as well as the policies and standards of the Department.

Representing the Division in a fair and equitable manner and assuring participation of the Division in the decision making of the Department of Medicine.

Attending monthly Executive Committee meetings of the Department of Medicine to discuss and resolve all significant issues affecting the department.

Attending and actively encouraging attendance of all members at the monthly meetings for the Department of Medicine.

Coordinating and chairing appropriate division business meetings which will occur on a quarterly basis or as appropriate to the division.

Recording minutes of all those meetings.

Preparing an annual report for the divisions to evaluate and assess the contribution made by the members of the divisions as it relates to the Department of Medicine. The annual report will include the following elements:

- . The goals and objectives set for the coming year for patient care, teaching, and research as well as summary of the accomplishments of the past year.

- . Resume of clinical, teaching and research activities of the individual members -- especially the exceptional activities and honors of members on a regional and national scope.
- . The Annual Reports will be compiled in early spring and be reviewed by the Chiefs and the Department Chair.
- . When possible, the division Chiefs should maintain a clinical presence by participating in clinical activities at the hospital.

Complying with the responsibilities of appointed Chiefs as defined in the Medical Staff Bylaws as follows:

- . Participate on a continuous basis in managing the division through cooperation and coordination with nursing and support services and hospital management on all matters affecting patient care.
- . Communicate, and, as directed, implement within the division actions taken by the Chair of the Department, Medical Executive Committee and the Board of Trustees.
- . Give guidance on overall medical policies of the hospital. Make specific recommendations and suggestions regarding the Division through the Chair of the Department to the Medical Executive Committee.
- . Maintain a continuing surveillance of patient care, professional performance of practitioners and allied health professionals and other specified services in the division and report regularly to the Chair of this Department.
- . Be responsible for the educational programs in his/her area:
 - a. Must dedicate an adequate portion of his or her professional efforts throughout the year to the Internal Medicine Training Program to accomplish the educational goals in their specialty area.
 - b. Be accountable to the Program Director for coordination of the residency subspecialty educational experience.
 - c. Oversight of the Continuing Medical Education Program for the division.
 - d. Inservice education
 - e. Patient education as may be requested by the Chair or required by the Medical Staff.
- . As part of the Division Chief reappointment process the performance of the Chief in carrying out his/her responsibilities will be evaluated periodically by the Chair of the Department in consultation with the President of the Medical Staff, the Chief Executive Officer and the Chief Medical Officer.

3. Organizational Relationship

The Division Chiefs will be responsible to the Chair of the at the Lehigh Valley Hospital in carrying out "Purposes and Responsibilities" defined in the Medical Staff Bylaws. The Division Chief will be responsible to the members of his or her Section/Division.

4. Tenure

Will be on a yearly basis as provided in the Bylaws of the Medical Staff.

E. Assistant Chiefs

1. Organizational Relationship

In some Divisions, Assistant Chiefs will be appointed.

2. Qualifications

The qualifications for the position will be the same as for the Chiefs.

3. Responsibilities

The Assistant Chief's duties will be defined by the Chief of the Division. The Assistant Chief will serve as the Acting Chief of the Division in the absence of the Chief.

4. Tenure

Will be on a yearly basis.

F. Vice Chair of Medicine at the: Lehigh Valley Hospital - Muhlenberg

1. Qualifications

The Vice Chair of Medicine at the Lehigh Valley Hospital – Muhlenberg will be a Board certified internist or subspecialist. The Vice Chair must meet the requirements for obtaining and maintaining staff privileges.

2. Responsibilities

The Vice Chair of Medicine at the Lehigh Valley Hospital – Muhlenberg will assist and advise the Chair of the Department of Medicine in any and all functions pertaining to the organizational operation of the department. He/She will function in the capacity of, and represent the Chair of the Department of Medicine, at the Lehigh Valley Hospital – Muhlenberg. The Vice Chair will be required to attend any and all committee meetings so designated by the Chair of the department. These will minimally include the Executive Committee of the Department and the Quality Assurance Committee of the Department of Medicine. He/She will assist the Chair in the utilization review and assessing quality as they pertain to the Department of Medicine at the Lehigh Valley Hospital – Muhlenberg. The Vice Chair will act as a liaison and link between all members of the Department of Medicine and other departments at the Lehigh Valley Hospital – Muhlenberg. He/She will assist the Chair of the Department of Medicine in enforcing the rules and regulations as set forth in the Medical Staff Bylaws. He/She will maintain clinical competence by participating in the hospital's clinical activities and by maintaining a clinical practice (within the time constraints of his/her other duties). He/She will participate in the education programs including CME, patient education, and inservice education as being requested by the Chair of the Department.

3. Organizational Relationship

The Vice Chair of Medicine at the Lehigh Valley Hospital – Muhlenberg reports directly to the Chair of the Department of Medicine. He/she will be available to all section Division Chiefs and to all members of the Department of Medicine at the Lehigh Valley Hospital – Muhlenberg as a liaison and link to the Chair of the Department.

4. Tenure

The Vice Chair of Medicine at the Lehigh Valley Hospital - Muhlenberg will be on a yearly basis as provided in the Bylaws of the Medical Staff.

G. Division Chiefs at the Lehigh Valley Hospital – Muhlenberg

1. Qualifications

The qualifications for the position will be the same as for the Chiefs at the Lehigh Valley Hospital.

2. Responsibilities

Ensuring the maximal feasible participation by members of the division in decisions involving the affairs of that division as well as the policies and activities of the department.

Representing the division in a fair and equitable manner and assuring participation of the division in the decision making of the Department of Medicine.

Attending and actively encouraging attendance of all members at the meetings of the Department of Medicine.

Complying with the responsibilities of appointed Chiefs as defined in the Medical Staff Bylaws as follows:

- . Participate on a continuous basis in managing the division through cooperation and coordination with nursing and support services and hospital management on all matters affecting patient care.
- . Communicate, and, as directed, implement within the division actions taken by the Chair of the department, Medical Executive Committee and the Board of Trustees.
- . Give guidance on overall medical policies of the hospital. Make specific recommendations and suggestions regarding the Division through the Chair of the department to the Medical Executive Committee.
- . Maintain a continuing surveillance of patient care, professional performance of practitioners and allied health professionals and other specified services in the division and report regularly to the Chair of this department.
- . Be responsible for the educational programs in his/her area for continuing medical education, patient education and in-service education as may be requested by the Chair or required by the Medical Staff.
- . As part of the Division Chief reappointment process the performance of the Chief in carrying out his/her responsibilities will be evaluated periodically by the Chair of the Department in consultation with the President of the Medical Staff, the Chief Executive Officer and the Chief Medical Officer.

H. Chief Medical Residents

1. Qualifications

The Chief Medical Resident will have completed three years of medical residency. He or she will be appointed by the Department Chair and approved by the Executive Committee of the Department of Medicine.

2. Organizational Relationship

The Chief Medical Resident will be responsible to the Chair of the Department as well as to the Vice Chair. The Chief Medical Resident will be responsive to all medical residents and interns as well as the medical students. The Chief Resident will have a one-year membership on the Active Medical Staff. Such appointment will be subject to the Staff Development Plan.

3. Responsibilities

Chairing the housestaff administrative sessions and recording attendance and minutes of the meetings.

Representing the housestaff as a full voting member on the Executive Committee of the Department of Medicine.

Responsible for the daily housestaff reports and case presentations together with the Departmental Chair and Vice Chair.

Preparing the night and weekend call schedules.

Organizing the following educational activities: resident assignments for Medical Grand Rounds, Mortality and Morbidity Conferences, Professors Rounds, Journal Club, Basic Science Seminars, Clinical-Pathological Conferences.

Orienting medical students to the facility and their responsibilities. Assuring that the senior residents are properly involved in the teaching of the medical students and conducting medical student case presentations.

Assuring the completion of medical records by medical interns and residents.

Assigning housestaff to medical clinics.

Participating in the pre-medical student preceptor program.

Having assigned responsibilities in the hospital's Disaster Plan.

Keeping attendance of all mandatory meetings and conferences as well as recording vacation and conference time.

Participating in the recruitment and selection of candidates for the residency program and coordinate the interviewing activities.

When necessary, acting as a liaison between the attending staff and housestaff regarding clinical activities.

Pursuing active scholarship and training in General Internal Medicine.

Appointing the housestaff to appropriate committees with the Chair of the Department.

Participating in the development or change of any personnel policy affecting the housestaff.

I. Administrative Director

1. Qualifications

Master's Degree in Business and/or Health Care Administration with two or more years experience in health care environment with proven financial management and some supervisory experience necessary. Strong analytical skills and knowledge of hospital finance desirable. Strong written and oral communication skills necessary. Ability to work independently with little supervision and strong organizational skills are required for this position. Ability to interact with physicians, top management and community organizations, one-on-one and in large groups.

2. Organization Relationship

The Administrative Director will be responsible to the Chair of the Department of Medicine and as a liaison to the Vice Chair of the Department of Medicine and the Section Chiefs.

3. Responsibilities

Will assist the Chair of the Department of Medicine in overseeing the operations and planning of a large clinical department. Responsibilities will include the business operations of the department including budget preparation and management of department operating budgets and supervision of all support staff. Responsibilities will include coordinating planning for new programs and services, proposals and business plan preparation and writing, and coordination of grant preparation in the department. Individual will also be responsible for assisting the Vice Chair in managing the operations of the medical residency as appropriate. Act as a liaison to Division Chief in their administrative responsibilities to the department.

J. Physician Directors of Clinical Labs and Programs

1. Qualifications

The physician must be and continuously remain a member of good standing by the Medical Staff and comply with the Rules and Regulations of the Medical Staff.

2. Responsibilities

The physician director is directly responsible for providing and maintaining the clinical standards and guidelines.

The physician director must assure that his/her lab or program remain in compliance with all applicable provisions of law and other rules and regulations of any governmental authority related to licensure regulations and accreditation.

3. Organizational Relationship

The physician shall be responsible to the Chair of the Department of Medicine through the appropriate Division/Section Chief for the professional supervision of the lab and/or program.

4. Tenure

The Physician Director's tenure will be determined via their contractual agreement with the institution.

K. Unit Medical Directors

1. The physician will meet and work with the Patient Care Director to assure that the highest quality medical care is provided on his/her unit. Review of policies and procedures, assuring the patient care services are being appropriately delivered, and that resources are being used appropriately. The physician will intervene when problems arise regarding the behavior and/or interaction of the medical staff with other health care professionals, patients, and/or their families. Physician will also be responsible for overseeing use of telemetry and bed utilization, including length of stay and triage responsibilities.

Unit Medical Directors will also be expected to attend the monthly Patient Care Director/Physician Director Meeting.

L. Housestaff

Please refer to the Housestaff Manual.

III. Physician Members

Members of the department must satisfy all credentialing requirements as specified in the Medical Staff Bylaws. Members of the Department of Medicine, as of June 30, 1998, who are Board certified will not require recertification. Any individual joining the Department of Medicine on or after July 1, 1998, who has time-limited Board certification, will be required to recertify when the time limit on his/her certification expires. He/She will be given two opportunities to pass the examination. Basic life support/cardio pulmonary resuscitation certification is not required of members of the department.

IV. Privileges

As per the Medical Staff Bylaws, all new members will be granted provisional privileges for one year. It will be the obligation of the Chair of the Department assisted by the appropriate Division Chief to review the quality of care and appropriateness of the use of the medical facilities. Should the clinical activity of such a member of the Provisional Associate Staff be limited, this period may be extended for more than one year.

A. Delineation of Clinical Privileges

Clinical privileges are delineated in two ways: (1) for the major area of practice and/or subspecialty interest and abilities, and, (2) for specific procedures.

Privileges may be granted and/or modified:

1. When a physician initially applies for membership on the Medical Staff.
2. Any time a Medical Staff member wishes to apply for a new privilege.
3. When there is any cause to have a special review based on information gathered from monitoring and auditing activity.

The applicant or the member who seeks privileges has the obligation to approach the appropriate Division Chief and/or Chair and to provide the information necessary to justify granting the clinical privileges requested.

Request for privileges are initiated by consulting the appropriate Division Chief for review and action. This Division Chief may request additional substantiating information. Concurrence of the Division Chief and the Chair of the Department in approving the applicants' request for specific privileges shall be considered as the Department's recommendation. Should the Division chief not concur, this will be communicated to the applicant. There are privileges

which may be recommended by the Chair of the Department of Medicine without prior Division Chief review and are indicated on the list by an asterisk.

For an applicant to qualify for subspecialty designation, all training and certification requirements must be completed as required by the appropriate subspecialty Board.

Subspecialty designation indicates that this physician may care for all patients in the appropriate disease classifications regardless of the severity or complexity of the process and may represent himself/herself to the patients of the hospital system and to other Staff physicians as consultants in their area.

The general internist and the subspecialist dealing with patients not in his/her area of subspecialty interest are expected to practice within the limits of their competence. This means that while these practitioners are not restricted to specific disease entities, they will pay close attention to the severity and complexity of the disease process. They will either seek consultation or refer the patient to the appropriate subspecialist if the disease process is beyond their level of expertise. Referral to the appropriate consultant should occur when the day to day management of that patient should be the responsibility of the consultant.

There will be periodic reviews of the clinical privileges for some procedures in which continual performance is deemed necessary for the physician to maintain expertise. Evidence of a successful performance of an adequate volume of these procedures must be documented.

B. Reappointment and re-granting of Clinical Privileges

This is done on a biennial basis for all categories except provisional which will be processed annually. Each member is expected to critically review their existing clinical privileges and to indicate which privileges they should maintain, and which privileges that they should drop. The Division Chief will be the first reviewer of the biennial reappointment form of all members of this Division. The Chair of the department will constitute the final departmental review. This process will be done according to the Medical Staff Bylaws. Requests for additional privileges may be instituted at any time, but not in conjunction with the physician's reappointment application.

To maintain Active Staff privileges an attending must have 15 or more patient care interactions per year. Associate Staff privileges require 1 to 14 patient care interactions per year. A patient care interaction is defined as admissions, inpatient consultations, or clinic patient care responsibilities.

V. Outpatient Clinic Responsibilities

All members of the Provisional Active Staff and the Active Staff in the Department of Medicine are required to participate in the care of indigent patients in the Medical Clinics when requested. Assignments will be made by the appropriate Division and/or Section Chief. Maintaining teaching attending status and coverage is incumbent upon fulfilling this responsibility.

It is mandatory that the attending physician directly observe and guide the medical residents. The attending will play an active role in the rendering of patient care when appropriate.

VI. Inpatient Responsibilities

When requested, members of the Provisional Active Staff and the Active Staff in the Department of Medicine are required to participate in the care of patients admitted to the hospital who do not have an attending physician who is a member of the active medical staff.

VII. Meeting Requirements

Active or Provisional members are responsible for the following:

- . Attend at least 50% of the department meetings. Individuals can also fulfill their departmental obligations by being a member of the Executive Committee or the Quality Assurance Committee of the department and fulfilling attendance requirements for those committees. An individual also can fulfill their attendance responsibility by attending a majority of their division meetings.

Physicians who have not fulfilled their obligations after being on probation for a period of six months will be required to make a payment of \$200 to the Department of Medicine General Fund. Individuals who continue to fail to meet their obligation will be required to make such payments on a yearly basis. Individuals who consistently do not fulfill their obligations to the department may be recommended to the Medical Staff for further corrective action up to and including a reduction in Medical Staff Category.

- . Attendance is encouraged at divisional meetings, which are to be held quarterly or as appropriate as decided by the division. Minutes of all these meetings will be recorded and preserved.
- . Attendance of at least 50% of the Quality Assurance Committee meetings, for the members of that committee.

VIII. Committee Structure

A. The Executive Committee

The Executive Committee of the Department of Medicine is composed of the Chiefs of the Divisions and/or Sections. There is an additional member (Associate Chief) for some of the divisions to serve along with the Chiefs of those divisions.

The Vice Chair, the Administrative Director, the Chief Medical Resident(s) and the Vice Chair of Medicine at the Muhlenberg Hospital Center site will be members of this committee. The committee will be permanently chaired by the Chair of the Department of Medicine.

This Committee will meet on a monthly basis. All significant issues of the department will be discussed at these monthly meetings. The Division Chiefs will attempt to bring to these meetings, the concerns and consensus of their division or section. This committee is advisory to the Chair of the department.

B. Quality Assurance Committee

1. Definition

The functions of this committee shall encompass medical care evaluation studies (audits), mortality review, and other quality and quantity indicators. Review of specifically identified quality assurance cases will also be part of the committee's responsibilities.

2. Membership

Members will be appointed by the Chair of the Department of Medicine. All Active members of all divisions and sections will be expected to serve. The term of appointment is for one year. Attendance will be required at 50% of the meetings with the associated patient care reviews having been completed prior to the meeting.

3. Committee Meetings

The committee shall meet monthly. The day of the week and the time of the meeting will be selected to accommodate the preferences of most members. The schedule of meetings will be established in advance for each year.

4. Medical Care Evaluation Studies (Audits)

While any departmental member may recommend topics, the selection of the actual study topics, the priorities of doing them and the study design will be determined by the Active Committee as a whole. Members of the department having certain expertise but not current members of the committee will be invited to help establish criteria. The topics will be in areas where problems are perceived. Combined studies with other departments will be done when feasible and appropriate.

5. Mortality Review

The completed chart of each patient who expires while being attended by a member of the department will be reviewed, if not screened out by pre-set criteria, as follows:

- a. An assessment of the appropriateness of care
- b. An assessment on whether a postmortem examination was clinically indicated if not autopsied.
- c. An assessment as to whether the case is instructive for a Mortality Review Conference or CPC.

6. Investigation of Quality Assurance Cases

When the quality of care of a patient has been questioned, the Chair of the department will determine if there should be a review. If the Chair feels there are substantial questions about the management of a case, a review will be done in a confidential manner by the Department Quality Assurance Committee. The attending physicians will be informed of the review and given an opportunity to present information in writing or in person to the Committee. The results of the review will be at the Clinical Chair Case Review Committee. The conclusions of the review will be sent to the attending physician whose case was reviewed. This physician will have the opportunity to comment in writing before the case is closed.

C. The Department's Education Committee

The membership of this committee shall consist of selected members of the department who presently do not service as Chief of a division but who are active in the teaching program. Also on this committee will be the Chair, the Vice Chair, the Residency Program Director, and the Chief Medical Resident(s).

The duties of this committee will be to review the progress of all trainees within the department on a regular basis, and additionally, on a special basis if needed. These evaluations will be summarized in the residents' folder and shared with the resident. The committee will be advisory to the program director concerning career counseling and placement of the resident and will aid the program director in obtaining the best possible additional training or practice opportunity for the resident. The committee will also review on a yearly basis residents' performances with recommendations for academic advancement in the residency. Should disciplinary action be advised by the committee and agreed upon by the program director, it will be only after appropriate guidance and counseling has failed to correct deficiencies or attitudes. The resident will have the right to appeal any adverse decisions to the Executive Committee of the Department of Medicine whose recommendation will constitute the final departmental decision. The committee members may also request or recommend that specific educational materials (i.e., books, computer aid instruction programs, slides, videos, tapes, etc.) be purchased by the department to enhance or supplement the ongoing educational program of the department.

IX. Divisional Requirements

A. Neurology Division

1. Emergency Department coverage by person or designee approved by Neurology Division. Bethlehem base physicians must be able to reach the Muhlenberg site ED within 30 minutes of a call from the ED physicians in order to manage acute stroke and other critical neurologic emergencies. Allentown based physicians must be able to reach the Cedar Crest site ED within 30 minutes of a call from the ED physicians for the same reason.
2. Coverage of the Neurology Clinic at Lehigh Valley site, or a Bethlehem based site, by person, by assigned rotation unless otherwise excused by the Division Chief.
3. Fifteen consults or admission/year/person at either the Muhlenberg or Cedar Crest sites.
4. Reading privileges for the Neurodiagnostic Labs at the Cedar Crest and Muhlenberg sites are granted as recommended by the Chief of the Division, and approval by the Chair of Medicine, to active staff neurologists based on the primary location of their hospital consult and admission activity.

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LEHIGH VALLEY HOSPITAL

Department of Medicine
Rules and Regulations
Signature Page

Chair
Department of Medicine

Vice Chair
Department of Medicine

President
Medical Staff

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Amended by Medical Executive Committee - January 8, 1991
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Amended by Medical Executive Committee - November 2, 1993
Amended by Medical Executive Committee - October 7, 1997
Amended by Medical Executive Committee - August 3, 1999
Amended by Medical Executive Committee – October 7, 2003